Fife NHS Board

Tue 31 May 2022, 10:00 - 13:00

Via MS Teams

Chair - Tricia Marwick

10:00 - 10:10
10 min

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

TM

10:10 - 10:10
0 min

2. DECLARATION OF MEMBERS' INTERESTS

TM

10:10 - 10:10
0 min

3. APOLOGIES FOR ABSENCE - A Lawrie and J Owens

TM

10:10 - 10:10
0 min

4. MINUTES OF PREVIOUS MEETING HELD ON 29 MARCH 2022

(enclosed) *TM*

Item 4 - Minutes 032922 FINAL.pdf (13 pages)

10:10 - 10:10
0 min

5. MATTERS ARISING

TM

10:10 - 10:35
25 min

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Up-date / Whole System Pressures

(verbal) *CP*

6.2. Governance Structure Update

(enclosed) *CP*

Item 6.2 - Board Governance Update May 22.pdf (5 pages)
Item 6.2 - Appendix NHS Scotland Emergency Footing - Ending - Letter to NHS Boards - April 2022.pdf (1 pages)

6.3. Integrated Performance & Quality Executive Summary and Report

(enclosed) *CP*

Item 6.3 - SBAR ESIPQR May 2022.pdf (5 pages)
Item 6.3 - ESIPQR May 2022 v0.2.pdf (10 pages)
Item 6.3 - IPQR Apr 2022.pdf (44 pages)

10:35 - 10:40
5 min

7. CHAIRPERSON'S REPORT

(verbal) *TM*

7.1. Board Development Session - 26 April 2022

(enclosed) *TM*

- Item 7.1 - Board Development Session Note April 2022.pdf (1 pages)

10:40 - 10:50
10 min

8. NHS FIFE CORPORATE OBJECTIVES 2022/23

(enclosed) *CP*

- Item 8 - Corporate Objectives NHS Fife Board.pdf (4 pages)

10:50 - 11:00
10 min

9. KINCARDINE & LOCHGELLY HEALTH AND WELLBEING CENTRES - OUTLINE BUSINESS CASES

(enclosed) *JT/BJ*

- Item 9 - SBAR L-K HC OBC.pdf (7 pages)
- Item 9 - KHC OBC - 20.04.22 Rev. 5.pdf (92 pages)
- Item 9 - LHC OBC - 20.04.22 Rev. 5.pdf (100 pages)

11:00 - 11:10
10 min

10. NATIONAL TREATMENT CENTRE – FIFE ORTHOPAEDICS UPDATE

(enclosed) *NM*

- Item 10 - SBAR FEOC.pdf (7 pages)

11:10 - 11:30
20 min

11. RISK

11.1. Board Assurance Framework

(enclosed) *MM*

- Item 11.1 - Update on Board Assurance Framework (BAF) to Fife NHS Board on 31 May 2022 V 0.1.pdf (8 pages)
- Item 11.1 - Appendix 1 NHS Fife BAF Financial Sustainability for FPRC on 100522 (1).pdf (1 pages)
- Item 11.1 - Appendix 2 NHS Fife BAF Environmental Sustainability for FPRC on 100522.pdf (1 pages)
- Item 11.1 - Appendix 3 NHS Fife BAF Workforce Sustainability for SGC on 120522.pdf (2 pages)
- Item 11.1 - Appendix 4 NHS Fife BAF Quality & Safety for CGC on 290422.pdf (1 pages)
- Item 11.1 - Appendix 5 NHS Fife BAF Strategic Planning for FPRC on 100522.pdf (1 pages)
- Item 11.1 - Appendix 6 NHS Fife BAF Integration Joint Board (IJB) at 160322.pdf (1 pages)
- Item 11.1 - Appendix 7 NHS Fife BAF Digital & Information for CGC on 290422.pdf (1 pages)

11.2. Risk Management Improvement Programme Update

(enclosed) *GC*

- Item 11.2 - SBAR Risk Management Improvement Programme Update to Fife NHS Board on 310522 V 0.1.pdf (7 pages)

11:30 - 11:40
10 min

12. POPULATION HEALTH & WELLBEING STRATEGY - PUBLIC AND STAFF ENGAGEMENT

(enclosed) *NR*

- Item 12 - SBAR Population Health & Wellbeing Strategy - Public and Staff Engagement.pdf (9 pages)
- Item 12 - Appendix 1 Draft EQIA.pdf (18 pages)

11:40 - 11:50
10 min

13. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020 AND 2021

(enclosed) *JT*

- Item 13 - SBAR DPH annual report NHS Fife Board Meeting 310522_final - UPDATED.pdf (3 pages)
- Item 13 - NHS Fife Director of Public Health Report 2020 and 2021 NHS Board 310522.pdf (76 pages)

11:50 - 12:00
10 min

14. WHISTLEBLOWING QUARTER 3 REPORT FOR 2021/22

(enclosed) *LD*

- Item 14 - Whistleblowing Quarter 3 Report - 31.5.22.pdf (6 pages)

12:00 - 12:10
10 min

15. BRIEFING PAPER ON NHS SCOTLAND POLICY FOR CLIMATE EMERGENCY AND SUSTAINABLE DEVELOPMENT

(enclosed) *NM*

- Item 15 - Climate Emergency Sustainable Development SBAR (NHS Board May 22) (NMcC).pdf (9 pages)

12:10 - 12:15
5 min

16. STATUTORY AND OTHER COMMITTEE MINUTES

16.1. Audit & Risk Committee dated 18 May 2022 (unconfirmed)

(enclosed)

- Item 16.1 - Minute Template Audit & Risk Committee Minutes (unconfirmed) 18 May 2022.pdf (1 pages)
- Item 16.1 - Audit & Risk Committee Minutes (unconfirmed) 18 May 2022.pdf (6 pages)

16.2. Clinical Governance Committee dated 29 April 2022 (unconfirmed)

(enclosed)

- Item 16.2 - Minute Template Clinical Governance Committee Minutes (unconfirmed) 29 April 2022.pdf (1 pages)
- Item 16.2 - Clinical Governance Committee Minutes (unconfirmed) 29 April 2022.pdf (11 pages)

16.3. Finance, Performance & Resources Committee dated 10 May 2022 (unconfirmed)

(enclosed)

- Item 16.3 - Minute Template Finance, Performance & Resources Committee Minutes (unconfirmed) 10 May 2022.pdf (1 pages)
- Item 16.3 - Finance, Performance & Resources Committee Minutes (unconfirmed) 10 May 2022.pdf (8 pages)

16.4. Public Health & Wellbeing Committee dated 16 May 2022 (unconfirmed)

(enclosed)

- Item 16.4 - Minute Template Public Health & Wellbeing Committee Minutes 16 May 2022.pdf (1 pages)
- Item 16.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 16 May 2022.pdf (9 pages)

16.5. Staff Governance Committee dated 12 May 2022 (unconfirmed)

(enclosed)

- Item 16.5 - Minute Template SGC Escalation Points 12 May 2022 SGC V.01.pdf (1 pages)
- Item 16.5 - Staff Governance Committee Minutes (unconfirmed) 12052022.pdf (9 pages)

16.6. Communities & Wellbeing Partnership dated 5 April 2022 (unconfirmed)

(enclosed)

- Item 16.6 - Minute Template CWP LD.pdf (1 pages)
- Item 16.6 - Communities & Wellbeing Partnership Minute 22 04 05 CWP unconfirmed.pdf (2 pages)

16.7. East Region Programme Board dated 29 April 2022 (unconfirmed)

(enclosed)

- Item 16.7 - Minute Template ERPB.pdf (1 pages)
- Item 16.7 - ERPB 290422 Minutes V3 unconfirmed.pdf (5 pages)

16.8. Fife Health & Social Care Integration Joint Board dated 28 January 2022

(enclosed)

- Item 16.8 - Minute Template IJB January 2022.pdf (1 pages)
- Item 16.8 - IJB 280122 Final Minute.pdf (6 pages)

16.9. Audit & Risk Committee dated 17 March 2022

(enclosed)

- Item 16.9 - Audit & Risk Committee Minutes (confirmed) 17 March 2022.pdf (8 pages)

16.10. Clinical Governance Committee dated 10 March 2022

(enclosed)

- Item 16.10 - Clinical Governance Committee Minutes (confirmed) 10 March 2022.pdf (13 pages)

16.11. Finance, Performance & Resources Committee dated 15 March 2022

(enclosed)

- Item 16.11 - Finance, Performance & Resources Committee Minutes (confirmed)15 March 2022.pdf (7 pages)

16.12. Public Health & Wellbeing Committee dated 8 March 2022

- Item 16.12 - Public Health Wellbeing Committee Minutes (confirmed) 8 March 2022.pdf (8 pages)

16.13. Staff Governance Committee dated 3 March 2022

(enclosed)

- Item 16.13 - Staff Governance Committee Minute (confirmed) 03.03.2022 V0.2.pdf (13 pages)

12:15 - 12:20
5 min

17. FOR ASSURANCE:

17.1. Integrated Performance & Quality Report - March 2022

(enclosed) *MM*

- Item 17.1 - IPQR Mar 2022.pdf (45 pages)

12:20 - 12:20
0 min

18. ANY OTHER BUSINESS

12:20 - 12:20
0 min

19. DATE OF NEXT MEETING: Tuesday 26 July 2022 at 10.00 am - venue tbc

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 29 MARCH 2022 AT 10:00 AM VIA MS TEAMS

TRICIA MARWICK
Chair

Present:

T Marwick **(Chairperson)**
C Potter, Chief Executive
M Black, Non-Executive Director
S Braiden, Non-Executive Director
C Cooper, Non-Executive Director
Cllr D Graham, Non-Executive Director
A Grant, Non-Executive Director
R Laing, Non-Executive Director
K Macdonald, Non-Executive Director Whistleblowing Champion
M Mahmood, Non-Executive Director
C McKenna, Medical Director
J Owens, Director of Nursing
J Tomlinson, Director of Public Health
A Wood, Non-Executive Director

In Attendance:

N Connor, Director of Health & Social Care
G Couser, Associate Director of Quality & Clinical Governance
L Douglas, Director of Workforce
B Hannan, Director of Pharmacy & Medicines
K Macgregor, Head of Communications
N McCormick, Director of Property & Asset Management
M Michie, Deputy Director of Finance
F Richmond, Executive Officer to the Chief Executive & Board Chair
P King, Corporate Governance Support Officer (Minutes)

1. Chairperson's Welcome and Opening Remarks

The Chair welcomed everyone to the Board, in particular B Hannan, Director of Pharmacy & Medicines, M Michie, Deputy Director of Finance, representing the Director of Finance & Strategy, G Couser, Associate Director of Quality & Clinical Governance, and F Richmond, Executive Officer to the Chief Executive and Board Chair, deputising for the Board Secretary. 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 minute.

The Chair reminded the Board that the Scottish Local Government Elections take place on 5 May 2022 and pre-election restrictions, known as Purdah, are in place.

The Chair began her opening remarks by recording ongoing heartfelt thanks, on behalf of the Board, to all staff of NHS Fife and its partners for their continued dedication and commitment throughout the Covid-19 Pandemic, and specifically over the past few weeks and months, which had seen increased demand and higher levels of Covid-19 activity within both the acute and community settings.

The Chair acknowledged the situation in Ukraine remains extremely difficult, with direct impacts on health and care services, supplies of medicines and equipment, as well as indirect health impacts, including on mental health. She gave a brief resume of work being undertaken through NHS National Services Scotland (NSS) and the Scottish Government to address any medical and health supply gaps identified by the Government of Ukraine, WHO or other recognised international humanitarian partners, to ensure any offers of assistance are aligned with need. We have been encouraging colleagues who want to help the people of Ukraine to donate funds to established and well-coordinated emergency response appeal mechanisms, such as the Disaster Emergency Committee (DEC), which are the most effective way to support populations in crisis.

The Chair congratulated the following:

Claire Steele, Head of Pharmacy for Medicines Supply and Quality, who has been announced as the new President of the Association of Pharmacy Technicians UK (APTUK), the professional leadership body for Pharmacy Technicians across England, Scotland, Wales and Northern Ireland. APTUK works on behalf of pharmacy technicians securing and advocating and advancing the Pharmacy Technician profession. This appointment is excellent for pharmacy professions on the whole but particularly for NHS Fife.

Fife's Covid testing staff, who have been recognised for their 'incredible' efforts during the pandemic at the recent Fife Civic Recognition Awards. The local Covid testing team in the Kingdom has been working throughout the pandemic to test those with symptoms and help reduce the spread of the virus. The team was recognised in Exceptional Team (Public Sector) category for their incredible work to support fellow Fifers during the pandemic lockdown and beyond.

Maternity Ward nursery nurses, who have won the Neonatal Nurses' Association's (NNA) Practice Improvement Award 2022. The NNA board reported being very impressed with the nursery nurse roles and the impact they have on care delivery and improvement.

The Chair highlighted that:

NHS Fife is marking 10 years since the opening of the new wing of the Victoria Hospital in Kirkcaldy, which has helped to transform the way that many healthcare services in the Kingdom have been delivered. The construction of the new wing at Victoria Hospital enabled many acute healthcare services to be brought onto a single site, improving patient safety by pulling much of the collective expertise of clinical staff under the one roof.

An important milestone has been reached in the construction of the new elective orthopaedic centre at Victoria Hospital, with a topping out ceremony marking the

completion of the highest point of the build. Work commenced on the construction in March 2021, with the facility forming part of the network of National Treatment Centres across Scotland. The new orthopaedic National Treatment Centre is the largest capital project that NHS Fife has undertaken since the opening of the new wing of the Victoria Hospital in 2012 and remains on course for completion later this year.

A new state-of-the-art Simulation and Training Centre has opened at Queen Margaret Hospital to enable clinical staff to enhance their skills and practice real-time scenarios in a controlled environment. The new Centre, which was funded by the Fife Health Charity at a cost of more than £200k, is enabling healthcare professionals to simulate and practice realistic scenarios and hone new clinical skills.

The Chief Nursing Officer, Professor Alex McMahon, visited NHS Fife at the end of last month to meet with staff and teams to hear more about their work and the challenges they have faced during the pandemic. His visit included seeing the first-hand benefits of the Simulation and Training Centre, as well as visits to the Urology DTC and Wards 5 and 6 at Queen Margaret and a visit to Lynebank Hospital to meet the Care at Home Liaison team, Immunisation team and patients at Daleview.

The Cabinet Secretary for Health and Social Care, Humza Yousaf MSP, visited Victoria Hospital on 7 March 2022 to personally welcome a group of new international nursing recruits to Scotland and Fife. The new recruits are part of a wider project to enhance and expand NHS Fife's nursing workforce, with Fife becoming the first Health Board in Scotland to welcome international recruits into the workforce as part of a partnership with Yeovil District Hospital NHS Foundation Trust. This partnership will see the recruitment of up to 40 registered nurses joining NHS Fife in the coming months.

Finally, the Chair wished to record thanks, on behalf of the Board, to Cllr David Graham, who is attending his final Fife NHS Board meeting in his capacity as Fife Council representative. Fife Council will appoint a new representative in due course, following the conclusion of the forthcoming local election on 5 May.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

Apologies for absence were received from W Brown, Employee Director, A Lawrie, Non-Executive Director, M McGurk, Director of Finance & Strategy, and A Morris, Non-Executive Director.

4. Minute of the last Meeting held on 25 January 2022

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

5. Matters Arising

There were no matters arising.

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Update

The Chief Executive recorded thanks to all health and care staff, including colleagues working in social care and wider partners, for their ongoing commitment and support for the health and wellbeing of citizens in Fife.

The Chief Executive provided an update on the continued system-wide challenges across health and social care in Fife, which has been particularly difficult over recent weeks with the increase in activity due to the prevalence of the Omicron Covid variant.

She reported that the Executive Team is still meeting twice-weekly as Gold Command to discuss and escalate challenges in relation to Covid-19. All staff continue to dig deep on a daily basis and, although resilience is being stretched, they continue to work with compassion and kindness, giving a concerted team effort across the system. This also applies to the Executive and leadership teams as well as operational staff. Meetings with the Cabinet Secretary for Health, Scottish Government colleagues and other Chief Executives take place on a regular basis, and it is clear from those conversations that what is being felt and experienced in Fife is prevalent across the rest of Scotland. It was noted that whilst some restrictions have eased, the presence of Covid-19 is still elevated and is circulating at high levels within the population. The Director of Public Health took the opportunity to remind people of the important protections that everyone can do to protect each other and keep the population as safe as possible, including making the best use of social distancing, wearing face masks, ensuring good ventilation indoors and maintaining good hand-hygiene

It was noted that the level of challenge being faced across all services continued to be high, reflecting the combined issues of an increase of Covid-19 in the community. An increase of Covid patients across hospitals is linked to rapid transmission of the Omicron variant (inpatients currently number 143 individuals, which is the highest than at any other point over the course of the Pandemic). Increased hospital admissions and very high attendance in the emergency department (240 attendances on 28 March 2022, one of the highest figures recorded) is unfortunately leading to an increasing number of patients waiting longer than we would have wished. This difficult situation is compounded by the considerable impact of Covid-19 on the level of staff absence across all the different professional groups. As a result of this sustained pressure, there is a growing number of people waiting for outpatient appointments and day case treatments, which is affecting waiting times.

The Chief Executive assured the Board that risks are being operationally managed and mitigated across the service and all featured on a day-to-day basis in the management and operational decision-making of teams across health and care services. The introduction of the Operational Escalation Framework (OPEL) has brought an increased rigour to managing the dynamic and fluid situation and is supporting decision-making in the moment.

Despite the pressures and the impact on capacity and flow across the system, the elective programme has been able to continue over the last few months, prioritising

urgent and cancer surgery. The figures up to the end of February showed performance at 85% of pre-Covid activity for inpatients and day cases, but this has fallen to around 70% in the last week. Performance for new outpatient activity was around 98%. This was due to the configuration of services in Fife and the benefit gained from delivery of day surgery at Queen Margaret Hospital and the ability to move activity to accommodate some priority cases.

The Chief Executive referred to the paper later on the agenda about the Development of the Public Health & Wellbeing Strategy and confirmed that the Executive Team continued to ensure that time is taken to look ahead and address challenges facing NHS Fife in the future.

Finally, the Chief Executive wished to acknowledge the National Day of Reflection last week, which was an opportunity to pause and reflect on events over the past two years and the devastating impact the Covid-19 virus has had on our communities. Many staff have experienced the personal loss of family members and NHS Fife has lost a number of staff members, not necessarily directly linked to Covid-19. It was also an opportunity to reflect on the enormity of what has been achieved over the past two years and acknowledge the contribution by everyone within NHS Fife, the Health and Social Care Partnership and other partners in Fife. The kindness and compassion shown by staff is overwhelming and the Chief Executive recorded grateful thanks to all teams across Fife.

The Board **noted** the update provided.

6.2. Ministerial Annual Review Follow-Up Letter

The Chief Executive spoke to the paper, which set out the process and key discussion points of NHS Fife's last Annual Review.

The Board **noted** the summary letter received by NHS Fife following the Ministerial Annual Review held in October 2021, which is provided for **assurance,** noting the key discussion points covered in the review meeting.

6.3 Integrated Performance & Quality Executive Summary and Report

The Chief Executive introduced the Executive Summary and confirmed that the February 2022 Integrated Performance & Quality Report (IPQR), which reported on performance to the end of December 2021, had been scrutinised through the governance committee meetings earlier in the month. It was noted that performance continued to be monitored against standards set by Scottish Government, but since the NHS remains on an emergency footing, performance is monitored against standards agreed as part of the Remobilisation Plans agreed with Scottish Government last year. Executive leads and Committee Chairs highlighted areas of significance within the IPQR, in particular:

Clinical Governance
The Director of Nursing confirmed that a detailed report had been submitted to the Clinical Governance Committee around Falls, Pressure Ulcers, E Coli and Catheter

Associated Urinary Tract Infections (CAUTI) and assured Members that work is ongoing related to these areas.

An update on performance was provided in relation to Falls, noting the anticipated reduction in falls with harm by 10% this month had not been achieved. Infection rates in respect of Staphylococcus Aureus Bacteraemia (SAB), which were at the lowest number ever recorded in Fife, was testament to the work of the clinical teams. Performance around C.difficile was on track to achieve the target for this year and Members' attention was drawn to the work taken forward around E. Coli Bacteraemia (ECB) and the work to reduce CAUTI. The management of complaints remained challenging and focused work is being undertaken with the Patient Relations Team, working closely with clinical colleagues to reduce the backlog. A significant number of the backlog had been addressed last month. A detailed report focusing on the full patient experience will be presented to the next Clinical Governance Committee.

Finance, Performance & Resources
NHS Fife Acute Division – Attention was drawn to the recovery work, plans around the elective programme going forward and the positive position in performance in relation to the Cancer 31-day Decision to Treat. Performance related to Cancer 62-day Referral to Treatment target remains challenging largely as a result of the urology pathway and work is underway with colleagues in NHS Lothian to try and address the position.

Health & Social Care Partnership – it was noted that detailed reports on Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies had been presented to the Public Health & Wellbeing Committee, covering not only the current target but providing assurance regarding the improvement trajectory, which is in line with Scottish Government targets for waiting lists. The December 2021 position outlined a slight improvement for Psychological Therapies and a decrease in CAMHS, which was not unexpected as services were under significant pressure due to the Omicron variant and increased service demand. Assurance was provided there is prioritisation of urgent and acute referrals.

There was an overall improvement in performance related to Delayed Discharges, which reflects a range of whole system improvement actions and excellent joint working across Acute and Health and Social Care services. The position remained challenging as services within Health and Social Care continued to be pressured but Members were assured that focus remained in this area to support people's care in the right place at the right time.

The Smoking Cessation Service continued to be delivered as safely as possible, including Near Me and phone services, and a detailed report will be submitted to a future Public Health & Wellbeing Committee.

The financial position to the end of December 2021 was noted. The principal drivers continue to be the high demand facing the Acute Services for unscheduled care, staffing issues and medicine pressures. Services had managed to deliver savings of just under £10m in 2021/22, which exceeded the savings target set by NHS Fife to deliver in year. The H&SCP reported an underspend for health delegated services. The forecast outturn position was noted. This includes the legacy savings plan that

has not been delivered in-year and has been the subject of discussion with Scottish Government throughout the financial year. Since the paper was prepared, the Board has received the final tranche of Covid-19 monies from Scottish Government, which includes funding that will enable the Board to achieve a break-even position at the year-end.

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

The Chief Executive commented on the significant investment through the capital programme this financial year, which is the highest level of investment made for some time, and she thanked the Finance team and colleagues in property and asset management for their perseverance and determination with Scottish Government colleagues around funding for the programme. The Finance, Performance & Resources Committee had also commended the work done by the Finance team to attract and deliver an additional capital allocation of over £10m in 2021/22.

Staff Governance
The sickness absence rate had been considered in detail at the Staff Governance Committee's last meeting. Sickness absence remained high and of concern and was anticipated to fluctuate over the remainder of 2021/22. Assurance was provided that work continues not just to support staff who are absent to allow them to return to work but to support staff to stay well and at work. The Staff Governance Committee had received an update on the range of wellness and wellbeing resources in place to support staff and these continued to be promoted to the workforce.

The issues highlighted to the Board under cover of the minute of the Staff Governance Committee dated 3 March 2022 were noted.

The Board **took assurance** on reported performance and achieved remobilisation activity to date, noting the issues escalated via the Standing Committees.

6.4 Integrated Performance & Quality Report Review Update

The Deputy Director of Finance spoke to the paper, which detailed progress with the IPQR Review Process and set out proposals for immediate improvement and some more medium-term improvement activity

The Chair confirmed that A Wood, Non-Executive Director, had been asked to join the IPQR Review Group on behalf of the Board, which was welcomed.

The Board **took assurance** from the report and the proposed changes to the IPQR as part of the IPQR review.

7. CHAIRPERSON'S REPORT

The Chair outlined the regular meetings she attended both locally to keep updated on the situation within the Board and on a national basis to discuss the system pressures throughout Scotland.

7.1. Board Development Session – 22 February 2022

The Board **noted** the report on the recent Development Session. It was noted that the Chief Executive is giving consideration to future Board Development Sessions to try to better align issues coming up over the next year.

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8. COVID-19 PANDEMIC UPDATE

8.1. Flu Vaccination and Covid Vaccination Programme Update

The Director of Health & Social Care spoke to the report, which provided an update of the local delivery position regarding the Flu vaccine and Covid-19 vaccine (FVCV) programme within NHS Fife, including information regarding the delivery of the programme for Spring/Summer 2022. She confirmed that the programme continued to run well and there was excellent joint working between public health and service delivery colleagues.

The Board considered the report for **assurance**, considering the progress achieved and noted the updated information regarding the programme and developments in the approach.

8.2. Testing and Tracing Update

The Director of Public Health spoke to the report, which has been provided to assure Board Members of the ongoing delivery of testing and contact tracing for Covid-19 across Fife. The key points were highlighted, noting in particular the increase in reported Covid-19 cases in Fife and Scotland throughout March.

It was highlighted that there are changes in policy announcements around test and protect transitional arrangements and the implications are being progressed. However, test and protect continued to be delivered across Fife to maximise benefits for the population and protect those in more vulnerable settings, particularly in care homes and hospitals, to try to interrupt transmission wherever possible. Changes are set out on the Scottish Government website and the link would be shared with Board Members for their further information.

Action: J Tomlinson

Once again, the Director of Public Health took the opportunity to encourage the wider population to be cautious about how they mix socially at this stage in the Pandemic, as the virus remained extremely prevalent. As we move into different stages in the Pandemic, with less reliance on general measures, individuals can benefit and protect each other by remembering the key messages around social distancing, ventilation, wearing face masks and good hand-hygiene.

Questions were asked about the continued issue of Lateral Flow Devices (LFD) and if levels of immunity were declining, and these were responded to. The Medical Director pointed out the success and benefit of vaccination against Covid-19, given the degree and spread of the current variant. With circa 10% of the population currently infected, the number of people severely ill is small in comparison. However, these numbers are

still large enough to cause an impact on health and care services in Fife and that is the root of the pressure described earlier in the meeting. Fortunately, the impact is not being seen in intensive care when compared to the first and second wave and that is because of the success of the vaccination programme.

The Chair thanked the Medical Director and his colleagues for all they are doing to protect the people of Fife and for bringing actual experience from the frontline to the Board.

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

9. NHS FIFE POPULATION HEALTH & WELLBEING STRATEGY DEVELOPMENT PROPOSAL

The Chief Executive spoke to the paper, which explained progress to date on the development of a new organisational strategy and detailed a proposal to restart a phased approach to the strategy work. A milestone plan had been produced and it was advised that the Board and Committees will have an ongoing involvement and review, with the ability to influence each of the specific parts of the strategy work.

Whilst strategy development had been paused due to the Omicron variant, there had been a helpful refocus and consideration of care and wellbeing programmes, with a specific mission around improvement of population health and reducing inequalities at national level, which will help to shape our vision locally. The biggest impacts on population health are related to employment, housing and physical environment and, although these sit outside control of the health and care system, the direct impact on it is significant.

The Chair confirmed that most of the strategy work to date had already been submitted through Committees with broad support. She confirmed that meetings have been held at national level with Board Chairs/Chief Executives to discuss population health and wellbeing and how we as a society can move forward.

In response to questions, the Chief Executive confirmed that opportunities are being explored through the Director of Nursing and Head of Communications with a view to being more innovative about reaching into communities in different ways as part of community engagement to help inform the new strategy. Further discussion will take place through the Public Health & Wellbeing Committee and April Board Development Session and any feedback would be welcome.

The Board **approved** the process described in the proposal to phase the development of the strategy as set out in section 2.3 of the paper.

10. IMPLEMENTATION OF FORENSIC MEDICAL SERVICES (VICTIMS OF SEXUAL OFFENCES) (SCOTLAND) ACT 2021

The Director of Nursing spoke to the report, which updated the Board on the progress made within Fife to assure that the suitable arrangements are in place in relation to the introduction of self-referral to Forensic Medical Services for those who have experienced rape or sexual assault. This is to be available in each Health Board area

from 1 April 2022. J Owens thanked H Bett, Interim Senior Manager, L Noble, Lead Nurse/Nominated Board Lead, and the Gender Based Violence Team overall for the work taken forward to prepare for the introduction of this Act.

The Chair advised that she had been part of the national steering group that took the Forensic Medical Services Bill through Parliament. The Chair had visited the Fife Suite at Queen Margaret Hospital when it was opened, and she was pleased that a good facility had been provided. The Chair also thanked all colleagues involved for getting to this stage. Attention was drawn to the additional responsibility placed on Boards through this Act, whereby the Board is responsible for securely storing wet and dry evidence taken from a self-referral examination, which could be used for clinical and criminal investigation in the future. There is now a direct link between Fife NHS Board and the Scottish Criminal Justice System.

Comments were made about the positive partnership work, including involvement of the third sector. The Director of Nursing confirmed that information will be going out about the service through NHS Inform, to ensure that people are aware of and know how to access the service.

The Chief Executive reported that the Chief Medical Office Taskforce will now be stood down and a new National Strategic Network for across the whole of Scotland will share learning and best practice and prioritise work moving forward. C Potter stated she is to chair the National Strategic Network and will be able to give updates to the Board on key issues in that regard.

The Board **took assurance** that, in line with the readiness self-assessment developments to introduce self-referral for Forensic Medical Examination, NHS Fife are on track to meet the legislative requirements.

11. ANNUAL DUTY OF CANDOUR REPORT 2020/21

The Medical Director presented the Annual Organisational Duty of Candour (DoC) Report 2020/21. The difficulties in pulling the report together this year were highlighted, which were largely due to the Pandemic and the challenges in bringing together clinical teams to complete the adverse event review process in a timely manner. Only when the adverse event review process is completed can a decision be made by the Medical Director about whether to activate the DoC.

It was noted that the number of cases that activated DoC are not necessarily accurate, because the process by which the adverse event occurs does not fall in line with the timeline the report requires to be issued. Table 2 set out the events where DoC applied in 2018/2019, 2019/2020 and 2020/2021. This additional information is being included for completeness as DoC was applicable to events that concluded review after respective annual reports were submitted. It is expected that the additional numbers for 2020/21 will be above 10, as the time taken to complete reviews is longer than experienced previously.

Between 1 April 2020 and 31 March 2021, there were 27 adverse events reported where DoC applied. The details of the outcome attributed to each event are detailed in the report. Importantly, the report also set out what changes were made as a result

of what happened. Learning from mistakes is a key part of the adverse events review process and the organisation is committed to continuing to develop a sense that when something untoward occurs, which has resulted in an adverse outcome for someone, there is an absolute focus on the learning and what to do differently next time, to ensure that staff feel safe in reporting. The importance of having a "non-blame" culture and to reflect on what has happened, to create a safer environment for patients to be cared for, was emphasised.

It was noted that the review of the adverse event process is ongoing and will be submitted to the Clinical Governance Committee for scrutiny in due course.

The Board **noted** the Clinical Governance Committee's review of the report; **took assurance** from the local processes in place to comply with Duty of Candour (Scotland) Regulations 2018; and **approved** the Annual Organisational Duty of Candour Report 2020/21.

12. ANNUAL PROCUREMENT REPORT 2020/21

The Deputy Director of Finance presented the Annual Procurement Report, which provided a summary of regulated procurements within the period (the 2020/21 financial year) and performance against the Procurement Strategy.

The report details the 56 contracts that exceeded the £50,000 regulatory threshold during the year, and it details future contracts which are due for renewal. The report also highlights the adoption of the principles of the Anchor Institution Programme and the commitment to deliver best value for money.

The Chair of the Finance, Performance & Resources Committee confirmed that the Committee was content to recommend publication of the report and she welcomed the establishment of the Procurement Governance Board to monitor and develop the Procurement Department's contribution, which is a helpful addition and will provide additional assurance to the Board.

The Board **approved** the report for publication.

13. FIFE HEALTH & SOCIAL CARE INTEGRATION SCHEME APPROVAL

The Director of Health & Social Care confirmed that the Integration Scheme for Fife Health and Social Care Partnership, which had been agreed by NHS Fife and Fife Council, had now been formally signed off by Scottish Ministers. The Scheme itself had been previously presented to the Board for approval prior to submission and there were no significant changes. Significant work had been undertaken to support more clarity and joint working and integration in Fife and thanks were extended to all involved in this work. As the Chief Officer of the Integration Joint Board, N Connor will support and progress implementation of the Integration Scheme.

The Board **took assurance** that the Integration Scheme for Fife Health and Social Care Partnership has been formally signed off by Scottish Ministers, to support the integration of Health and Social Care in Fife.

14. RISK MANAGEMENT FRAMEWORK REFRESH

The Associate Director of Quality & Clinical Governance spoke to the paper, which provided a summary of the plan to refresh the NHS Fife Risk Management Framework, the objective of which is to support effective strategic planning aspirations and the operational management cycle.

The paper set out five different workstreams and an overview was provided on the roles of the workstreams. A set of draft Strategic Priorities and Risks had also been produced.

Comment was made about making more explicit risks around known health inequalities under the strategic priority "to improve health and wellbeing".

The Chief Executive acknowledged the coherent approach and clarity being brought to this work by the Associate Director of Quality & Clinical Governance. Providing assurance to Board Members that risks are being managed is essential. She added that the establishment of a Risks and Opportunities Group made up of Deputies and Associates was being used as part of leadership development within the organisation, to reinforce whole-system working and collective leadership.

The Chair of the Audit & Risk Committee confirmed that full discussion on the paper had taken place at the last meeting and the Committee was content to support the refresh of the Framework.

The Board **took assurance** from the proposed workplan to refresh the Risk Management Framework.

15. INDICATIVE NHS BOARD WORKPLAN 2022/23

The Board **approved** the indicative workplan for 2022/23 as presented, noting that future updates will be reported back to the Board following the publication of the National Care & Wellbeing Programmes later this Spring.

16. STATUTORY AND OTHER COMMITTEE MINTUES

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

16.1. Audit & Risk Committee dated 17 March 2022 (unconfirmed)
16.2. Clinical Governance Committee dated 10 March 2022 (unconfirmed)
16.3. Finance, Performance & Resources Committee dated 15 March 2022 (unconfirmed)
16.4. Public Health & Wellbeing Committee dated 8 March 2022 (unconfirmed)
16.5. Staff Governance Committee dated 3 March 2022 (unconfirmed)
16.6. East Region Programme Board dated 4 February 2022 (unconfirmed)
16.7. Fife Health & Social Care Integration Joint Board dated 26 November 2021
16.8. Fife Partnership Board dated 15 February 2022 (unconfirmed)

Approved Minutes

16.9. Audit & Risk Committee dated 9 December 2021
16.10. Clinical Governance Committee dated 13 January 2022

16.11. Finance, Performance & Resources Committee dated 11 January 2022
16.12 Public Health & Wellbeing Committee dated 10 January 2022
16.13. Staff Governance Committee dated 12 January 2022

17. FOR ASSURANCE

The Board **noted** the item below:

17.1. Integrated Performance & Quality Report – January 2022

18. ANY OTHER BUSINESS

None.

19. DATE OF NEXT MEETING: Tuesday 31 May 2022 at 10:00 am, via MS Teams.

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

NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**31 May 2022**
Title:	**Governance Structure Update**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Gillian MacIntosh, Head of Corporate Governance & Board Secretary**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the governance arrangements put in place within NHS Fife from mid-March 2020, in consequence of the unprecedented challenges created by the outbreak of the Covid-19 pandemic. Its purpose is to provide assurance to Board members that proper operational structures have been implemented throughout the pandemic period and that robust governance arrangements have continued to operate, at all stages of the pandemic. As the NHS in Scotland moves out of its Emergency Footing status (in place since March 2020), an update is also given on how operational governance arrangements will remain reactive and responsive to ongoing service pressures and periods of high demand.

2.2 Background

In March 2020, in recognition of the challenges caused by the rapid mobilisation of health services to address Covid-19, approval to revise governance arrangements across NHS Boards was given in a letter to Board Chairs by the Scottish Government Director of Health Finance, Corporate Governance & Values. Individual NHS Boards

were invited to submit their specific proposals for governance during the pandemic period to the Office of the Chief Executive; NHS Fife returned their own submission on 30 March 2020. At its April 2020 meeting, NHS Fife Board members agreed a paper outlining the Board's planned approach to governance whilst NHS Fife continued to deal with the Covid-19 pandemic, based on the principles contained in the submission made initially to the Scottish Government. In essence, the approach has been to ensure that statutory items requiring approval have progressed and Covid-related matters have received appropriate priority at meetings held, with some non-urgent business deferred within individual workplans. Operationally, a Command structure model has operated throughout the period, to allow for swift and reactive approaches to specific periods of high activity.

2.3 Assessment

The Scottish Government's initial instruction letter of March 2020 recognised that no single approach to governance would suit all Boards during the pandemic period and that individual Boards should agree and put in place a model that suits their own specific requirements. In NHS Fife, this model has evolved and adapted over the past two years, to react to key pressures and times of high levels of activity in both the acute and community settings. A summary of developments is given below.

Until its recent face-to-face meeting of the April 2022 Development Session, the Board has continued to hold its meetings remotely, utilising videoconferencing via MS Teams, with a prioritised agenda in place for Board meetings at times of extremely high clinical activity and pressure. Whilst it has not been possible to meet physically for its bi-monthly meetings in a public setting due initially to lockdown restrictions and social distancing measures, from the May 2020 Board meeting onwards, representatives from the local media were invited to listen in via Teams. Arrangements for members of the public to join virtual meetings have also been in place since shortly after that date, with NHS Fife one of the first Boards to establish a process for remote public access. Board papers continue to be published in advance on the NHS Fife website, as do the Board minutes after each meeting has taken place.

During times of high clinical and service activity, weekly meetings of the Chair, Vice-Chair and members of the Executive Team have been held, with a detailed note circulated to Board members for their information. The Chair and Vice-Chair additionally have had regular contact with the Chief Executive and other key members of the Executive Team on priority items as and when required. Regular meetings with local elected representatives (MPs/MSPs) also continued to operate on a monthly basis.

Agendas for Committee meetings during the pandemic have reflected the priorities of the Board's ongoing response to Covid-19, in addition to the consideration of business otherwise requiring formal approval or scrutiny for assurance purposes. The Chair, Vice-Chair and Committee Chairs have continued to liaise closely with the Executive Team to identify what business must be considered by the Board and its committees and what must be prioritised in agenda planning. Some routine business has been suspended or deferred, with a number of meetings running with prioritised agendas. Each Committee's workplan has, however, been reviewed to ensure that new items related to Covid-19 have been covered appropriately and that the required assurances could be provided to the Board as part of the year-end process.

Gold Command

During the initial phase of the pandemic, NHS Fife established an organisational command structure to provide direction, decision-making, escalation and communication functions during the busiest times of activity. An outline of the Gold Command structure was given to each Committee at their special Covid briefing sessions in June 2020. These Gold Command meetings, utilised successfully in the first two phases of the pandemic, were re-introduced in July 2021, to deal with rising Covid case numbers. Meetings have continued on a regular basis since then, increasing in frequency over the 2021/22 winter period, particularly to react to the Omicron wave of infections. A supporting sub-structure of Silver and Bronze groups have also continued to meet, to provide rapid reaction and direction to address key operational pressures and pinch-points.

From the start of May 2022, the NHS in Scotland has now formally stepped down from its Emergency Footing (see Appendix 1, Letter from Caroline Lamb, 29 April 2022). The Board is invited to note that, from Monday 6 June, Gold Command meetings will cease to be held. Gold Command meetings will be replaced by an Executive Directors' Group (EDG) huddle, to continue to serve as a forum for escalation of operational issues. A standard running order will ensure appropriate coverage for escalation points across Director portfolios. The timing of the meeting occurring first thing on a Monday and Friday provides a helpful touchstone for Executive Team members, to enhance operational planning for the week / weekend ahead, with particular benefit to those members of the Executive Team on call over the weekend period. The continuance of the EDG huddle will be kept under review on a monthly basis, with the possibility to either re-establish the Gold Command structure or step-down the EDG huddle as activity levels might require.

Gold Command's supporting Silver and Bronze Command groups will be asked to review their own activities, with the expectation that much of their business will transition into Business as Usual activity, to help aid planning for services overall, regardless of whether the 'catalyst' is Covid-related or not. As has been outlined to the Board, a new Operational Pressures Escalation Levels (OPEL) framework has been introduced, to help provide consistency in reporting and with defined levels of action points to undertake in response to key triggers. This will continue to operate, as will extant processes for major incident / emergency planning.

Routine meetings, such as the fortnightly formal EDG meeting, will continue to take place in tandem with the new huddle structure, along with the new monthly Portfolio Board established to take forward the individual workstreams of NHS Fife's new Population Health & Wellbeing Strategy.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A

2.3.3 Financial

The Covid-19 impact on costs is unprecedented and continues to represent a major financial challenge for all Health Boards. Continuing with robust scrutiny arrangements, at both organisational and Board-level, is therefore vital.

2.3.4 Risk Assessment/Management

This paper relates to how the whole system of governance operates, and so is relevant to all risks on the corporate risk register. Compliance with Scottish Government guidance and practice in other Boards is an important mitigating factor against risk.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been discussed internally, with members of the Executive Directors' Group.

2.3.8 Route to the Meeting

This paper has been previously considered by the Chair, Vice-Chair and Chief Executive. They have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

The paper is provided for:

- **Assurance**

The Board is invited to review the arrangements put in place for continued operational governance as we move out of the Emergency Footing and to reflect on their appropriateness.

3 List of appendices

The following appendices are included with this report:

- Appendix A – Letter from Caroline Lamb, NHS Scotland Emergency Footing ending, 29 April 2022

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NHS Chairs
NHS Chief Executives

29 April 2022

Dear Colleagues,

The Scottish Parliament was made aware yesterday that NHS Scotland will no longer remain on an emergency footing after 30 April 2022 - S6W-08306 | Scottish Parliament Website.

As mentioned in my letter dated 27 April, this has undoubtedly been the most difficult winter and I would like to re-itirate my thanks to the leadership that you and your senior teams have given in support of all teams across health and social care. I'm aware that the system remains under significant pressure and it is important to now start to look forward to recover and renew our health and care system which I outlined in my previous letter.

To confirm, there will be no immediate change to temporary terms and conditions provisions such as Covid Special Leave, which will remain in place for the time being. It was always intended that such provisions would be temporary and we will now take the opportunity to review these, and will work with partners through the established structures to set a timetable to return to normal.

Finally, I want to thank you and your teams for their continued dedication and commitment over this period. I am committed to supporting you and your teams as we begin to recover and renew our health and care system, so please let me know if there is anything more that I can do to support you.

Yours sincerely

Caroline Lamb

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**31 May 2022**
Title:	**Executive Summary Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1 Purpose

This is presented to the NHS Fife Board for:

- Assurance

This report relates to:

- Performance Management
- RMP4 performance against projections

This aligns to the following NHS Scotland 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 February.

Activity performance for the first half of FY 2021/22 was initially assessed against RMP3 (the 1-year re-mobilisation plan for this year). From October onwards, RMP3 was superseded by RMP4, which enabled Health Boards to update their plans for the second half of the year based on experiences in the first 6 months. A summary of monthly activity covering more areas than required by the SG is provided in the table on Page 4 of the report.

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

The Executive Summary report for the NHS Fife Board Committees now includes a section on the key indicators that have been assigned to the Public Health and Wellbeing Committee.

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	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%	Achieving
SAB (HAI/HCAI)	Monthly	18.8 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	33.0 per 100,000 TOBD	Achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD	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 were 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 September 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
Sickness Absence	Monthly	3.89% for 2021/22 (4.00% is the LDP Standard)	5.63% in February (worse than the planned improvement trajectory for 2021/22 at this stage, and excludes COVID-related absence)

Finance, Performance & Resources

The FPR aspects of the report cover Operational Performance (in Acute Services and Corporate Services) and Finance.

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	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving

Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	Breakeven	Achieved
Capital Expenditure	Monthly	£33.9m	Achieved

Public Health & Wellbeing

The PHW aspects of the report cover Operational Performance which is generally in services managed by Health & Social Care Partnership. All measures apart from the two associated with Dementia PDS have performance targets and/or standards.

Measure	Update	Target	Current Status
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
ABI (Priority Settings) [1]	Quarterly	80%	Not achieving

Drugs & Alcohol WT	Monthly	90%	Not achieving

[1] 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 has not been pursued, 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

Workforce performance is summarised in the report

2.3.3 Financial

Financial performance is summarised in the report and is provided in 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 Director of Finance & Strategy and Associate Director of Planning & Performance. It was then authorised for presentation at the NHS Fife Board Meeting. The IPQR was discussed at the following standing committees:

- Clinical Governance Committee 29 April 2022
- Finance, Performance and Resource Committee 10 May 2022
- Staff Governance Committee 12 May 2022
- Public Health Committee 16 May 2022

2.4 Recommendation

The NHS Fife Board is requested to:

- **Take Assurance** on reported 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 April 2022

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:

- Clinical Governance 29th April 2022
- Finance, Performance & Resources 10th May 2022
- Staff Governance 12th May 2022
- Public Health & Wellbeing 16th May 2022

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

MARGO MCGURK
Director of Finance & Strategy
24th May 2022

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

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 ESIPQR 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 continue to plan the recovery of services following the COVID-19 Pandemic. NHS Fife agreed its Joint Remobilisation (RMP3) for 2021/22 at the start of 2021, and this effectively replaced the previous 1-year or 3-year Annual Operational Plans. It was superseded by RMP4, addressing the status and forecasts for the second half of the FY. Both RMP3 and RMP4 included 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 12 (41%) classified as **GREEN**, 2 (7%) **AMBER** and 15 (52%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There were notable improvements in the following areas in February:

- Rate of Falls and Falls with Harm both reducing to be below their targets for FY 2021/22
- Closure of FOI requests above the local target after several challenging months
- % bed days lost due to patients in delay continuing a downward trend towards target

Additionally, it has now been 22 months since the Cancer-31 DTT performance fell below the 95% Standard, with 7 months out of 11 this FY reporting no breaches.

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 (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in over 85% where we are able to compare our performance nationally we are delivering performance within either the upper quartile or the mid-range.

c. Indicator Summary

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current			Trend	Reporting Period	Fife		Scotland
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Feb-21	24	Jan-22	23	Feb-22	36	↓		N/A			
	HSMR	N/A	Year Ending	Sep-20	1.01	Jun-21	1.03	Sep-21	1.04	↓		YE Sep-21	1.04	●	1.00
	Inpatient Falls	7.68	Month	Feb-21	9.51	Jan-22	8.33	Feb-22	7.30	↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Feb-21	1.87	Jan-22	2.02	Feb-22	1.59	↑		N/A			
	Pressure Ulcers	0.42	Month	Feb-21	1.44	Jan-22	1.32	Feb-22	1.23	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Sep-20	2.2%	Jun-21	3.6%	Sep-21	2.5%	↑		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Feb-21	19.4	Jan-22	15.0	Feb-22	15.4	↓		QE Dec-21	12.8	●	17.3
	SAB - Community	N/A	Quarter Ending	Feb-21	10.8	Jan-22	9.6	Feb-22	8.7	↑		QE Dec-21	8.5	●	9.9
	C Diff - HAI/HCAI	6.5	Quarter Ending	Feb-21	5.2	Jan-22	5.8	Feb-22	4.7	↑		QE Dec-21	4.6	●	13.3
	C Diff - Community	N/A	Quarter Ending	Feb-21	5.4	Jan-22	1.1	Feb-22	1.1	↔		QE Dec-21	1.1	●	5.0
	ECB - HAI/HCAI	33.0	Quarter Ending	Feb-21	33.6	Jan-22	28.9	Feb-22	27.3	↑		QE Dec-21	33.6	●	34.1
	ECB - Community	N/A	Quarter Ending	Feb-21	29.3	Jan-22	37.3	Feb-22	39.3	↓		QE Dec-21	39.2	●	39.8
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Feb-21	88.5%	Jan-22	61.2%	Feb-22	69.2%	↑		2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Feb-21	31.1%	Jan-22	12.2%	Feb-22	12.8%	↑		2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Feb-21	100.0%	Jan-22	100.0%	Feb-22	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Feb-21	91.1%	Jan-22	76.1%	Feb-22	83.0%	↑		Feb-22	83.0%	●	74.2%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Feb-21	48.6%	Jan-22	56.6%	Feb-22	52.7%	↓		Dec-21	64.5%	●	34.6%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Feb-21	48.0%	Jan-22	50.1%	Feb-22	48.8%	↓		Dec-21	53.7%	●	46.5%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Feb-21	76.2%	Jan-22	52.7%	Feb-22	61.2%	↑		Dec-21	57.9%	●	49.6%
	18 Weeks RTT	90%	Month	Feb-21	73.6%	Jan-22	77.3%	Feb-22	71.4%	↓		QE Dec-21	71.2%	●	74.2%
	Cancer 31-Day DTT	95%	Month	Feb-21	97.5%	Jan-22	100.0%	Feb-22	100.0%	↔		QE Dec-21	100.0%	●	97.1%
	Cancer 62-Day RTT	95%	Month	Feb-21	80.7%	Jan-22	71.2%	Feb-22	83.6%	↑		QE Dec-21	82.3%	●	79.0%
	Detect Cancer Early	29%	Year Ending	Jun-20	22.0%	Mar-21	19.6%	Jun-21	21.4%	↑		2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Feb-21	85.8%	Jan-22	84.3%	Feb-22	86.9%	↑		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Feb-21	6.2%	Jan-22	5.6%	Feb-22	7.0%	↓		QE Sep-21	10.4%	●	6.7%
	Delayed Discharge (# Standard Delays)	N/A	Month	Feb-21	54	Jan-22	50	Feb-22	55	↓		Feb-22	18.20	●	26.85
	Antenatal Access	80%	Month	Dec-20	85.7%	Nov-21	88.4%	Dec-21	90.0%	↑		2021	90.1%	●	88.5%
Finance	Revenue Resource Limit Performance	(£13.7m)	Month	Feb-21	N/A	Jan-22	(£13.7m)	Feb-22	Breakeven	↑		N/A			
	Capital Resource Limit Performance	£33.9m	Month	Feb-21	N/A	Jan-22	£13.8m	Feb-22	£19.2m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Feb-21	5.03%	Jan-22	5.93%	Feb-22	5.63%	↑		YE Mar-21	4.77%	●	4.67%
Public Health & Wellbeing	Smoking Cessation	473	YTD	Dec-20	48.6%	Nov-21	57.1%	Dec-21	52.5%	↓		QE Sep-21	58.9%	●	82.0%
	CAMHS Waiting Times	90%	Month	Feb-21	88.1%	Jan-22	69.4%	Feb-22	68.0%	↓		QE Dec-21	71.9%	●	70.3%
	Psychological Therapies Waiting Times	90%	Month	Feb-21	84.0%	Jan-22	81.8%	Feb-22	79.2%	↓		QE Dec-21	80.6%	●	84.4%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑		FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Dec-20	96.5%	Nov-21	88.4%	Dec-21	87.9%	↓		QE Dec-21	93.4%	●	93.1%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	94.6%	↑		2019/20	93.2%	●	81.3%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.6%	↓		2019/20	58.5%	●	42.9%

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

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

		Quarter End Jun-21	Quarter End Sep-21	Quarter End Dec-21	Month End Jan-22	Month End Feb-22	Month End Mar-22	Quarter End Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	3,400	1,203	1,269	1,268	3,740
	Actual	3,260	2,953	2,792	756	1,012	1,169	2,937
	Variance	279	-167	-608	-447	-257	-99	-803
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	20,905	7,286	7,287	7,288	21,861
	Actual	19,488	20,161	19,600	5,073	6,358	7,501	18,932
	Variance	2,388	1,036	-1,305	-2,213	-929	213	-2,929
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	1,840	613	613	614	1,840
	Actual	1,406	1,511	1,381	446	433	497	1,376
	Variance	-395	-322	-459	-167	-180	-117	-464
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	13,642	4,480	4,605	4,607	13,692
	Actual	12,971	12,629	11,733	3,962	4,149	4,569	12,680
	Variance	2,121	1,379	-1,909	-518	-456	-38	-1,012
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	20,620	7,110	6,450	6,780	20,340
	Actual	20,729	20,814	18,554	5,883	5,997	7,326	19,206
	Variance	3,619	1,704	-2,066	-1,227	-453	546	-1,134
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			80.0%	85.0%	86.0%	87.0%	83.0%
	Actual			77.4%	77.1%	83.0%	79.6%	79.9%
	Variance			-2.6%	-7.9%	-3.0%	-7.4%	-3.1%
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	10,680	3,520	3,190	3,410	10,120
	Actual	10,085	10,001	9,975	3,275	2,923		6,198
	Variance	2,045	1,681	-705	-245	-267		-3,922
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85	5.63				5.73
	Actual	5.55	6.17	6.34				
	Variance	-0.27	0.32	0.71				
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	2,610	870	870	870	2,610
	Actual	2,885	3,047	2,820	973	928	1,044	2,945
	Variance	**435**	**437**	**210**	**103**	**58**	**174**	**335**
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	384	128	128	128	384
	Actual	305	337	306	84	93		177
	Variance	-110	-98	-78	-44	-35		-207
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			200	70	70	70	210
	Actual			215	66	67		133
	Variance			15	-4	-3		-77
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			405	130	143	120	393
	Actual			350	126	150	152	428
	Variance			-55	-4	7	32	35
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			68	20	10	0	30
	Actual			13	8	6	11	25
	Variance			-55	-12	-4	11	-5
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			69.3%	70.0%	75.0%	80.0%	75.0%
	Actual			71.9%	69.4%	68.0%	70.6%	69.4%
	Variance			2.6%	-0.6%	-7.0%	-9.4%	-5.6%
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			1,941	768	799	630	2,197
	Actual			1,750	600	559		1,159
	Variance			-191	-168	-240		-1,038
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			234	85	70	55	210
	Actual			113	22	29		51
	Variance			-121	-63	-41		-159
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.2%	67.5%	65.9%	70.9%	67.9%
	Actual			80.1%	81.8%	82.1%		80.1%
	Variance			6.9%	14.3%	16.2%		12.2%

		Month End Jun-21	Month End Sep-21	Month End Dec-21	Month End Jan-22	Month End Feb-22	Month End Mar-22	Month End Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) [1]	Projected	65	63	84	81	73	66	66
	Actual	127	112	69	79	91	91	91
	Variance	62	49	-15	-2	18	25	25
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	28	27	23	21	21	20	20
	Actual	47	29	26	29	36	45	45
	Variance	19	2	3	8	15	25	25
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	37	36	61	60	52	46	46
	Actual	80	83	43	50	55	46	46
	Variance	43	47	-18	-10	3	0	0

[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

There are no performance-related issues that require to be escalated to the NHS Fife Board.

Finance Performance & Resources Governance

There are no performance-related issues that require to be escalated to the NHS Fife Board.

Staff Governance

The fluctuation but increasing trend in sickness absence performance levels during the current financial year were noted, despite a continued range of actions and provision of support services, in place to support a reduction in sickness absence. This was to be highlighted for escalation to the Board, noting the continuing staffing pressures and ongoing service challenges during the extended period of the COVID-19 pandemic and winter months.

Public Health & Wellbeing

There are no performance-related issues that require to be escalated to the NHS Fife Board.

f. Assessment

CLINICAL GOVERNANCE		Target	Current
HSMR		**1.00**	**1.04**
Hospital Standardised Mortality Ratio (HMSR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.			
Inpatient Falls (with Harm)	*Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21*	**1.65**	**1.59**
Falls data/trends are reviewed continuously, and currently show a broadly static picture in the number of falls with harm over the last year, with a small decrease since December. As noted in the position paper at last CG committee a range of improvement work is ongoing in the continued challenges that the current pandemic presents and as previously described. Data continues to be reviewed with supported improvement action in focussed areas as required.			
Pressure Ulcers	*50% reduction by December 2020, continued for FY 2021/22*	**0.42**	**1.23**
Acute: Over the past year hospital acquired pressure ulcer rate has shown a random pattern, with no signs of improvement or deterioration to the process. Data over time continues to be monitored by senior nursing team and shared with clinical teams for discussion at a variety of forums, in order to drive improvement. Access to the newly developed Data and Insight Hub is being arranged for senior nurses, to assist with triangulation of data in order to develop a comprehensive understanding of the system. Clinical Teams continue to follow the process for Major and Extreme Adverse Events for shared learning. HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Data continues to be monitored weekly via the Quality Matters Assurance Safety Huddle, allowing for early identification of emerging themes. This is shared with services and teams across the partnership to inform change and improvement. Actions from LAERs also support key learning in relation to hospital and community acquired pressure ulcers.			
Caesarean Section SSI	*We will reduce the % of post-operation surgical site infections to 2.5%*	**2.5%**	**2.5%**
Mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the Scottish Government. Maternity services continue to monitor the SSI cases locally, and, where necessary (i.e Deep or Organ space infection), carry out Clinical Reviews. The performance data provided should be interpreted with caution as it is non-validated and does not follow the NHS Fife Methodology. There has been no national comparison data published since Q4 2019.			
SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**18.8**	**15.4**
NHS Fife continues to be on target to achieve the 10% reduction. There have been no Renal haemodialysis line SABs since October and no PVC SABs since August. There have been 2 PWID SABs in 2022 to date.			
C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**6.5**	**4.7**
NHS Fife is on target to achieve the 10% reduction. There have been only 3 health care associated CDI in 2022 to date. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence of infection since August.			
ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022*	**33.0**	**27.3**
The target for NHS Fife is to achieve an initial 25% reduction of HCAI ECBs by March, and we are currently on target to achieve this. There were 17 ECBs in total for February, of which only 7 were HCAI and with no CAUTIs. Reducing CAUTI incidence remains the quality improvement focus to achieve a further 25% reduction of HCAI SABs, required by March 2024.			

CLINICAL GOVERNANCE		Target	Current
Complaints – Stage 2	*At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)*	**65%**	**12.8%**

There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity and number of complaints received and numbers received continue to be high. PRD have seen a significant decrease in the number of concerns and Stage 1 complaints relating to COVID-19 vaccination appointments and/or booster vaccinations; however, the overall delays caused by managing the pandemic continues to feature within complaints.

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	*95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**83.0%**

Attendance has continued to be high, impacting on the 4-hour access target. Escalation actions include additional support through the Flow and Navigation Centre with additional primary care triage. Assessment pathways in AU1 continue to see high numbers compounding whole site high occupancy and demand for bed capacity. The emergency department continue with plans for remodelling to allow for expanded assessment provision.

Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**52.7%**

Performance in February has deteriorated further. Elective activity has been significantly less than projected with inpatient surgery in particular being restricted to urgent and cancer patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,283 patients on list in February, 27% greater than in March 2021. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver additional capacity in the plan. It is anticipated that there will be a gradual resumption in non-urgent core activity in April, but this is heavily dependent on our ability to maintain access to beds for elective activity.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**48.8%**

Performance continued to deteriorate in February following the decision to cancel routine outpatients to support the response to the emergence of the Omicron variant and significant pressures in unscheduled care. The waiting list has increased with 21,654 on the outpatient waiting list which is 10% higher than in March 2021. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks has risen to 444 in February but has reduced by 55% since March 2021. Due to the ongoing need for physical distancing and the pressures of unscheduled care our outpatient capacity and therefore activity continues to be restricted. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver additional capacity in the plan. There has been a gradual resumption in routine activity and it is anticipated that this will continue, but this is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from the Omicron variant.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**61.2%**

Performance improved slightly in February. The improvement has been in Radiology with 63.9% waiting less than 6 weeks whilst the performance in endoscopy has deteriorated to 44% of patients waiting less than 6 weeks. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. The overall waiting list for diagnostics has stabilised at 6,607 in February although the number waiting for an Endoscopy and Ultrasound has increased whilst the number waiting in CT and MRI has decreased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver the additional capacity in the plan. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence due to COVID.

OPERATIONAL PERFORMANCE		Target	Current
Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**83.6%**

February continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to staffing issues in relation to COVID-19 and lack of resources, particularly radiology capacity over the festive period. Breast, Oncology and Urology (Prostate) are our current most challenged pathways. The majority of breaches continue to be seen in Prostate. The range of breaches was 4 to 55 days (average 18 days).

FOI Requests	*At least 85% of Freedom of Information Requests are completed within 20 working days*	**85%**	**86.9%**

There were 62 FOI requests closed in February, 5 of which were late, a monthly closure performance of 91.8%.

The performance figure above reflects the performance for the 3-month period from December 2021 to February 2022 and is the highest 3-month figure since the period from April to June 2021. Provisional figures for March show a further improvement.

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay is to reduce*	**5%**	**7.0%**

The number of bed days lost due to patients in delay in the last 3 months has reduced significantly from the previous quarter, but has remained above the target of 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 65 downstream beds over the last 6 months to mitigate against the lack of care at home, care home and ward closures, and continue to recruit for care at home and commission additional interim beds. At the February census, approximately half of delays were coded as 51X (Adults With Incapacity) or 100 (Commissioning/Reprovisioning).

FINANCE		Forecast	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**Breakeven**	**Breakeven**

At the end of February the board's reported financial position is a **B**reak **E**ven position which is in line with the projected outturn for the financial year end. The position comprises an adverse variance for Acute Services Division of £17.4m and £2.2m for External Health Care Providers, offset by favourable variances across Corporate Functions of £6m and, of note this month, is the receipt of non recurring Scottish Government funding support of £13.7m to enable the Board to break even. The exceptional demand on unscheduled care capacity within Acute Services continues to be a challenge to available financial resources coupled with increased costs of External Health Care Providers. The savings target of £8.2m the board committed to delivering in year was delivered in full at the end of December with additional savings of £1.4m secured in January taking total savings secured to £9.6m.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorates*	**£33.9m**	**£19.2m**

The overall anticipated capital budget for 2021/22 is £33.9m. The capital position for the period to February records spend of £19.2m. The full capital budget is on track to be delivered in full by 31 March 2022.

STAFF GOVERNANCE		Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**3.89%**	**5.63%**

The sickness absence rate in February was 5.63%, a reduction of 0.30% from the rate in January 2022. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.71%.

Given on-going workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS (AfC) 2019/2 will not be achieved and we anticipate further NHSScotland guidance on sickness absence targets, which will reflect the circumstances of the last two years.

PUBLIC HEALTH & WELLBEING		Target	Current
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**473**	**186**

Service provision continues to be delivered remotely by phone, Near Me appointments and use of translation service. We are regularly in contact with all the GP practices where we previously delivered a service. It has been a fluid situation over the last 3 months with practices keeping in touch with updates on clinic space, and we have two practices which are keen to have us start delivering a service starting in the first week of May. We are continuing to support pregnant mums as both midwives have retired. In March we tested some outreach work to assess community appetite to engage in community activity; both sessions were successful so plans to increase community outreach activity have been progressed. No Smoking Day activity saw a small uptake of interest and engagement in the service.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**68.0%**

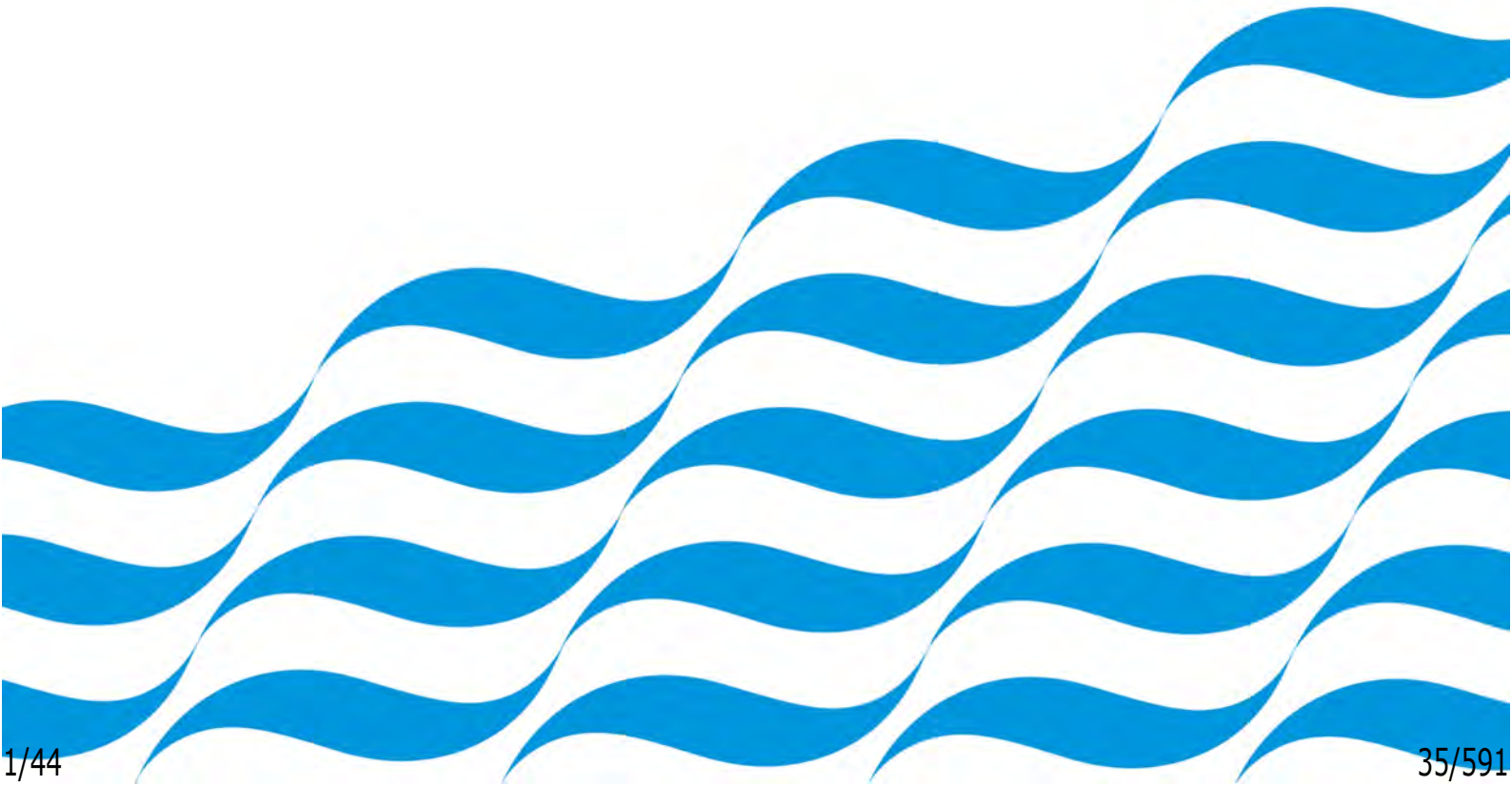
Work on the CAMHS Referral to Treatment (RTT) continues with a lowered RTT as work on the longest waits increases. The amount of activity is increased as new staff capacity improves however is lower than projected due to ongoing vacancies, persistent levels of staff absence and patient cancellations as a result of Covid-19. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to this client group. The process to fill vacant posts continues with a total of 21 posts either in development or out to advert.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**79.2%**

The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of the year and this remains the case in the first 2 months of 2022. This has resulted in an increase in numbers on the waiting list including, in February, an increase in the number of people waiting over 53 weeks. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.

Fife Integrated Performance & Quality Report

Produced in April 2022



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

d. Public Health & Wellbeing

Section II provides further detail for indicators of continual focus or those that are currently experiencing significant challenge. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

MARGO MCGURK
Director of Finance & Strategy
19th April 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

I. Executive Summary

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

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

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

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

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 12 (41%) classified as **GREEN**, 2 (7%) **AMBER** and 15 (52%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There were notable improvements in the following areas in February:

- Rate of Falls and Falls with Harm both reducing to be below their targets for FY 2021/22
- Closure of FOI requests above the local target after several challenging months
- % bed days lost due to patients in delay continuing a downward trend towards target

Additionally, it has now been 22 months since the Cancer-31 DTT performance fell below the 95% Standard, with 7 months out of 11 this FY reporting no breaches.

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 (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in over 85% where we are able to compare our performance nationally we are delivering performance within either the upper quartile or the mid-range.

c. Indicator Summary

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current			Trend	Reporting Period	Fife		Scotland
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Feb-21	24	Jan-22	23	Feb-22	36	↓		N/A			
	HSMR	N/A	Year Ending	Sep-20	1.01	Jun-21	1.03	Sep-21	1.04	↓		YE Sep-21	1.04	●	1.00
	Inpatient Falls	7.68	Month	Feb-21	9.51	Jan-22	8.33	Feb-22	7.30	↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Feb-21	1.87	Jan-22	2.02	Feb-22	1.59	↑		N/A			
	Pressure Ulcers	0.42	Month	Feb-21	1.44	Jan-22	1.32	Feb-22	1.23	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Sep-20	2.2%	Jun-21	3.6%	Sep-21	2.5%	↑		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Feb-21	19.4	Jan-22	15.0	Feb-22	15.4	↓		QE Dec-21	12.8	●	17.3
	SAB - Community	N/A	Quarter Ending	Feb-21	10.8	Jan-22	9.6	Feb-22	8.7	↑		QE Dec-21	8.5	●	9.9
	C Diff - HAI/HCAI	6.5	Quarter Ending	Feb-21	5.2	Jan-22	5.8	Feb-22	4.7	↑		QE Dec-21	4.6	●	13.3
	C Diff - Community	N/A	Quarter Ending	Feb-21	5.4	Jan-22	1.1	Feb-22	1.1	↔		QE Dec-21	1.1	●	5.0
	ECB - HAI/HCAI	33.0	Quarter Ending	Feb-21	33.6	Jan-22	28.9	Feb-22	27.3	↑		QE Dec-21	33.6	●	34.1
	ECB - Community	N/A	Quarter Ending	Feb-21	29.3	Jan-22	37.3	Feb-22	39.3	↓		QE Dec-21	39.2	●	39.8
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Feb-21	88.5%	Jan-22	61.2%	Feb-22	69.2%	↑		2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Feb-21	31.1%	Jan-22	12.2%	Feb-22	12.8%	↑		2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Feb-21	100.0%	Jan-22	100.0%	Feb-22	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Feb-21	91.1%	Jan-22	76.1%	Feb-22	83.0%	↑		Feb-22	83.0%	●	74.2%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Feb-21	48.6%	Jan-22	56.6%	Feb-22	52.7%	↓		Dec-21	64.5%	●	34.6%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Feb-21	48.0%	Jan-22	50.1%	Feb-22	48.8%	↓		Dec-21	53.7%	●	46.5%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Feb-21	76.2%	Jan-22	52.7%	Feb-22	61.2%	↑		Dec-21	57.9%	●	49.6%
	18 Weeks RTT	90%	Month	Feb-21	73.6%	Jan-22	77.3%	Feb-22	71.4%	↓		QE Dec-21	71.2%	●	74.2%
	Cancer 31-Day DTT	95%	Month	Feb-21	97.5%	Jan-22	100.0%	Feb-22	100.0%	↔		QE Dec-21	100.0%	●	97.1%
	Cancer 62-Day RTT	95%	Month	Feb-21	80.7%	Jan-22	71.2%	Feb-22	83.6%	↑		QE Dec-21	82.3%	●	79.0%
	Detect Cancer Early	29%	Year Ending	Jun-20	22.0%	Mar-21	19.6%	Jun-21	21.4%	↑		2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Feb-21	85.8%	Jan-22	84.3%	Feb-22	86.9%	↑		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Feb-21	6.2%	Jan-22	5.6%	Feb-22	7.0%	↓		QE Sep-21	10.4%	●	6.7%
	Delayed Discharge (# Standard Delays)	N/A	Month	Feb-21	54	Jan-22	50	Feb-22	55	↓		Feb-22	18.20	●	26.85
	Antenatal Access	80%	Month	Dec-20	85.7%	Nov-21	88.4%	Dec-21	90.0%	↑		2021	90.1%	●	88.5%
Finance	Revenue Resource Limit Performance	(£13.7m)	Month	Feb-21	N/A	Jan-22	(£13.7m)	Feb-22	Breakeven	↑		N/A			
	Capital Resource Limit Performance	£33.9m	Month	Feb-21	N/A	Jan-22	£13.8m	Feb-22	£19.2m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Feb-21	5.03%	Jan-22	5.93%	Feb-22	5.63%	↑		YE Mar-21	4.77%	●	4.67%
Public Health & Wellbeing	Smoking Cessation	473	YTD	Dec-20	48.6%	Nov-21	57.1%	Dec-21	52.5%	↓		QE Sep-21	58.9%	●	82.0%
	CAMHS Waiting Times	90%	Month	Feb-21	88.1%	Jan-22	69.4%	Feb-22	68.0%	↓		QE Dec-21	71.9%	●	70.3%
	Psychological Therapies Waiting Times	90%	Month	Feb-21	84.0%	Jan-22	81.8%	Feb-22	79.2%	↓		QE Dec-21	80.6%	●	84.4%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑		FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Dec-20	96.5%	Nov-21	88.4%	Dec-21	87.9%	↓		QE Dec-21	93.4%	●	93.1%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	94.6%	↑		2019/20	93.2%	●	81.3%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.6%	↓		2019/20	58.5%	●	42.9%

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

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

		Quarter End Jun-21	Quarter End Sep-21	Quarter End Dec-21	Month End Jan-22	Month End Feb-22	Month End Mar-22	Quarter End Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	3,400	1,203	1,269	1,268	3,740
	Actual	3,260	2,953	2,792	756	1,012	1,169	2,937
	Variance	279	-167	-608	-447	-257	-99	-803
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	20,905	7,286	7,287	7,288	21,861
	Actual	19,488	20,161	19,600	5,073	6,358	7,501	18,932
	Variance	2,388	1,036	-1,305	-2,213	-929	213	-2,929
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	1,840	613	613	614	1,840
	Actual	1,406	1,511	1,381	446	433	497	1,376
	Variance	-395	-322	-459	-167	-180	-117	-464
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	13,642	4,480	4,605	4,607	13,692
	Actual	12,971	12,629	11,733	3,962	4,149	4,569	12,680
	Variance	2,121	1,379	-1,909	-518	-456	-38	-1,012
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	20,620	7,110	6,450	6,780	20,340
	Actual	20,729	20,814	18,554	5,883	5,997	7,326	19,206
	Variance	3,619	1,704	-2,066	-1,227	-453	546	-1,134
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			80.0%	85.0%	86.0%	87.0%	83.0%
	Actual			77.4%	77.1%	83.0%	79.6%	79.9%
	Variance			-2.6%	-7.9%	-3.0%	-7.4%	-3.1%
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	10,680	3,520	3,190	3,410	10,120
	Actual	10,085	10,001	9,975	3,275	2,923		6,198
	Variance	2,045	1,681	-705	-245	-267		-3,922
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85	5.63				5.73
	Actual	5.55	6.17	6.34				
	Variance	-0.27	0.32	0.71				
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	2,610	870	870	870	2,610
	Actual	2,885	3,047	2,820	973	928	1,044	2,945
	Variance	**435**	**437**	**210**	**103**	**58**	**174**	**335**
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	384	128	128	128	384
	Actual	305	337	306	84	93		177
	Variance	-110	-98	-78	-44	-35		-207
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			200	70	70	70	210
	Actual			215	66	67		133
	Variance			15	-4	-3		-77
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			405	130	143	120	393
	Actual			350	126	150	152	428
	Variance			-55	-4	7	32	35
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			68	20	10	0	30
	Actual			13	8	6	11	25
	Variance			-55	-12	-4	11	-5
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			69.3%	70.0%	75.0%	80.0%	75.0%
	Actual			71.9%	69.4%	68.0%	70.6%	69.4%
	Variance			2.6%	-0.6%	-7.0%	-9.4%	-5.6%
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			1,941	768	799	630	2,197
	Actual			1,750	600	559		1,159
	Variance			-191	-168	-240		-1,038
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			234	85	70	55	210
	Actual			113	22	29		51
	Variance			-121	-63	-41		-159
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.2%	67.5%	65.9%	70.9%	67.9%
	Actual			80.1%	81.8%	82.1%		80.1%
	Variance			6.9%	14.3%	16.2%		12.2%

		Month End Jun-21	Month End Sep-21	Month End Dec-21	Month End Jan-22	Month End Feb-22	Month End Mar-22	Month End Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) [1]	Projected	65	63	84	81	73	66	66
	Actual	127	112	69	79	91	91	91
	Variance	62	49	-15	-2	18	25	25
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	28	27	23	21	21	20	20
	Actual	47	29	26	29	36	45	45
	Variance	19	2	3	8	15	25	25
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	37	36	61	60	52	46	46
	Actual	80	83	43	50	55	46	46
	Variance	43	47	-18	-10	3	0	0

[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**	**1.04**
Hospital Standardised Mortality Ratio (HMSR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.			
Inpatient Falls (with Harm)	*Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21*	**1.65**	**1.59**
Falls data/trends are reviewed continuously, and currently show a broadly static picture in the number of falls with harm over the last year, with a small decrease since December. As noted in the position paper at last CG committee a range of improvement work is ongoing in the continued challenges that the current pandemic presents and as previously described. Data continues to be reviewed with supported improvement action in focussed areas as required.			
Pressure Ulcers	*50% reduction by December 2020, continued for FY 2021/22*	**0.42**	**1.23**
Acute: Over the past year hospital acquired pressure ulcer rate has shown a random pattern, with no signs of improvement or deterioration to the process. Data over time continues to be monitored by senior nursing team and shared with clinical teams for discussion at a variety of forums, in order to drive improvement. Access to the newly developed Data and Insight Hub is being arranged for senior nurses, to assist with triangulation of data in order to develop a comprehensive understanding of the system. Clinical Teams continue to follow the process for Major and Extreme Adverse Events for shared learning. HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Data continues to be monitored weekly via the Quality Matters Assurance Safety Huddle, allowing for early identification of emerging themes. This is shared with services and teams across the partnership to inform change and improvement. Actions from LAERs also support key learning in relation to hospital and community acquired pressure ulcers.			
Caesarean Section SSI	*We will reduce the % of post-operation surgical site infections to 2.5%*	**2.5%**	**2.5%**
Mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the Scottish Government. Maternity services continue to monitor the SSI cases locally, and, where necessary (i.e Deep or Organ space infection), carry out Clinical Reviews. The performance data provided should be interpreted with caution as it is non-validated and does not follow the NHS Fife Methodology. There has been no national comparison data published since Q4 2019.			
SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**18.8**	**15.4**
NHS Fife continues to be on target to achieve the 10% reduction. There have been no Renal haemodialysis line SABs since October and no PVC SABs since August. There have been 2 PWID SABs in 2022 to date.			
C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**6.5**	**4.7**
NHS Fife is on target to achieve the 10% reduction. There have been only 3 health care associated CDI in 2022 to date. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence of infection since August.			
ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022*	**33.0**	**27.3**
The target for NHS Fife is to achieve an initial 25% reduction of HCAI ECBs by March, and we are currently on target to achieve this. There were 17 ECBs in total for February, of which only 7 were HCAI and with no CAUTIs. Reducing CAUTI incidence remains the quality improvement focus to achieve a further 25% reduction of HCAI SABs, required by March 2024.			

CLINICAL GOVERNANCE		Target	Current
Complaints – Stage 2	*At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)*	**65%**	**12.8%**

There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity and number of complaints received and numbers received continue to be high. PRD have seen a significant decrease in the number of concerns and Stage 1 complaints relating to COVID-19 vaccination appointments and/or booster vaccinations; however, the overall delays caused by managing the pandemic continues to feature within complaints.

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	*95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**83.0%**

Attendance has continued to be high, impacting on the 4-hour access target. Escalation actions include additional support through the Flow and Navigation Centre with additional primary care triage. Assessment pathways in AU1 continue to see high numbers compounding whole site high occupancy and demand for bed capacity. The emergency department continue with plans for remodelling to allow for expanded assessment provision.

Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**52.7%**

Performance in February has deteriorated further. Elective activity has been significantly less than projected with inpatient surgery in particular being restricted to urgent and cancer patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,283 patients on list in February, 27% greater than in March 2021. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver additional capacity in the plan. It is anticipated that there will be a gradual resumption in non-urgent core activity in April, but this is heavily dependent on our ability to maintain access to beds for elective activity.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**48.8%**

Performance continued to deteriorate in February following the decision to cancel routine outpatients to support the response to the emergence of the Omicron variant and significant pressures in unscheduled care. The waiting list has increased with 21,654 on the outpatient waiting list which is 10% higher than in March 2021. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks has risen to 444 in February but has reduced by 55% since March 2021. Due to the ongoing need for physical distancing and the pressures of unscheduled care our outpatient capacity and therefore activity continues to be restricted. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver additional capacity in the plan. There has been a gradual resumption in routine activity and it is anticipated that this will continue, but this is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from the Omicron variant.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**61.2%**

Performance improved slightly in February. The improvement has been in Radiology with 63.9% waiting less than 6 weeks whilst the performance in endoscopy has deteriorated to 44% of patients waiting less than 6 weeks. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. The overall waiting list for diagnostics has stabilised at 6,607 in February although the number waiting for an Endoscopy and Ultrasound has increased whilst the number waiting in CT and MRI has decreased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver the additional capacity in the plan. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence due to COVID.

Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**83.6%**

February continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to staffing issues in relation to COVID-19 and lack of resources, particularly radiology capacity over the festive period. Breast, Oncology and Urology (Prostate) are our current most challenged pathways. The majority of breaches continue to be seen in Prostate. The range of breaches was 4 to 55 days (average 18 days).

OPERATIONAL PERFORMANCE		Target	Current
FOI Requests	*At least 85% of Freedom of Information Requests are completed within 20 working days*	**85%**	**86.9%**

There were 62 FOI requests closed in February, 5 of which were late, a monthly closure performance of 91.8%.

The performance figure above reflects the performance for the 3-month period from December 2021 to February 2022 and is the highest 3-month figure since the period from April to June 2021. Provisional figures for March show a further improvement.

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay is to reduce*	**5%**	**7.0%**

The number of bed days lost due to patients in delay in the last 3 months has reduced significantly from the previous quarter, but has remained above the target of 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 65 downstream beds over the last 6 months to mitigate against the lack of care at home, care home and ward closures, and continue to recruit for care at home and commission additional interim beds. At the February census, approximately half of delays were coded as 51X (Adults With Incapacity) or 100 (Commissioning/Reprovisioning).

FINANCE		Forecast	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**Breakeven**	**Breakeven**

At the end of February the board's reported financial position is a **B**reak **E**ven position which is in line with the projected outturn for the financial year end. The position comprises an adverse variance for Acute Services Division of £17.4m and £2.2m for External Health Care Providers, offset by favourable variances across Corporate Functions of £6m and, of note this month, is the receipt of non recurring Scottish Government funding support of £13.7m to enable the Board to break even. The exceptional demand on unscheduled care capacity within Acute Services continues to be a challenge to available financial resources coupled with increased costs of External Health Care Providers. The savings target of £8.2m the board committed to delivering in year was delivered in full at the end of December with additional savings of £1.4m secured in January taking total savings secured to £9.6m.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorates*	**£33.9m**	**£19.2m**

The overall anticipated capital budget for 2021/22 is £33.9m. The capital position for the period to February records spend of £19.2m. The full capital budget is on track to be delivered in full by 31 March 2022.

STAFF GOVERNANCE		Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**3.89%**	**5.63%**

The sickness absence rate in February was 5.63%, a reduction of 0.30% from the rate in January 2022. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.71%.

Given on-going workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS (AfC) 2019/2 will not be achieved and we anticipate further NHSScotland guidance on sickness absence targets, which will reflect the circumstances of the last two years.

PUBLIC HEALTH & WELLBEING		Target	Current
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**473**	**186**

Service provision continues to be delivered remotely by phone, Near Me appointments and use of translation service. We are regularly in contact with all the GP practices where we previously delivered a service. It has been a fluid situation over the last 3 months with practices keeping in touch with updates on clinic space, and we have two practices which are keen to have us start delivering a service starting in the first week of May. We are continuing to support pregnant mums as both midwives have retired. In March we tested some outreach work to assess community appetite to engage in community activity; both sessions were successful so plans to increase community outreach activity have been progressed. No Smoking Day activity saw a small uptake of interest and engagement in the service.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**68.0%**

Work on the CAMHS Referral to Treatment (RTT) continues with a lowered RTT as work on the longest waits increases. The amount of activity is increased as new staff capacity improves however is lower than projected due to ongoing vacancies, persistent levels of staff absence and patient cancellations as a result of Covid-19. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to this client group. The process to fill vacant posts continues with a total of 21 posts either in development or out to advert.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**79.2%**

The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of the year and this remains the case in the first 2 months of 2022. This has resulted in an increase in numbers on the waiting list including, in February, an increase in the number of people waiting over 53 weeks. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources: Operational Performance

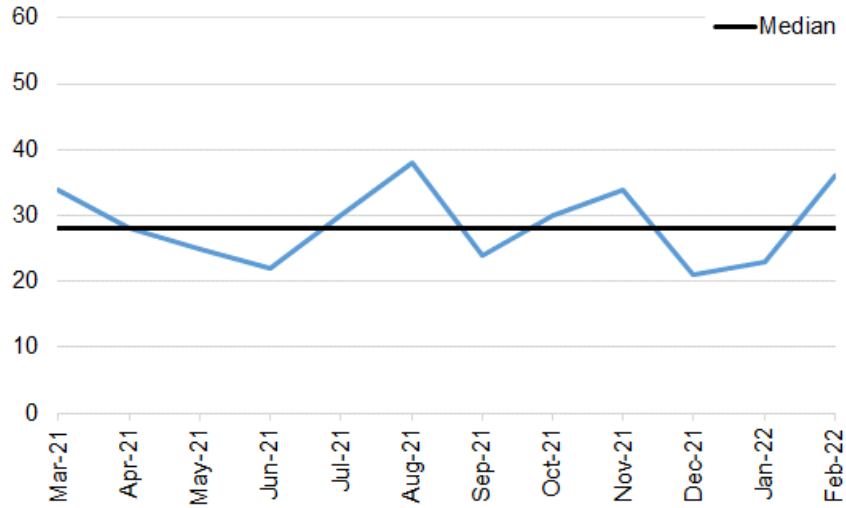
Finance, Performance & Resources: Finance

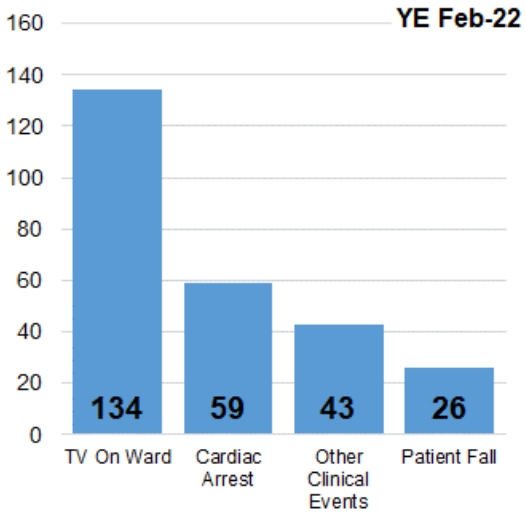
Staff Governance

Public Health & Wellbeing

Adverse Events

Major and Extreme Adverse Events





All Adverse Events

	Month	2020/21	2021/22										
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
ALL	NHS Fife	1365	1358	1373	1351	1420	1453	1397	1392	1437	1492	1495	1230
	Acute Services	630	594	649	606	629	616	609	646	632	596	611	491
	HSCP	708	725	682	694	741	799	746	690	746	834	851	698
	Corporate	27	39	42	51	50	38	42	56	59	62	33	41
CLINICAL	NHS Fife	954	937	1012	936	1009	956	964	948	1015	974	938	842
	Acute Services	588	547	600	547	568	551	536	567	581	536	564	439
	HSCP	353	372	388	365	412	384	401	351	405	399	360	383
	Corporate	13	18	24	24	29	21	27	30	29	39	14	20

Commentary

Incident numbers in January were in keeping with normal variation, but although there was a significant overall decrease in February the number of incidents reported as Major or Extreme in this month increased.

The main categories of events showing decreases were:

- Other Clinical events – the most notable reduction is in 'Hypoglycaemia (BM<4)' which have seen a consistent reduction from 50 in March 2021 to 19 in February 2022
- Medication incidents decreased to <100 per month for the first time in this 12-month period, however the number of Major/Extremes in this category increased

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient. Adverse Events improvement work is ongoing. A dedicated Adverse Events resource folder has been created within Blink, and this holds resources to facilitate adverse events incident management as well as including links to human factors training. Collaborative work on the adverse events improvement plan is ongoing.

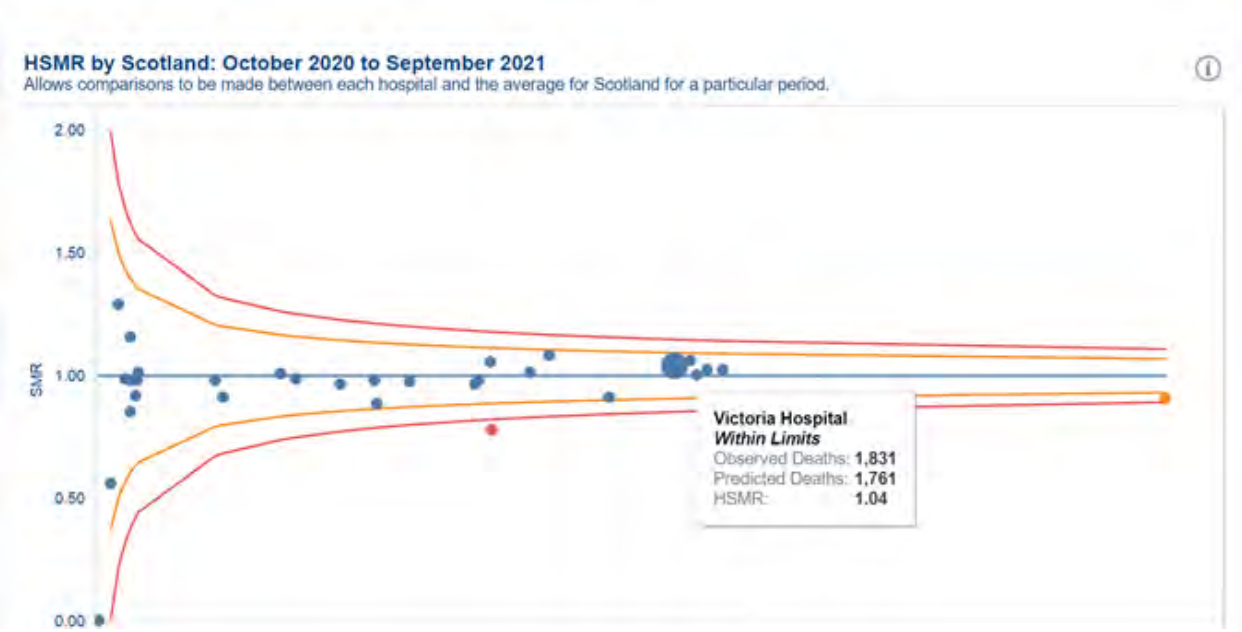
HSMR

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

Reporting Period; October 2020 to September 2021[p]

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

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



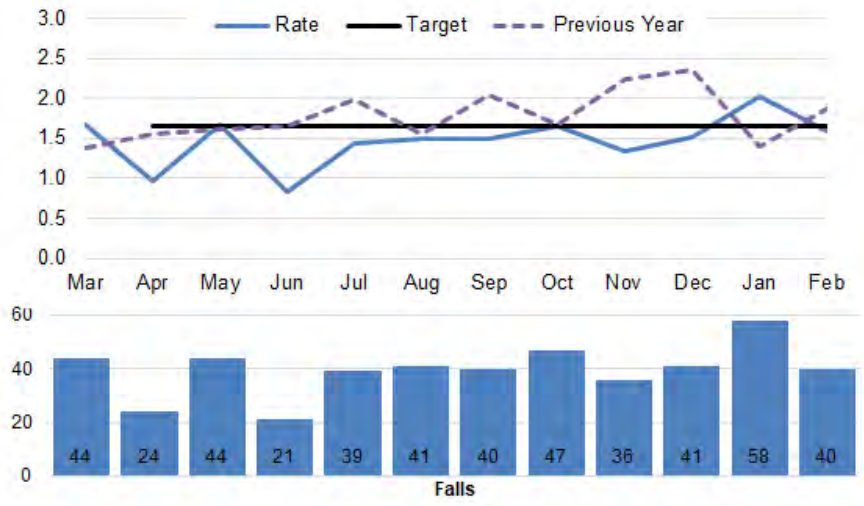
Commentary

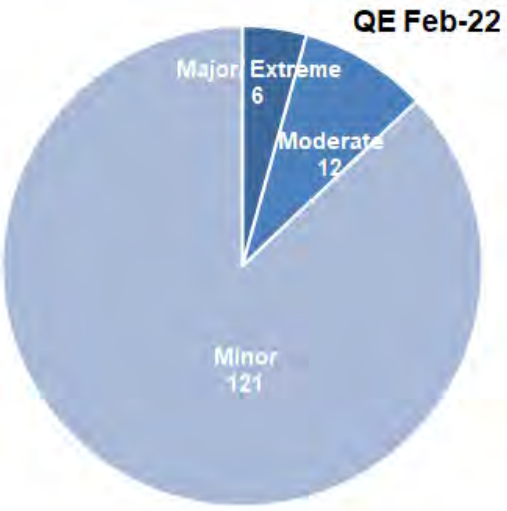
Hospital Standardised Mortality Ratio (HMSR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.

Inpatient Falls with Harm

Reduce Inpatient Falls with Harm rate per 1,000 Occupied Bed Days (OBD)
Target Rate (by end March 2022) = 1.65 per 1,000 OBD

Local Performance





Performance by Service Area

	2020/21	2021/22										
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.66	1.33	1.52	2.02	1.59
Acute Services	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.44	1.11	0.64	1.80	1.14
HSCP	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.84	1.52	2.27	2.21	1.95
Target		1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65

KEY CHALLENGE(S) IN 2021/22

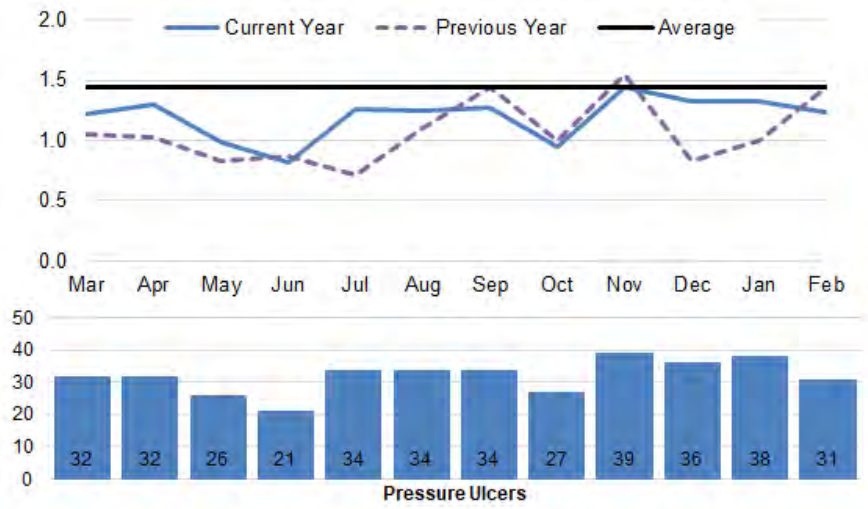
- Continued challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of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

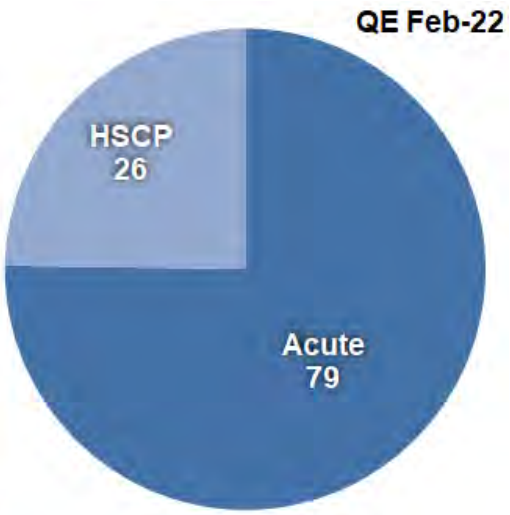
IMPROVEMENT ACTIONS	
20.3 Falls Audit	***By Aug-22***
As previously noted the expected new national driver diagram and measurement package are not yet finalised and the local audit programme will be fully developed following receipt of this; if further delayed, an interim audit programme will be commenced. This will be reviewed again in the Summer.	
20.5 Improve effectiveness of Falls Champion Network	***By Aug-22***
This work remains on hold due to staffing challenges, with contact being maintained with existing champions	
21.2 Falls Reduction Initiative	***Complete Nov-21***
21.3 Integrated Improvement Collaborative	***Complete Jan-22***

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2022) = 0.42 per 1,000 OBD

Local Performance





Performance by Service Area

		2020/21	2021/22										
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Grade 2 to 4	NHS Fife	1.22	1.30	0.99	0.82	1.26	1.25	1.28	0.95	1.44	1.33	1.32	1.23
	Acute Services	2.12	2.51	1.60	1.58	2.13	2.36	2.18	1.44	2.54	2.24	2.25	1.84
	HSCP	0.43	0.23	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55	0.52	0.72

KEY CHALLENGE(S) IN 2021/22

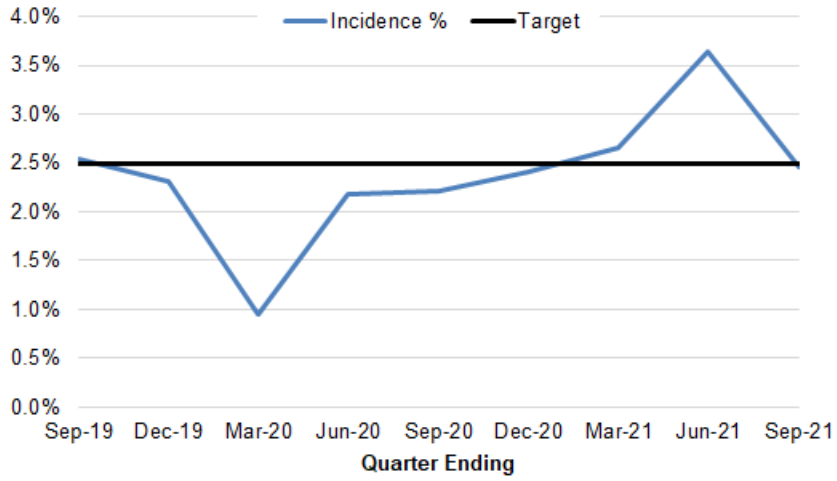
Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

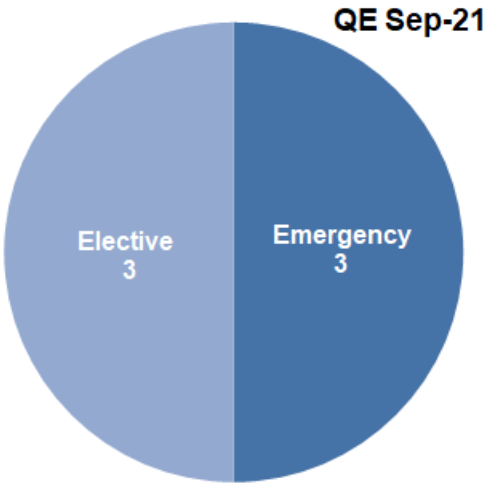
IMPROVEMENT ACTIONS	
21.2 Integrated Improvement Collaborative	**Complete Jun-21**
21.3 Implementation of robust audit programme for audit of documentation	**Complete Jun-21**
22.1 Improvement Collaboratives - HSCP	**Complete Mar-22**
The Tissue Viability Steering Group are reviewing the reporting framework. This involves forming an operational sub-group that will report directly into the Tissue Viability Steering group on developments and progress against key quality indicators, standards, relevant guidance and policies and quality improvement programmes. A number of improvement ideas have been identified, to be discussed and developed further at the next Tissue Viability Group meeting.	
22.2 Community Nursing QI Work	**Complete Mar-22**
One of the community nursing teams has implemented a focused piece of improvement work to ensure that all relevant skin and risk assessments are completed. This is having a positive impact on patient outcomes. Joint adverse event reviews and sharing learning have increased between services, including working collaboratively with care homes.	
22.3 ASD Pressure Ulcer Improvement Programme	**Complete Mar-22**
Due to the continued and significant workforce pressures and therefore inability to use a collaborative model for continuous quality improvement, a decision has been taken to terminate this programme and for clinical teams to own their own improvement activity.	
22.4 Implementation of Focused Improvement Activities	**Complete Mar-22**
ICU continue to test change ideas to prevent Medical Devise Related Pressure Ulcers, including prophylactic use of barrier creams and the development of a poster depicting preventative techniques. All mattresses have been replaced with specialist mattresses that have the technology to deflate individual cells under targeted areas of the body at particular risk. Ward 31 and ED continue to discuss pressure ulcer incidences at the Hip Fracture Meeting.	

Caesarean Section SSI

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

Local Performance





National Benchmarking

Quarter Ending	2018/19				2019/20		
	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19
NHS Fife	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%
Scotland	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	**Complete Mar-22**

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

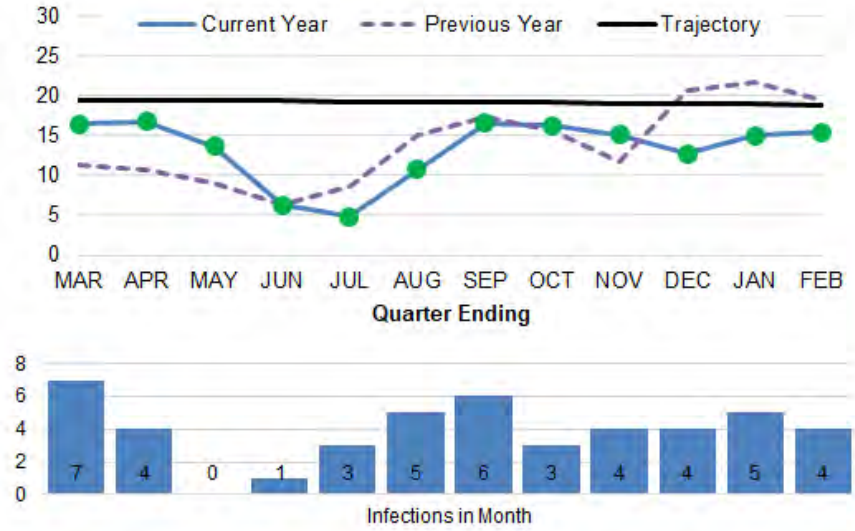
Due to the ongoing Covid-19 pandemic, there is currently no date (set by ARHAI) for resumption of SSI surveillance. Until such time, Maternity services will continue to monitor infection rates locally and will maintain links with the Infection Control Surveillance Team, for support and guidance.

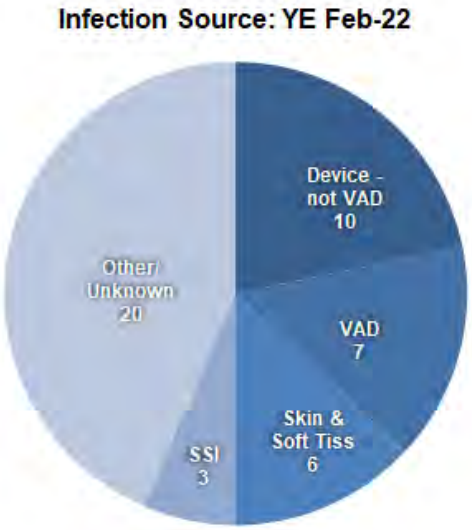
On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most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





National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	6.3	18.7	20.6	17.8	6.3	16.6	12.8
Scotland	20.3	17.3	18.9	18.4	18.6	18.3	17.3

KEY CHALLENGE(S) IN 2021/22

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

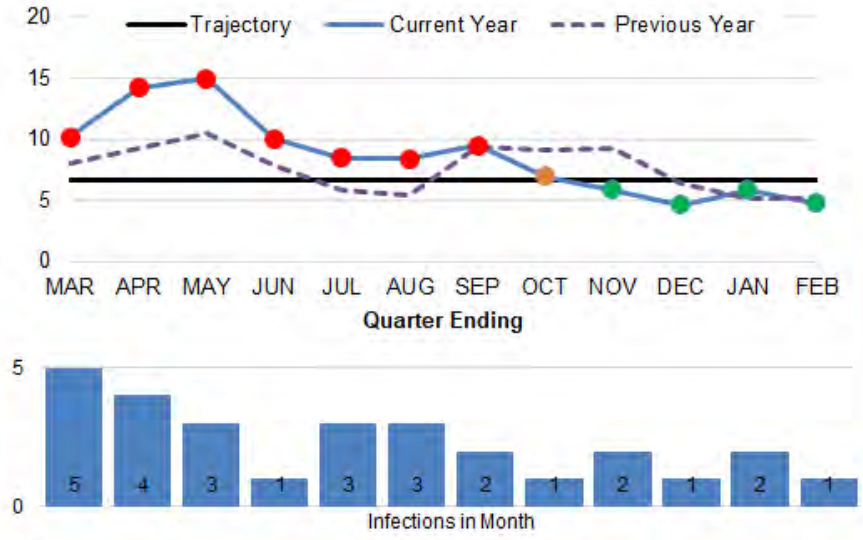
IMPROVEMENT ACTIONS

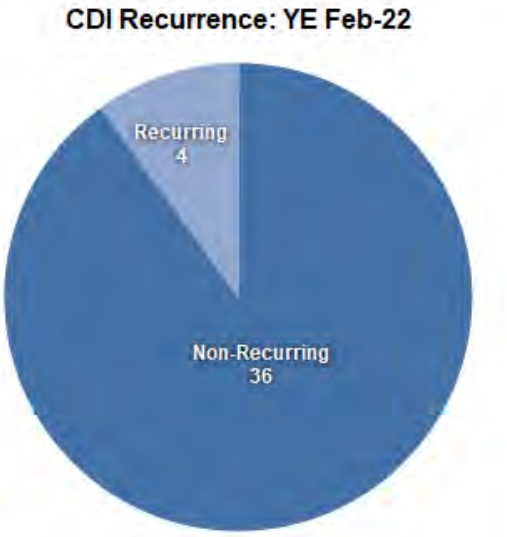
20.1 Reduce the number of SAB in PWIDs	***Complete Mar-22***
The incidence of SABs in PWIDs has continued to reduce although there has been 2 cases identified in 2022 up to February. IPC will continue to support Addiction Services with their QI work to reduce the rate further.	
20.2 Ongoing surveillance of all VAD-related infections	***Complete Mar-22***
Monthly charts are 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	***Complete Mar-22***
Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions in regard to catheter and urinary care with ECB data presented to indicate CAUTI incidence and trends. The UCIG Driver Diagram continues to be reviewed. eCatheter insertion & maintenance bundles on Patientrack are currently being trialled within Urology services, before being rolled out across the whole AS & HSCP, to ensure optimum catheter care delivery.	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	***Complete Mar-22***
Monthly SAB reports are 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. 'Days since last SAB' data is emailed out to each directorate monthly for wards to display for public assurance	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	***Complete Mar-22***
Electronic insertion and maintenance bundles for PVCs are completed on Patientrack 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. Similar electronic insertion and maintenance bundles are being trialled currently for in-dwelling urinary catheters and planned for CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

C Diff (HAI/HCAI)

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

Local Performance





National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	7.9	9.3	7.7	14.0	10.0	9.5	4.6
Scotland	15.4	17.4	16.4	15.8	14.6	16.8	13.3

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

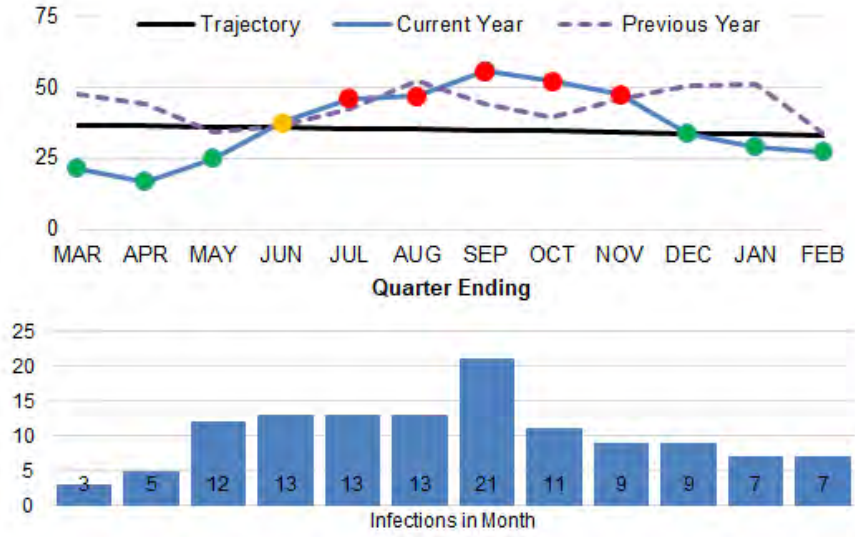
IMPROVEMENT ACTIONS

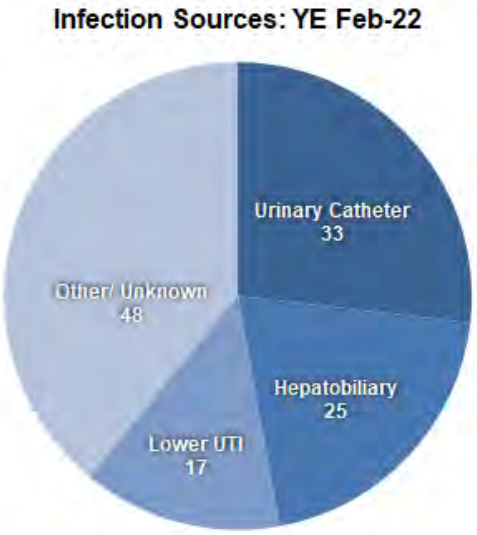
20.1 Reducing recurrence of CDI	***Complete Mar-22***
Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.	
20.2 Reduce overall prescribing of antibiotics	***Complete 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 and the revised Microguide app has been circulated to all GP practices.	
20.3 Optimise communications with all clinical teams in ASD & the HSCP	***Complete Mar-22***
Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates. IPCN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion. 'Days since last CDI' data is emailed monthly by IPC surveillance to each directorate for all wards to display 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





National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	36.4	45.3	50.3	21.6	37.6	60.3	33.6
Scotland	39.7	42.0	40.9	34.7	38.2	41.4	34.1

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 inflection ECB rate

IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP	***By Mar-24***

Monthly ECB reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance and a DATIX is submitted for all catheter associated ECBs, prompting an LAER by the patient`s clinical team. ECB rates reduced in Q4 of 2021 following NHS Fife receiving an exception report for HCAI & CAI rates in Q3, for which an Action Plan was submitted to ARHAI.
NHS Fife is currently on target for achieving the 25% target reduction by the end of March; a further 25% reduction of HCAI ECBs is to be achieved by March 2024.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)	***By Mar-24***

The UCIG meeting last met in November, two further meetings having been 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.

A new eCatheter insertion & Maintenance bundle on Patientrack is currently being trialled by Urology before being rolled out across the AS & HSCP to ensure optimum catheter care is delivered across NHS Fife.

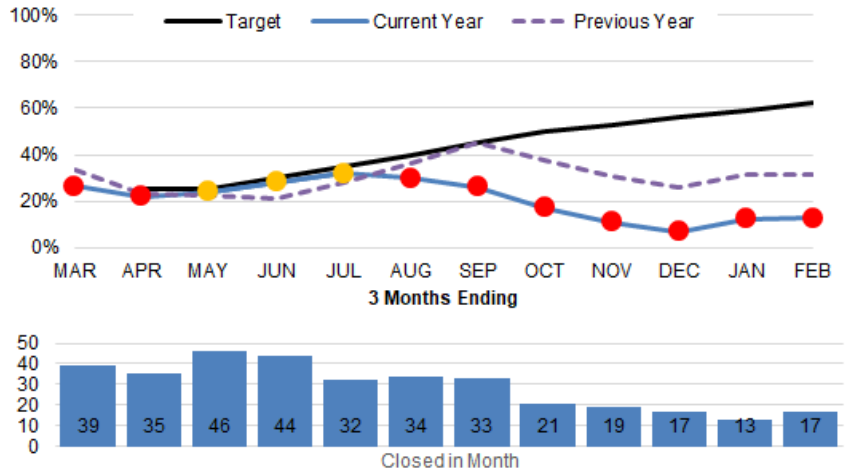
22.1 Develop ECB Strategy	***Complete Mar-22***

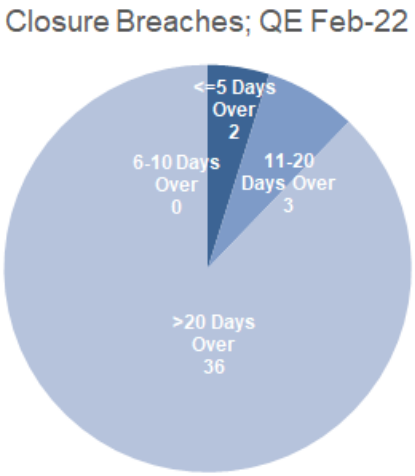
NHS Fife are collaborating with NHS Shetland and NHS Grampian to pioneer an enhanced ECB CAUTI surveillance tool. The aim is to gather data on all CAUTIs, identify risk factors and, where appropriate, make subsequent improvements to practice.

Complaints | Stage 2

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

Local Performance





Performance by Service Area

3-Month Ending	2020/21	2021/22										
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%	26.3%	17.0%	11.0%	7.0%	12.2%	12.8%
Ack <= 3 Days (Monthly)	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	100.0%
ASD	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%	26.2%	19.3%	14.0%	7.5%	17.1%	17.6%
HSCP	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%	5.9%	8.3%	0.0%	0.0%

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 Sep-22**

Patient Relations have yet to recommence in-house QA checks on draft final responses; however, it is hoped we will be in a position to recommence this in the near future.

Review of the current complaint handling process by Clinical Governance and Patient Relations also continues to be on hold due to the ongoing response to COVID-19 and current capacity issues. This will be recommenced in the future.

In March, there was a focus within the Patient Relations team to work on the backlog of complaint response, which had been created due to the pressures on clinical services whilst managing Covid-19 measures. Over the course of 14 days, the team were able to clear the backlog of responses that were ready to draft and move these cases onward through the complaint's procedure.

22.2 Improve education of complaint handling — **By Sep-22**

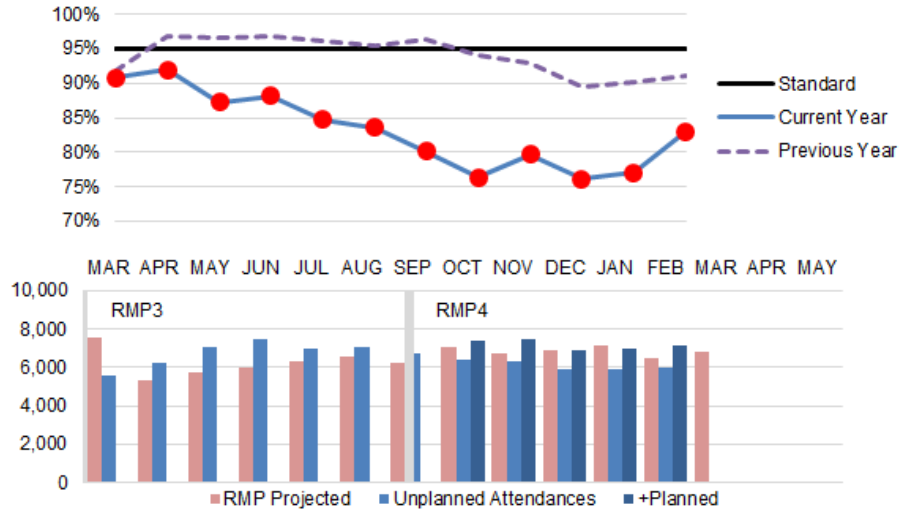
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. Unfortunately, training remains on hold due to the ongoing response to COVID-19 and current capacity issues; however, there have been some training sessions delivered virtually during the pandemic. It is hoped to recommence training once the picture in regard to Covid-19 settles somewhat and face-to-face training in large groups can be accommodated once again.

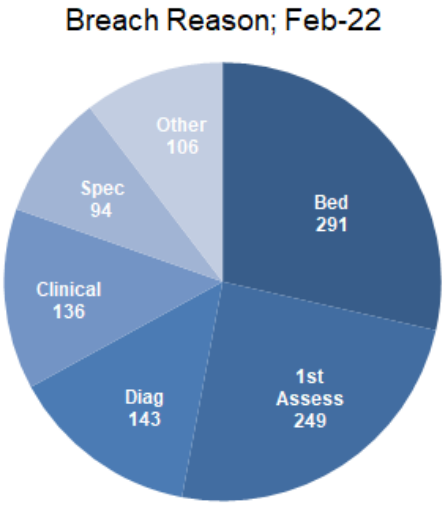
Although bespoke training sessions were due to be undertaken with Fife Wide & Fife East in May in 2021, this has not been possible to achieve for the reasons above. It is hoped there will be capacity to recommence this soon.

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





National Benchmarking

Month	2020/21	2021/22										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%	77.0%	83.0%
Scotland	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%	76.0%	

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

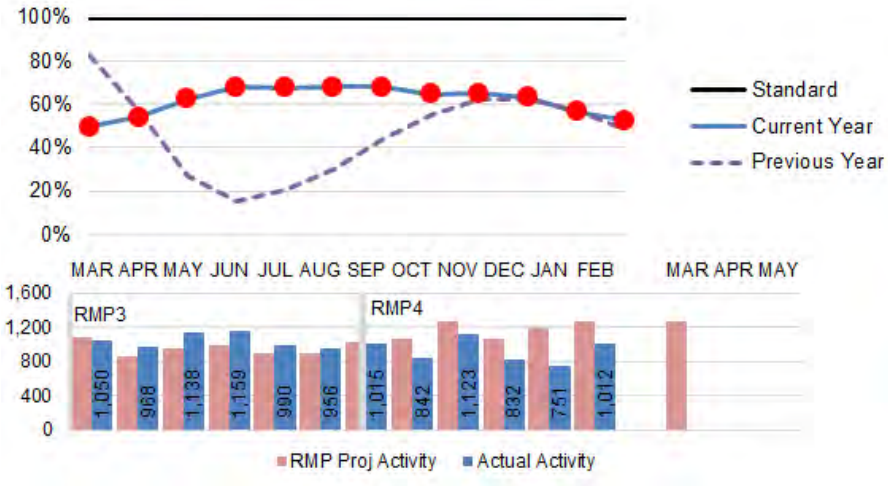
IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	**Complete Mar-22**
Virtual Flow and Navigation appointments to ED are now in place and the Hub has expanded to handle GP calls previously taken by ANPs into AU1. Early indication shows decreased number of referrals with a re-direction rate of 26%. Expansion for 24/7 handling is in planning and the Clinical Director for Planned Care is reviewing surgical pathways through FNC with a focus on a more streamlined urology pathway. This will be picked up again in the refreshed IPQR.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	**Complete Nov-21**
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	**Complete Mar-22**
February saw an improvement in performance, however bed waits continue to be the principal reason for breaches with the knock on effect of holding patients within the department further impacting time to first assessment due to lack of space. Flow to downstream wards impacted on high acuity of patients and the impact that COVID staff absence has had on ward staffing numbers and management of workload to enable discharges. OPEL escalation tool now in daily use with actions in place for escalation and formal action cards under development. This will be picked up again in the refreshed IPQR.	
22.3 Develop re-direction policy for ED	**Complete Dec-21**

Patient TTG

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

Local Performance



National Benchmarking

	2020/21	2021/22										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	49.7%	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%	56.6%	52.7%
Scotland	34.7%	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%	37.5%	37.3%	34.6%		

KEY CHALLENGE(S) IN 2021/22

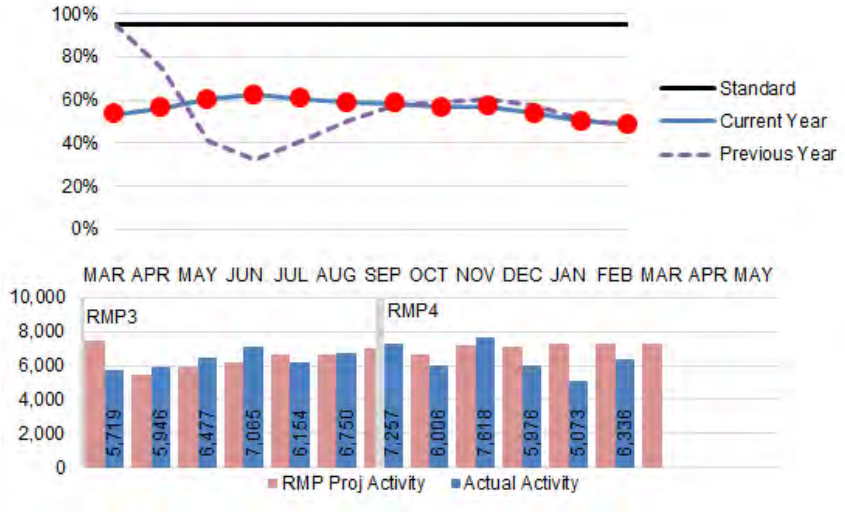
- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence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

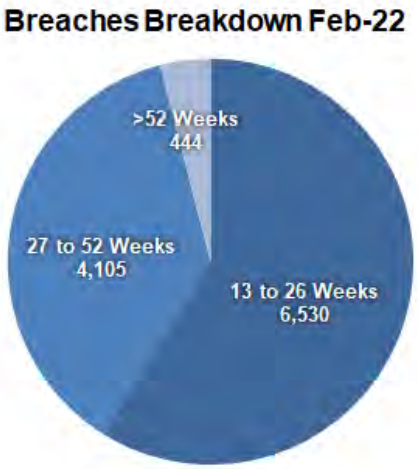
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	**By Sep-22**
Business case delayed awaiting decision on suitable IT system	
22.3 Undertake waiting list validation against agreed criteria	**Complete Mar-22**
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly. This work will continue as clinical prioritisation remains essential when elective capacity is restricted due bed capacity and unscheduled care demand.	
22.4 Develop and deliver improvement actions in line with CFSD priority projects overseen by Integrated Planned Care Programme Board	**Complete Mar-22**
ACRT in place for 3 specialities and PIR in place for 6 specialities. The work for this year is complete. A new programme of improvements for 2022/23 will be agreed by the Integrated Planned Care Programme Board.	

New Outpatients

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

Local Performance





National Benchmarking

	2020/21	2021/22										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%	50.1%	48.8%
Scotland	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	48.1%	48.0%	48.4%	46.5%		

KEY CHALLENGE(S) IN 2021/22

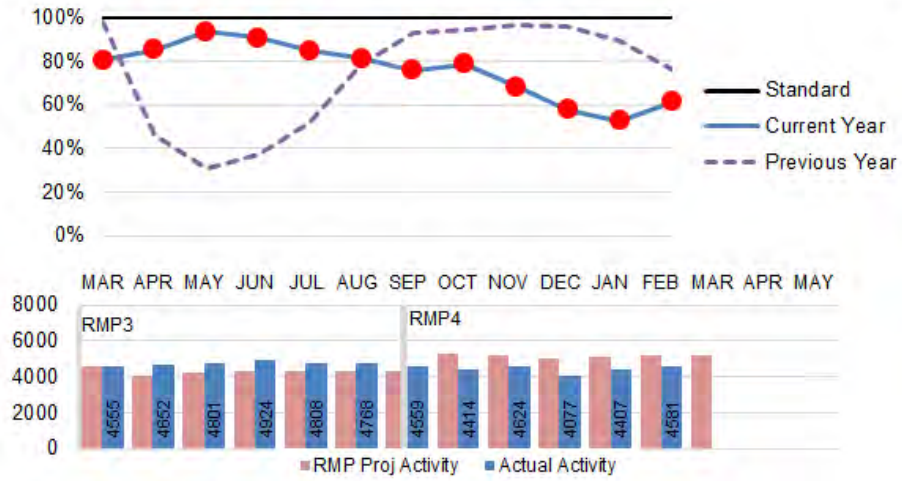
- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence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

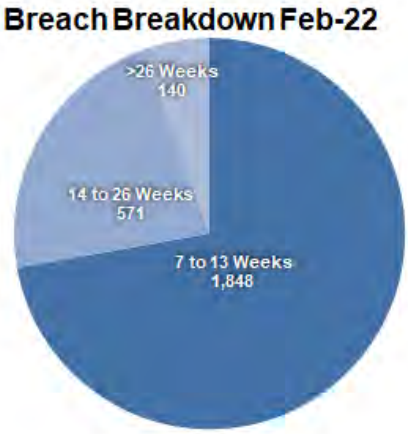
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	**Complete Mar-22**
The work for this year is complete. A new programme of improvements for 2022/23 will be agreed by the Integrated Planned Care Programme Board.	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	**Complete Mar-22**
Directorates promoting and supporting initiatives	
22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement	**Complete Dec-21**

Diagnostics Waiting Times

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

Local Performance





National Benchmarking

	2020/21	2021/22										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%	52.7%	61.2%
Scotland	61.4%	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%	55.2%	56.9%	49.6%		

KEY CHALLENGE(S) IN 2021/22

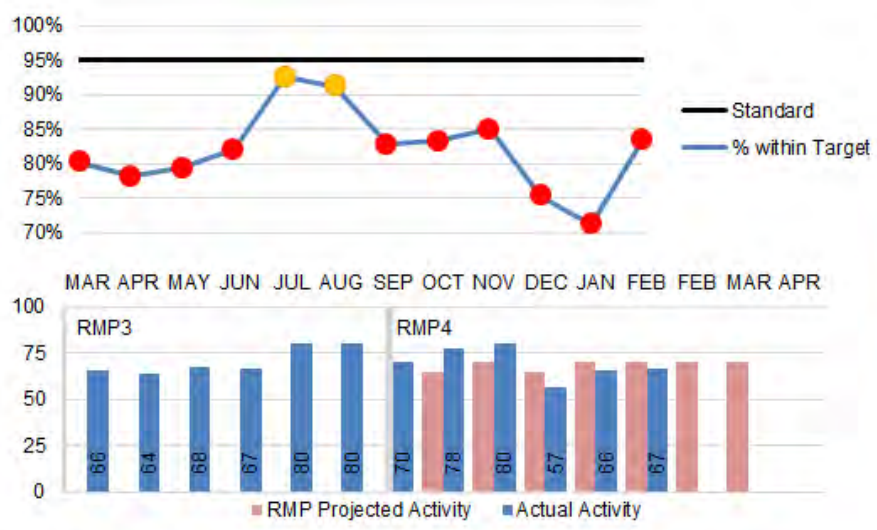
- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence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

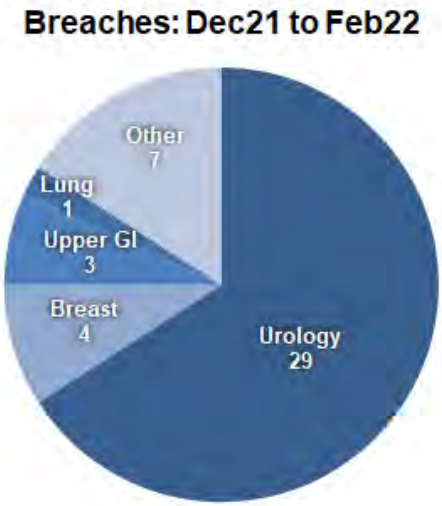
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Explore implementation of point of care testing in endoscopy	**Complete Mar-22**
System implemented	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	**Complete Mar-22**
Directorates promoting and supporting initiatives	
22.4 Actively seek alternative sources of additional CT capacity to manage increasing waiting times for routine patients	**Complete Jan-22**

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





National Benchmarking

Month	2020/21	2021/22										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%	71.2%	83.6%
Scotland	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	78.3%	76.3%	77.4%

KEY CHALLENGE(S) IN 2021/22

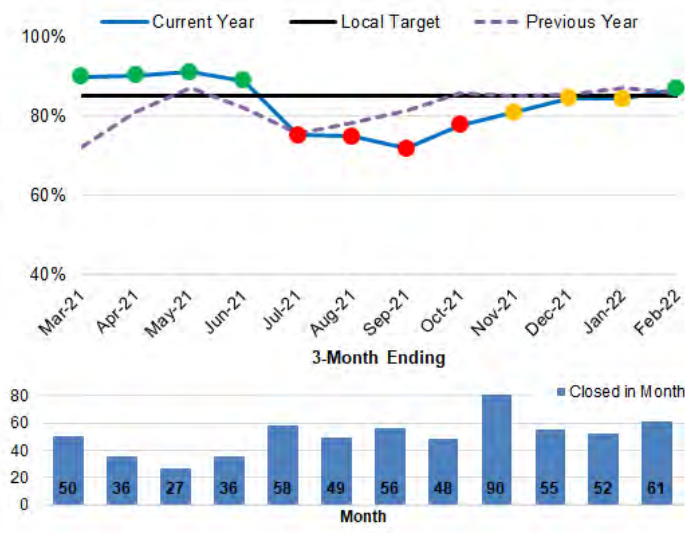
- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Introduction of the robot may impact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

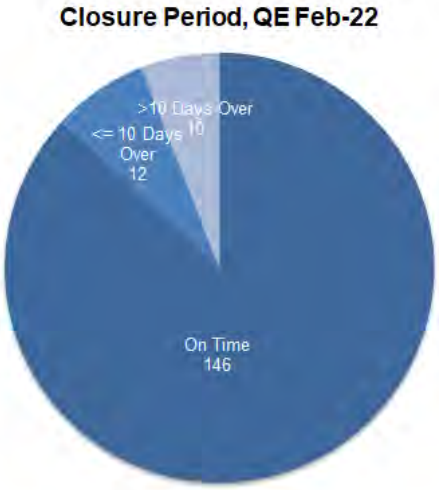
IMPROVEMENT ACTIONS	
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	**By Mar-23**
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways.	
20.4 Prostate Improvement Group to continue to review prostate pathway	**By Mar-23**
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 May-22**
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife. Engagement sessions have been completed and the Framework and delivery plan is currently being drafted. The Framework is out for consultation.	
22.1 Effective Cancer Management Review	**By May-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. The Scottish Government will be visiting NHS Fife to introduce the reviewed Framework. An action plan has been drafted and is to be sent to the relevant groups for ratification.	

Freedom of Information Requests

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

Local Performance





Performance by Service Area

Monthly	2020/21	2021/22										
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Health Board	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%	84.1%	85.4%	85.7%	94.2%
IJB	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%	87.5%	100.0%	60.0%	77.8%

KEY CHALLENGE(S) IN 2021/22

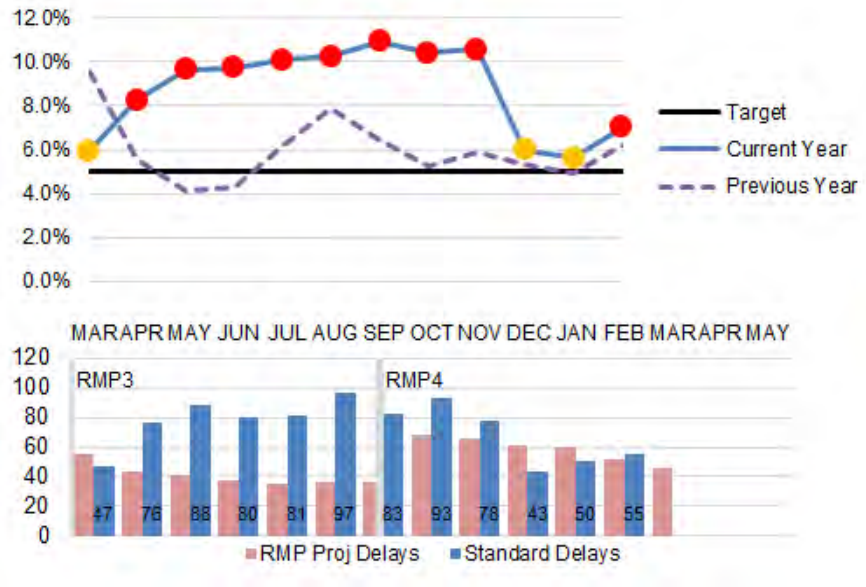
Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and an Information Governance and Security Advisor is overseeing FOI administration. The route to a permanent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

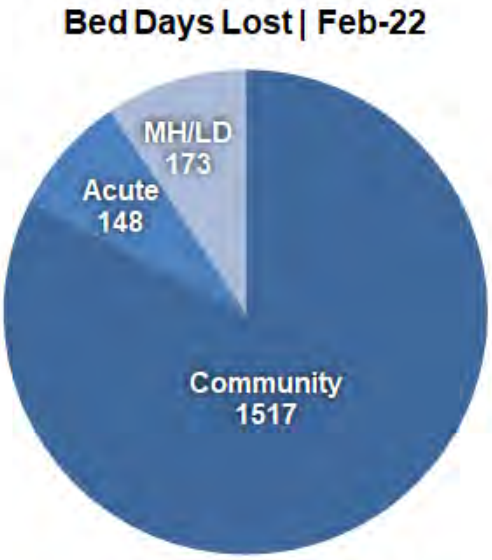
IMPROVEMENT ACTIONS	
21.1 Organisation-wide Publication Scheme to be introduced	**Complete Jun-21**
21.2 Improve communications relating to FOISA work	**Complete Dec-21**

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





National Benchmarking

Quarter Ending	2019/20			2020/21				2021/22	
	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	8.0%	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%
Scotland	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%	6.7%

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-22**
The Oversight "Home First" group continue to meet on a regular basis, and Project Management Office (PMO) support is in place. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, and this action will continue for the remainder of 2022.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	**Complete Jul-21**
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	**By Sep-22**
The test of change is ongoing, however, the number of STAR beds available has been limited due to care home closures (COVID). This has resulted in a slip to the initial target completion date.	
22.3 Reduce number of delays due to awaiting the appointment of a Welfare Guardian	**Complete Mar-22**
A review of the guardianship paperwork and templates is complete, and the refreshed document has been approved by H&SC and NHS Fife (Acute). It will be held within patient notes to provide an overview and audit trail.	
22.4 Develop capacity within START plus additional investment to develop a programme of planning with the private agencies supported by Scottish Care	**Complete Mar-22**
Development of Care at Home Collaborative, supported by Scottish Care, started in late 2021, bringing together 10-12 Care at Home providers to work together, to maximise resources and capacity to help service user return to their own home, following a period in a care home interim placement. Commissioning of this resource is now complete.	
22.5 Surge capacity established to support admission demand	**Complete Mar-22**
Surge capacity has been established in QMH (Ward 3/8/8A), Glenrothes (Ward 1/2/3), Cameron (Balgonie/Balcurvie/Letham) and VHK (Ward 6/9)	

Revenue Expenditure

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

1. Executive Summary

At the end of February the board's reported financial position is a balanced position which is in line with the projected outturn for the financial year end. The position comprises an adverse variance for Acute Services Division of £17.433m and £2.224m for External Health Care Providers, offset by favourable variances across Corporate Functions and, of note this month, is the receipt of non recurring Scottish Government funding support of £13.7m to enable the Board to break even. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £5.8m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) report an underspend of £2.980m for the 11 months to February (following a non-recurring budget realignment payment made from Health Board to Fife Council of £3.734m in December).

Revenue Financial Position as at 28th February 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services Division	240,598	221,877	239,310	-17,433
IJB Non-Delegated	9,474	8,691	8,520	171
Non-Fife & Other Healthcare Providers	90,611	83,066	85,290	-2,224
Non Clinical Services				
Estates & Facilities	78,041	70,914	68,000	2,914
Board Admin & Other Services	91,789	84,474	83,129	1,345
Other				
Financial Flexibility & Allocations	30,077	15,153	0	15,153
Income	-39,132	-36,408	-36,482	74
SUB TOTAL	**501,458**	**447,767**	**447,767**	**0**
Health & Social Care Partnership				
Fife H & SCP	433,869	345,485	342,505	2,980
SUB TOTAL	**433,869**	**345,485**	**342,505**	**2,980**
TOTAL	**935,327**	**793,252**	**790,272**	**2,980**

1.2 Cost pressures within Acute Services continue to increase reflecting the exceptional demand on unscheduled care capacity and challenges with delayed discharges. The many actions being taken to manage demand pressures have increased the requirement for temporary staffing. Increasing expenditure across medicines budgets continues to add to the significant cost pressures within clinical directorates particularly with Haematology/Oncology drugs budgets and Biologics.

1.3 The financial impact of COVID-19, including direct additional costs for vaccination, testing and remobilisation plus indirect costs associated with the managing the wider impact and recovery measures continues to be regularly updated and shared through established reporting mechanisms through quarterly reporting returns. Details are contained within Appendix 1. A Scottish Government letter received in February 2022 set out details of a further tranche of Covid-19 funding available to Boards and Integrated Authorities. The available balance of funding remaining at year end, which is expected to total £34m subject to final review, will be carried forward

into 2022/23 as an earmarked Covid recovery reserve within Integration Joint Boards. Further guidance is expected on how the funding will require to be deployed in 2022/23 against key priorities in supporting Covid-19 recovery.

1.4 The February allocation letter was issued on 9 March 2022 and included ADP Task force funding of £0.409m, out of hours additional urgent support £0.168m and CSO support for Covid research infrastructure. We also received notification of further Covid funding of £64.908m on 25 February 2022 for both Health Board and HSCP additional costs. Anticipated core allocations total -£0.712m and, as is often the case as we near year end, reflects additional top slicing for services to NSD. Further allocation details are contained within Appendix 2.

1.5 At the beginning of the financial year the board was committed to delivering cost improvements in year of £8.181m which are now confirmed as delivered in full. Despite the challenges the pandemic has created in the delivery of cost improvement plans, the board has delivered savings totalling £9.618m at the end of February. Appendix 3 sets out the savings achieved including an analysis of recurring and non-recurring sources, and forms the basis of our additional monthly reporting to Scottish Government.

1.6 The overall anticipated capital budget for 2021/22 is £33.942m. The capital position for the period to February records spend of £19.233m. Therefore, 56.66% of the anticipated total capital allocation has been spent to month 11. The full capital programme is expected to deliver in full with significant activity in the final month of the year and a balanced capital position is expected.

2. Health Board Retained Services

Clinical Services financial performance at 28 February 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	240,598	221,877	239,310	-17,433
IJB Non-Delegated	9,474	8,691	8,520	171
Non-Fife & Other Healthcare Providers	90,611	83,066	85,290	-2,224
Income	-39,132	-36,408	-36,482	74
SUB TOTAL	**301,551**	**277,226**	**296,638**	**-19,412**

2.1 Costs directly attributable to Covid-19 have been identified and matched with budget, on a non-recurring basis and work continues to develop the projected covid impact into the new financial year. The Quarter 3 financial return and projections included an update on the financial impact of Covid 19 and informed Scottish Government further funding allocations per 1.5 above.

2.2 The Acute Services Division reports an **overspend of £17.433m.** Acute Services are experiencing particularly challenging capacity pressures at the front door and downstream wards on top of existing historic cost pressures. Measures are underway to ease the pressures including increasing temporary over recruitment to unregistered nursing posts, admin posts and international recruitment. A significant proportion of the reported overspend to February relates to unachieved savings of £11.489m. As reported in other sections of this report, non repayable funding has been received from Scottish Government which is included within financial flexibility. The decision not to attribute to individual budget areas was made to retain focus on delivery of savings targets. The remainder of the reported overspend continues across Nursing, Senior and Junior Medical Pay budgets, non-pay pressures within Haematology/Oncology medicines budgets and growth demand on diabetic pumps. Growth in spend on Acute medicines has accelerated beyond available funding significantly and is an issue being reported across boards in Scotland. In preparation for next year, cost improvement programmes are being identified and documented which will help to close the financial gap.

2.3 The IJB Non-Delegated budget reports an **underspend of £0.171m.** This is mostly being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.

2.4 The budget for healthcare services provided out-with NHS Fife is **overspent by £2.224m** and is broadly in line with the position reported last month. Further detail is contained in Appendix 4.

Corporate Functions and Other Financial performance at 28 February 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Non Clinical Services				
Estates & Facilities	78,041	70,914	68,000	2,914
Board Admin & Other Services	91,789	84,474	83,129	1,345
Other				
Financial Flexibility & Allocations	30,077	15,153	0	15,153
SUB TOTAL	**199,907**	**170,541**	**151,129**	**19,412**

2.5 The Estates and Facilities budgets report an **underspend of £2.914m.** This comprises an underspend in pay of £0.809m which is continuing the trend of previous months across several departments including estates services, catering, and portering. Non-pay costs continue to perform well except for property maintenance. The ongoing increases in energy prices will continue to be monitored, as will general price inflation and its resulting impact.

2.6 Within the Board's corporate services there is **an underspend of £1.345m**. The main driver for this underspend is the level of vacancies across the Finance Directorate (£0.296m), the Nursing Director budget (£0.297m), Medical Director (£0.211m) and Other (£0.351m). The latter covers areas such as legal, early retirements and injury benefits - which in the main are financial transactions.

2.7 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £15.153m** has been released at month 11, and includes receipt of non-repayable support received from SG. Further detail shown in Appendix 5.

3. Health & Social Care Partnership

3.1 Health services in scope for the Health and Social Care Partnership report an **underspend of £2.980m.** This underspend is net of a non-recurring payment on account of the Health Delegated in-year underspend to Social Care made in December.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	433,869	345,485	342,505	2,980
SUB TOTAL	**433,869**	**345,485**	**342,505**	**2,980**

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £5.8m overspend to month 11 per 1.1 above).

4. Forecast

4.1 Our forecast outturn to the year end is a balanced position following receipt of non recurring funding support of £13.7m for Health Board retained services (representing our in-year deficit in our opening financial plan of £13.656m unachieved). Our forecast position assumes ADEL (Additional Departmental Expenditure Limit) funding of £0.950m re the replacement of obsolete equipment; and property and vehicle repair expenditure which we expect to receive in our final allocation letter this year.

4.2 The Health delegated underspend position is forecast at £3.748m following the non-recurring budget realignment transfer of £3.734m to Fife Council in December. It is anticipated the final year end underspend will be transferred as a non-recurring payment later in March. The H&SCP projected year end position is an underspend of c£0.573m as confirmed by the Chief Finance Officer following the roll out of the recovery plan and receipt of further funding.

4.3 Whilst details of funds held within Delegated Health Earmarked Reserves (created last financial year) are noted at Appendix 6; work is ongoing to finalise an additional significant Health Delegated earmarked reserve for the current financial year.

4.4 The projected NHS Fife forecast does not include any risk share with the Health and Social Care Partnership given Integration Authorities will also be provided with Scottish Government support to a balanced position. A cash transfer has been actioned in December from Health to Council to allow both organisations to report a balanced position; with a further transfer planned towards the end of the financial year.

5. Recommendation

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

- **Note** the reported core breakeven position for the 11 months to date for Health Board retained;
- **Note** the forecast balanced position for Health Board retained, following non recurring, non repayable funding SG funding support;
- **Note** the Health delegated forecast core underspend position (net of a cash transfer made to Fife Council of £3.7m in December) of a further £3.7m which will be transferred to Fife Council as we approach the financial year end.

Appendix 1: Covid-19 Funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
Allocations Q2	6,815	6,831	192	13,838	
Final allocation in January	20,947	9,945		30,892	
HSCP ear marked reserve		3,399		3,399	
Additional		34,017		34,017	
Total funding	**36,464**	**57,070**	**192**	**93,726**	**0**
Allocations made for April to February					
Planned Care & Surgery	1,393			1,393	
Emergency Care & Medicine	8,144			8,144	
Women, Children & Clinical Services	2,838			2,838	
Acute Nursing	0			0	
Estates & Facilities	1,321			1,321	
Board Admin & Other Services	1,860			1,860	
Public Health Scale Up	957			957	
Test and Protect	4,881			4,881	
Primary Care & Prevention Serv		635		635	
Community Care Services		1,672		1,672	
Complex & Critical Care Serv		286		286	
Professional/Business Enabling		182		182	
Covid Vaccine/Flu		11,640		11,640	
Social Care			192	192	
Non-repayable support	13,656				
Exclude additional		34,017			
Total allocations made to M11	**35,050**	**48,432**	**192**	**36,001**	**0**
Balance In Reserves	**1,414**	**8,638**	**0**	**57,725**	**0**
Remaining funding c/fwd to 2022/23		**34,017**			

Appendix 2: 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	20,964	42,472	
	July Letter			8,002	8,002	
	August Letter	141	230	1,522	1,893	
	September Letter	-135	59,994	-1,931	57,928	
	October Letter		3,390	14,908	18,298	
	November Letter	2,042	1,704	4,333	8,079	
	December letter		23	3,126	3,149	
	January Letter reported at month 10	-178	6,274	2,995	9,091	
25 Feb 2022	Amendment to January letter					
	PPE			130	130	As per SG Correspondence
	Further Covid Funding 2021-22			61,147	61,147	As per SG Correspondence
	Covid & Extended Flu Vaccinations			3,979	3,979	As per SG Correspondence
	Test & Protect			-347	-347	As per SG Correspondence
Letter 9 March 2022	Task Force Funding to ADPs			409	409	As per SG Correspondence
	Distinction Awards for NHS Consultants		139		139	Annual Allocation
	CSO support for Covid research infrastructure			60	60	Additional Allocation
	Improvements to forensic medical services			2	2	Additional Allocation to previous allocation
	Afghan refugee healthcare provision			62	62	As per specific allocation letter
	Audiology Equipment			12	12	Specific Allocation
	Remote blood pressure monitoring (InHealthCare)			15	15	Specific Allocation
	Out of Hours additional Urgent Support 2021-22			168	168	As per specific allocation letter
	ScotSTAR Topslice	-345			-345	Annual Adjustment
	Purchase of audiology equipment			5	5	Specific Allocation
	GJNH - Top slice adjustment - Boards			-11	-11	Annual Adjustment
	National Distribution Centre - Top-slice		-780		-780	Annual Adjustment
	Total Core RRL Allocations	**723,323**	**83,218**	**119,550**	**926,091**	
Anticipated	Capital to Revenue			277	277	
Anticipated	NSD Adjustments		-989		-989	
		0	**-989**	**277**	**-712**	
Anticipated	IFRS			8,900	**8,900**	
Anticipated	Donated Asset Depreciation			115	**115**	
Anticipated	Impairment			1,333	**1,333**	
Anticipated	AME Provisions			-400	**-400**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,948**	**9,948**	
	Grand Total	**723,323**	**82,229**	**129,775**	**935,327**	

Appendix 3: Savings Position at 28 February 2022

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 February £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	5,779	3,839	9,618	0
					0		0
Total Savings	**21,837**	**8,181**	**13,656**	**5,779**	**3,839**	**9,618**	**0**

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		-607	393		-41	959
Pay Vacancy Factor (1%)	3,015	Medium		-3,015	0		-3,015	0
Repatriation of Services	500	Low		-500	0		-500	0
External Commissioning Cost Review	1,000	Medium		-1,000	0		-1,000	0
Medicine Utilisation	500	Medium		-640	-140		-595	-95
Contracts	1,500	Low		-284	1,216		0	1,500
Procurement - Non pay	500	Medium		0	500		0	500
Other	166	Low		-3,572	-3,406		-628	-462
	8,181			**-9,618**	**-1,437**		**-5,779**	**2,402**

Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	91	88	3
Borders	45	42	52	-10
Dumfries & Galloway	25	23	52	-29
Forth Valley	3,227	2,958	3,365	-407
Grampian	365	334	259	75
Greater Glasgow & Clyde	1,680	1,540	1,534	6
Highland	137	126	187	-61
Lanarkshire	117	107	198	-91
Lothian	31,991	29,327	30,859	-1,532
Scottish Ambulance Service	103	94	92	2
Tayside	40,084	36,741	38,167	-1,426
Savings				0
	77,873	**71,383**	**74,853**	**-3,470**
UNPACS				
Health Boards	10,801	9,900	8,679	1,221
Private Sector	1,151	1,057	1,293	-236
	11,952	**10,957**	**9,972**	**985**
OATS	721	661	400	261
Grants	65	65	65	0
Total	**90,611**	**83,066**	**85,290**	**-2,224**

Appendix 5: Financial Flexibility & Allocations

	£'000	Flexibility Released to Feb-22 £'000
Financial Plan		
Junior Doctor Travel	17	14
Consultant Increments	232	213
Cost Pressures	3,656	2,035
Developments	2,054	1,240
Sub Total Financial Plan	**5,959**	**3,502**
Allocations		
Waiting List	1,300	0
AME: Impairment	73	0
AME: Provisions	126	0
Pay Award:AfC	1,664	1,522
Test & Protect	784	0
Covid General	629	0
Winter	661	0
Cancer Waiting Time	225	92
Distinction Award	3	3
Unscheduled Care Summer	180	0
Support to build recruitment capacity	27	0
Building Capacity for international recruitment	11	0
Young Patients Family Fund	38	29
Emergency Cancer Diagnostic Centre	196	0
Pregnancy Anaemia Management	28	0
Workforce Wellbeing	200	0
Discharge Without Delay Pathfinders	256	0
Interface Care Programme	480	0
Nurse Director Support	403	0
Fleet Decarbonisation	54	0
R&D	12	11
2020/21 Surplus	340	312
Chronic Pain	9	0
Additional CT & MRI Capacity	44	0
Mental Health Pharmacy recruitment	64	0
Additional Band 2-4	845	0
Capital to Revenue	355	0
International Recruitment	378	0
Diabetic Technologies	999	0
Audiology Equipmet	18	0
Funding Support	13,656	9,682
CSO Covid Research	60	0
Sub Total Allocations	**24,118**	**11,651**
Total	**30,077**	**15,153**

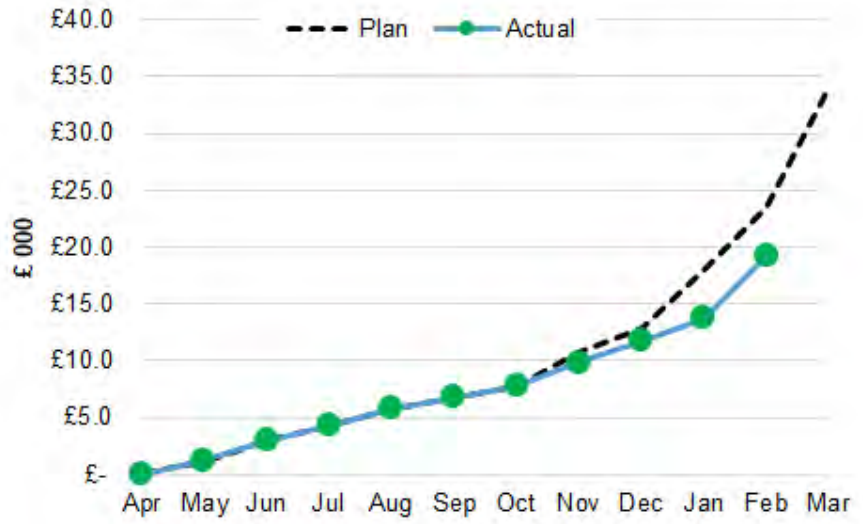
Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

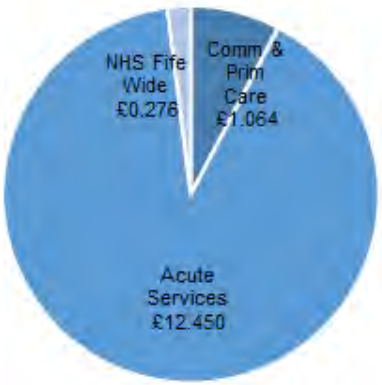
Health Delegated Earmarked Reserve	Total £000's	Health Delegated Budgets To M11 £000's	Anticipated £000's	Balance £000's
Vaccine	740	740		0
Care homes	526	82		444
Urgent Care Redesign	935	408		527
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
Action 15	1,315	505		810
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767	1,206	0	561
Core (covid offsets)	1,250	1,250		0
Total	**11,308**	**5,905**	**0**	**5,403**

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





Commentary

The overall anticipated capital budget for 2021/22 is £33.942m. The capital position for the period to January records spend of £19.233m. Therefore, 56.66% of the anticipated total capital allocation has been spent to month 11; with significant activity underway in the final month of the year which will inform a balanced capital position.

1. Annual Operational Plan

The capital plan for 2021/22 was approved by the FP&R Committee in July and was subsequently tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.942m detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
Mental Health Review	22
Lochgelly Health Centre	348
Kincardine Health Centre	207
Energy Scheme Funding	1,457
Pre Capital Fund Grant	50
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Louisa Jordan Equipment	22
Laundry Equipment	655
2nd Tranche NIB Equipment	1,176
National Eyecare Workstream	228
Capital to Revenue Transfer	- 277
SG Extra Funding Request	591
Decontamination Room	350
Colposcope	12
Extra National Eyecare Workstream	51
Audiology Equipment	97
Additional Equipment Funding	136
Decontamination Equipment	241
Additional Equipment Funding PH2	160
Total	**33,942**

There has been a reduction in the expected funding to be allocated for the Energy Grant this year. Originally, expenditure was planned to be £1.8m, however, this has now been reduced to £1.457m, and the remaining balance of £0.343m will be provided for next financial year.

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

Capital Receipts

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

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

2. Expenditure / Major Scheme Progress

2.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £19.233m, this equates to 56.66% of the total capital allocation, as illustrated in the spend profile graph above.

2.2 The main areas of spend to date include:

Statutory Compliance	£3.851m
Equipment	£3.241m
Digital	£0.343m
Elective Orthopaedic Centre	£10.658m
Health Centres	£0.424m
Clinical Prioritisation	£0.711m

3. Recommendation

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

note the capital expenditure position to 28 Febuary 2022 of £19.233m and the year-end spend of the total anticipated capital resource allocation of £33.942m.

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	218	158	218
Statutory Compliance	364	303	364
Capital Equipment	151	147	151
Condemned Equipment	23	23	23
National Infrastructure Equipment Funding	6	0	6
Kincardine Health Centre	207	173	207
Lochgelly Health Centre	348	250	348
Decontamination Room	350	0	350
Total Community & Primary Care	1,666	1,055	1,666
ACUTE SERVICES DIVISION			
Statutory Compliance	2,953	2,301	2,953
Capital Equipment	1,981	1,639	1,981
Clinical Prioritisation	763	292	763
Condemned Equipment	88	63	88
National Infrastructure Equipment Funding	3,407	1,288	3,407
Elective Orthopaedic Centre	15,907	10,658	15,907
Laundry Equipment	655	0	655
National Eyecare Workstream	279	0	279
Colposcope	12	0	12
QMH Theatre	1,000	242	1,000
Extra SG Funding Request	591	82	591
Audiology Equipment	97	0	97
Total Acute Services Division	27,734	16,565	27,734
NHS FIFE WIDE SCHEMES			
Equipment Balance	3	0	3
Information Technology	1,200	343	1,200
Clinical Prioritisation	0	0	0
Statutory Compliance	0	0	0
Condemned Equipment	1	0	1
Fire Safety	60	60	60
Scheme Development	0	0	0
Vehicles	142	0	142
Covid Capital	1,325	260	1,325
Mental Health Review	22	5	22
Total NHS Fife Wide Schemes	2,753	667	2,753
TOTAL CAPITAL ALLOCATION FOR 2021/22	**32,154**	**18,288**	**32,154**

ANTICIPATED ALLOCATIONS 2021/22			
Energy Funding Grant	1,457	945	1,457
Pre Capital Grant Funding	50	0	50
ECG Machines - Louisa Jordan Equipment	22	0	22
Capital to Revenue Transfer	-277	0	-277
Additional Equipment Funding	136	0	136
Decontamination Equipment	241	0	241
Additional Equipment Funding PH2	160	0	160
Anticipated Allocations for 2021/22	**1,788**	**945**	**1,789**

Total Anticipated Allocation for 2021/22	**33,942**	**19,233**	**33,942**

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to January £'000	February Adjustment £'000	Total February £'000
Community & Primary Care				
Capital Equipment	0	151	0	151
Condemned Equipment	0	24	-1	23
Clinical Prioritisation	0	252	-34	218
Statutory Compliance	0	329	35	364
Lochgelly Health Centre	0	0	207	207
Kincardine Health Centre	0	0	348	348
National Infrastructure Equipment Funding	0	6	0	6
Decontamination Room	0	0	350	350
Total Community & Primary Care	**0**	**762**	**905**	**1,666**
Acute Services Division				
Capital Equipment	0	1,971	10	1,981
Condemned Equipment	0	88	0	88
Clinical Prioritisation	0	727	36	763
Statutory Compliance	0	2,945	8	2,953
National Infrastructure Equipment Funding	0	3,407	0	3,407
Elective Orthopaedic Centre	0	15,907	0	15,907
National Eyecare Workstream	0	228	51	279
Laundry Support	0	600	55	655
Colposcope	0	0	12	12
Audiology Equipment	0	0	97	97
Extra SG Funding Request	0	0	591	591
QMH Theatre	0	0	1,000	1,000
	0	**25,874**	**1,860**	**27,734**
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,500	-3,476	-43	-18
Fife Wide Equipment	1,805	-1,792	-10	3
Digital & Information	1,000	200	0	1,200
Clinical Prioritisation	500	-480	-2	18
Condemned Equipment	90	-90	1	1
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	-94	0	0
Pharmacy Equipment	205	-205	0	0
Fife Wide Vehicles	0	142	0	142
Covid Capital	0	1,325	0	1,325
Mental Health Review	0	0	22	22
Total Fife Wide	**7,194**	**-4,409**	**-31**	**2,753**
Total Capital Resource 2021/22	**7,194**	**22,226**	**2,733**	**32,153**

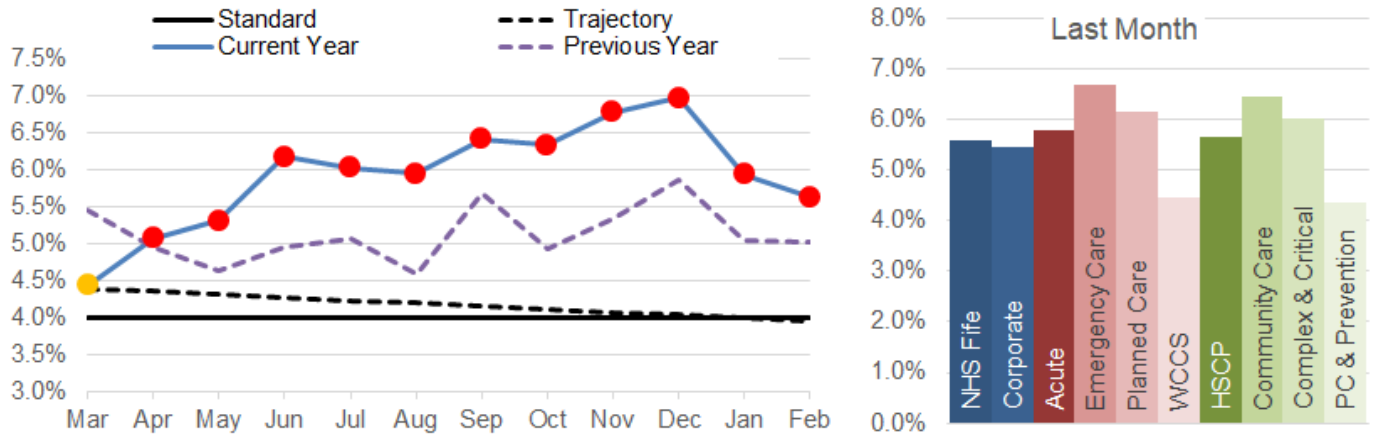
ANTICIPATED ALLOCATIONS 2021/22				
Energy Funding Grant	1,457	0	0	1,457
Pre Capital Grant Funding	50	0	0	50
ECG Machines - Louisa Jordan Equipment	22	0	0	22
Capital to Revenue Transfer	-277	0	0	-277
Additional Equipment Funding	136	0	0	136
Decontamination Equipment	241	0	0	241
Additional Equipment Funding PH2	160	0	0	160
Anticipated Allocations for 2021/22	**1,788**	**0**	**0**	**1,788**

Total Planned Expenditure for 2021/22	**8,982**	**22,226**	**2,733**	**33,942**

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										
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%	5.93%	5.63%
Scotland	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%	5.37%	4.96%

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-23**

The additional OH Physician is providing specific support for staff affected by Mental Health and training is available for managers. This is in addition to the individual case work being progressed by local managers and HR staff, with input when necessary from the specialist OH Mental Health Nurse. The new OH Occupational Therapist is providing support to staff resuming work following diagnoses of long COVID, and this will continue into 2022/2023.

Additional staff support is being provided via a variety of services and initiatives, alongside the introduction of new eLearning Modules on resilience and wellbeing and access to the National PROMiS resources. This is complemented by a range of supporting materials, including a new “Benefits of Being Outdoors” poster and desktop campaign.

Additional monies to support staff during the winter months have been allocated and include improved access to meals out of hours, additional resources for Spiritual Care, Values Based Reflective practice, Psychology Staff support and Health Psychology, alongside bespoke wellbeing sessions for specific staff groups (e.g. H&S, ICU).

On line Fuel Poverty sessions took place in March, with additional on site sessions being arranged for April. Plans have been completed in terms of the use of the extra Scottish Government funding allocation for Staff Health and Wellbeing with a range of staff support activities during 2022/2023.

22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	**By Mar-23**

In addition to routine activities, a questionnaire is being circulated to managers in advance of the Promoting Attendance training sessions to identify areas for provision of support, both within and outwith the training sessions. The new Once for Scotland eLearning module is being promoted to complement our internal training and to assist managers and staff with their understanding of the policy.

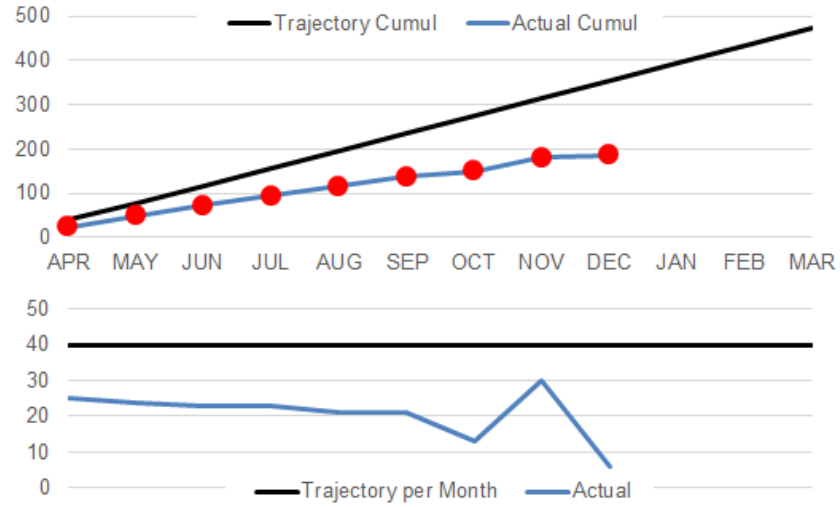
Feedback received following a programme to reinforce attendance management processes undertaken between May and July 2021 was discussed in partnership at the Attendance Management Workforce Review Group held in December, with a series of actions being progressed by key stakeholders. Promoting attendance at work is a regular agenda item at LPF and APF meetings ensuring regular discussion and suggestions/actions for consideration.

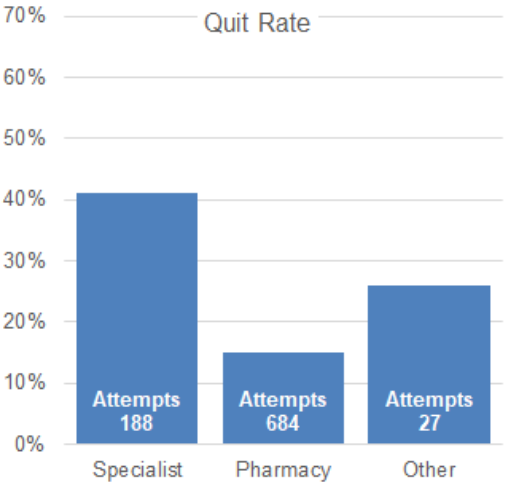
22.3 Consider refinements to COVID-19 absence reporting, including short-term manual data capture from SSTS and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to support MI reporting	**Complete Nov-21**

Smoking Cessation

In 2021/22, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance





National Benchmarking

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	24	23	23	21	21	13	30	6			
	Actual Cumul	25	49	72	95	116	137	150	180	186			
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	61.0%	60.1%	58.9%	58.1%	54.3%	57.1%	52.5%			
Scotland	Achieved			92.4%			82.0%						

KEY CHALLENGE(S) IN 2021/22

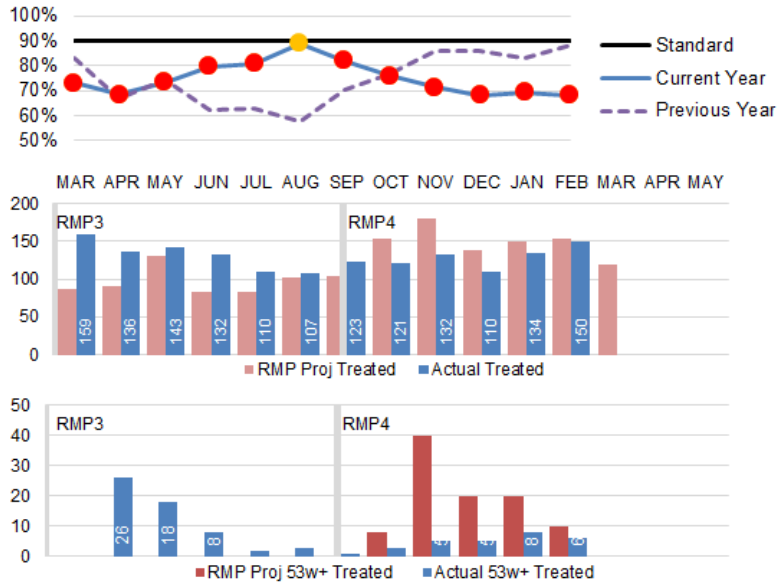
- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust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

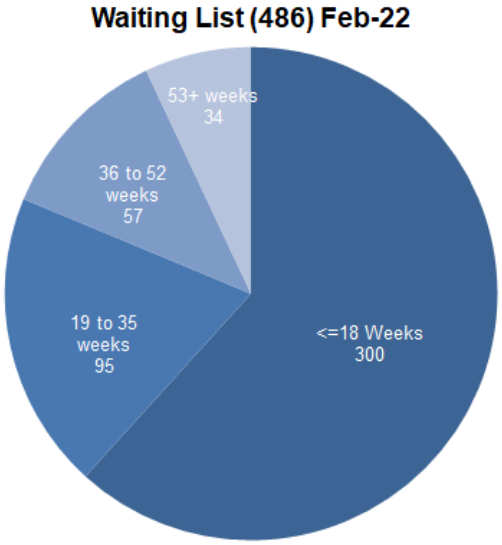
IMPROVEMENT ACTIONS	
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	**Complete Oct-21**
20.3 'Better Beginnings' class for pregnant women	**Complete Oct-21**
20.4 Enable staff access to medication whilst at work	**Closed Mar-22**
This action has been paused due to the pandemic, but may be revisited in FY 2022/23. Action closed at this stage.	
21.1 Assess use of Near Me to train staff	**Complete Jul-21**
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	**Complete Sep-21**
22.1 Test face to face provision in two GP practices and one community venue	**Complete 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. Early discussions with 2 GP practices were due to restart in the second week of January, while the remobilisation plan was scheduled to go to the remobilisation committee on 9th December. However, both activities were paused due to the impact of the COVID Omicron strain. Ongoing discussions with GP practices have taken place, and we have an agreed start date of week beginning 2nd April.	

CAMHS 18 weeks RTT

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

Local Performance





National Benchmarking

Month	2020/21	2021/22										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%	69.4%	68.0%
Scotland	67.5%	71.3%	71.8%	74.8%	75.9%	77.4%	82.1%	71.5%	70.5%	68.9%		

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme	**Complete Jul-21**
21.3 Build CAMHS Urgent Response Team (CURT)	**By Jun-22**

The CURT model is in place. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Presentations to Emergency department due to self harm/suicidal ideation remain high with a 180% increase through 2022. Recruitment is underway to increase the existing CURT staffing capacity from 2.8 wte to 6.6 wte to address the increasing referral trend for urgent presentations. Review of activity and effectiveness of the model is ongoing utilising improvement methodology.

22.1 Recruitment of Additional Workforce	**By Jun-22**

Recruitment is ongoing across multiple service areas to improve RTT, Longest waits and CAMHS service provision. From the 12 staff identified to address immediate capacity issues, 9 have been appointed with remaining posts re-advertised at lower banding to improve uptake. All new staff have worked through induction programme to ensure they are competent to take on caseloads and are incrementally increasing clinical activity towards full capacity. This is balanced against staff departures and retirements which have created 6 additional posts for recruitment.

Phase 1 and Phase 2 recruitment as part of the SG Recovery & Renewal fund is underway. Currently Fife CAMHS has 21 wte posts either out to recruitment or in development with additional roles in admin (5.0 wte) and AHP (3.0 wte) working through the recruitment process.

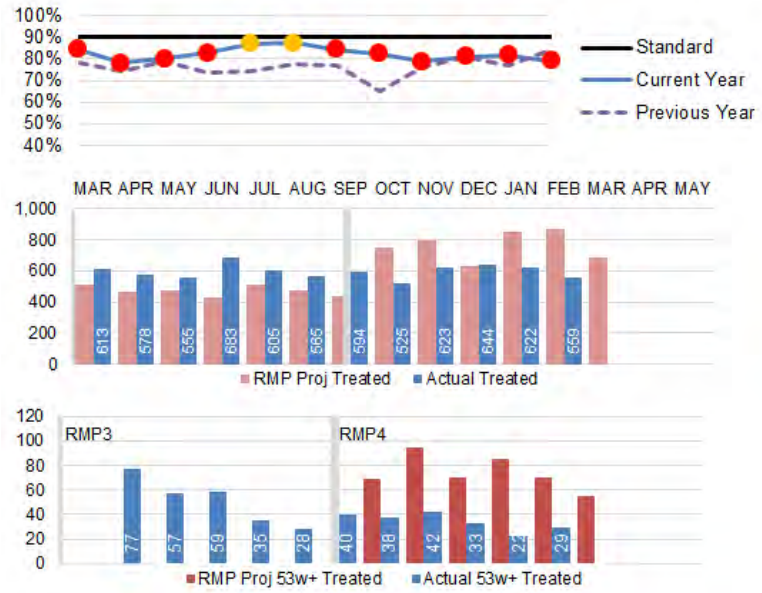
22.2 Workforce Development	**Complete Mar-22**

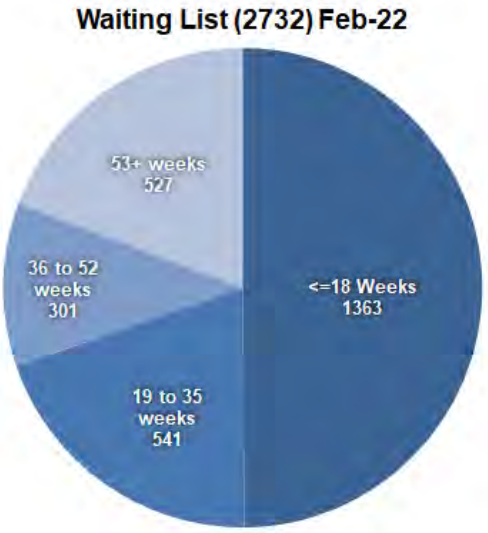
A revised development and training programme, which was originally postponed in January due to high Covid-19 absences, is now underway. Three Programmes have been developed to suit different levels of CAMHS experience. A Training needs analysis has been completed to ensure the right skills and competencies exist across the range of teams in CAMHS.

Psychological Therapies 18 weeks RTT

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

Local Performance





National Benchmarking

Month	2020/21	2021/22										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%	81.8%	79.2%
Scotland	80.9%	81.3%	82.5%	84.3%	88.5%	87.0%	86.1%	85.5%	83.0%	85.1%		

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS	
20.5 Trial of new group-based PT options	**Complete Sep-21**
22.1 Increase access via Guided self-help service	**Complete Sep-21**
22.2 Expansion of skill mix model to increase delivery of low intensity interventions	**Complete Jan-22**
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	**By Jun-22**
There remain significant national issues with workforce availability for staff who can provide highly specialised PTs - required to address our WL backlog. The service has been successful in recruiting other grades of staff to increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The NHS Education for Scotland national recruitment campaign has been less successful than hoped but we do have some applicants for highly specialist posts, with interview dates for end of April. However, we shall not be able to recruit to all of the posts that were identified as required within the PT Recovery Plan.	
22.4 Waiting list management within General Medical Service in Clinical Health	**By May-22**
Staff are undertaking a focused piece of work to clear the backlog on the assessment waiting list. A key driver is the need to differentiate patients with functional neurological disorder from those with other needs in order to inform development of appropriate clinical pathways. The work will ensure that only those for whom psychological therapy is the best option remain on the waiting list. It will also inform next steps in development of clinical pathways.	
22.5 Programme of training to increase capacity for work with more complex patients	**Complete Mar-22**
The AMH psychology service have implemented a structured programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology. This will reduce the demand upon the Clinical Psychologists in the service who are able to work with people with more complex presentations.	

Report to the Board on 31 May 2022

BOARD DEVELOPMENT SESSION – 26 April 2022

Background

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

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

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

April Development Session

4. The most recent Board Development Session took place in the Dean Park Hotel, Kirkcaldy on Tuesday 26 April 2022. This was the first time in two years that Board Members had been able to meet "in person". There were two main topics for discussion: Culture, Values and the Role of the Board and Developing our Population Health and Wellbeing Strategy.

Recommendation

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

TRICIA MARWICK
Board Chairperson
27 April 2022

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**31 May 2022**
Title:	**Corporate Objectives**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Authors:	**Margo McGurk, Director of Finance & Strategy, Linda Douglas, Director of Workforce**

1 Purpose

This paper sets out the proposed corporate objectives for 2022/23.

This is presented to the NHS Fife Board for:

- Approval

This report relates to:

- Annual Operational Plan
- Government policy/directive
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The NHS Fife Board requires to approve the corporate objectives annually, these objectives have been derived from the SPRA process and will inform the Annual Delivery Plan for 2022/23.

2.2 Background

This is the second year of the SPRA process and the joint consideration of corporate objectives across the organisation and directorate functional areas.

2.3 Assessment

The corporate objectives of any organisation normally reflect the in-year, highest level actions which will inform the objectives of the Chief Executive. In that context, this paper

proposes a refinement of the SPRA generated objectives to reflect those at that corporate level. This is our second year of generating our corporate objectives in this way and we continue to develop and embed this process.

The corporate objectives are linked to one of the 4 NHS Fife agreed strategic priorities, there may be a number which span more than one however they have been initially linked to what is considered to be the “primary” strategic priority.

In setting corporate objectives it is important to ensure individual director role clarity within the executive team. The lead roles have been confirmed through EDG discussion. Directors will determine the allocation of the other roles and confirm this with EDG. The table below sets out the categories of involvement proposed (LSCI).

Lead - Executive Lead, accountable for delivery of objective
Critical - critical role in supporting the delivery of objective
Supporter - actively engaged in supporting those with executive lead and others with critical roles
Informed - not actively involved in delivery of objective but informed and supportive.

2.3.1 Quality/ Patient Care

NHS Fife corporate objectives link directly to the strategic priorities to either “Improve Health and Wellbeing” or “Improve the Quality of Health and Care Services”.

2.3.2 Workforce

NHS Fife corporate objectives link directly to the strategic priority to “Improve Staff Experience and Wellbeing”.

2.3.3 Financial

NHS Fife corporate objectives link directly to the strategic priority to “Deliver Value and Sustainability”.

2.3.4 Risk Assessment/Management

Each corporate objective has an appropriate risk and opportunities assessment as detailed through the SPRA process.

2.3.5 Equality and Diversity, including health inequalities

Each corporate objective either has a completed Impact Assessment or is in the process of completing one.

2.3.6 Other impact

Each corporate objective has a range of impacts which are documented through the SPRA process.

2.3.7 Communication, involvement, engagement and consultation

Directors have been involved in the SPRA process which has generated this proposal.

2.3.8 Route to the Meeting

EDG reviewed and approved the corporate objectives on 21 April 2022.
Clinical Governance Committee on 29 April 2022.
Finance and Performance Committee endorsed on 10 May 2022.
Staff Governance Committee endorsed on 12 May 2022.
Public Health and Wellbeing Committee on 16 May 2022.
APF for awareness on 25 May 2022.

2.4 Recommendation

The NHS Fife Board is asked to **approve** the corporate objectives.

2.4 List of appendices

The following appendices are included with this report:

- Annex 1: Corporate Objectives.

Report Contacts

Margo McGurk Director of Finance & Strategy Email margo.mcgurk@nhs.scot	Linda Douglas Director of Workforce Email linda.douglas@nhs.scot

Annex 1 : Corporate Objectives

	NHS FIFE STRATEGIC PRIORITIES - *(Objectives are linked to a primary strategic priority but will contribute directly and indirectly to others)*								
	To Improve Health and Wellbeing	**Medical Director**	**Director of Nursing**	**Director of Public Health**	**Director of Finance & Strategy**	**Director of Workforce**	**Director of Pharmacy & Medicines**	**Director of Property & Asset Mgt**	**Director of Acute Services**	**Director of Health and Social Care**
1	Develop the Population Health and Wellbeing Strategy				L					
2	Develop the strategic plan to secure teaching Health Board Status with the University of St Andrews	L								
3	Develop and deliver the Fife COVID Recovery and Rehabilitation Framework		L							
4	Deliver the OBC for the Mental Health Services Programme	L								
5	Refreshed mental health strategic plan informed through collaborative working with people with lived experience and trauma informed practice									L
6	Oversight of NHS Fife Anchor Institution delivery plan for 2022/23			L						
7	Deliver an approved Integrated Primary and Preventative Care Strategy to set the strategic direction supporting early intervention									L
8	Deliver the OBC and progress to FBC for both the Kincardine and Lochgelly Health Centres			L						
	Improve the Quality of Health and Care Services	**Medical Director**	**Director of Nursing**	**Director of Public Health**	**Director of Finance & Strategy**	**Director of Workforce**	**Director of Pharmacy & Medicines**	**Director of Property & Asset Mgt**	**Director of Acute Services**	**Director of Health and Social Care**
9	Deliver the National Treatment Centre Fife and ensure operational readiness for opening		L							
10	Develop and implement a system wide medicines safety programme with initial focus on high-risk pain medicines						L			
11	Develop and deliver an enhanced model of care in the Emergency Department								L	
12	Develop and deliver an augmented ambulatory, interface care model (RUC) supporting early and appropriate discharge Integrated Unscheduled Care Programme								L	
13	Develop and implement an integrated planned care programme to address waiting list backlog, including the optimisation of day surgery at QMH								L	
14	Deliver Home First to enabling Prevention of admission, person centred transfers of care and a responsive integrated system									L
15	Increase the pace of delivery in the localities of Fife in line with in line with the Plan for Fife.									L
16	Develop and implement an NMAHP Care Assurance Framework		L							
	Improve Staff Experience and Wellbeing	**Medical Director**	**Director of Nursing**	**Director of Public Health**	**Director of Finance & Strategy**	**Director of Workforce**	**Director of Pharmacy & Medicines**	**Director of Property & Asset Mgt**	**Director of Acute Services**	**Director of Health and Social Care**
17	Deliver high quality systems to support staff health and wellbeing					L				
18	Deliver corporate and system leadership that contributes to system wide activities including Plan 4 Fife					L				
19	Develop and deliver the Faculty for Excellence in NMAHP education, training and professional development		L							
20	Develop and deliver strategic and career frameworks for NMAHP Bands 2 - 4		L							
	Deliver Value & Sustainability	**Medical Director**	**Director of Nursing**	**Director of Public Health**	**Director of Finance & Strategy**	**Director of Workforce**	**Director of Pharmacy & Medicines**	**Director of Property & Asset Mgt**	**Director of Acute Services**	**Director of Health and Social Care**
21	Develop and deliver the medium-term financial plan including the implementation of the Financial Improvement and Sustainability Programme				L					
22	Develop the Workforce Strategy to support Population Health & Wellbeing Strategy					L				
23	Implement the Climate Emergency and Sustainable Development Policy including agreed Net Zero commitments							L		
24	Develop the business case and commence implementation of Paper lite systems across NHS Fife	L								
25	Develop the Initial agreement (IA) and Outline Business Case (OBC) for Robotics in Pharmacy						L			

Meeting:	**NHS Fife Board**
Meeting date:	**31 May 2022**
Title:	**Kincardine and Lochgelly Health and Wellbeing Centres – Outline Business Cases**
Responsible Executive:	**Joy Tomlinson, Director of Public Health**
Report Author:	**Ben Johnston, Head of Capital Planning**

1 Purpose

This is presented to the group for:

- Approval

This report relates to a:

- Business Case

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

- Safe
- Effective
- Person Centred
- Sustainability

2 Report summary

2.1 Situation

The purpose of this paper is to present the Outline Business Cases for the Kincardine and Lochgelly Health and Wellbeing Centres.

2.2 Background

The Initial Agreements for these projects were approved by the Scottish Government in January 2020. The project development process was then paused due to the global pandemic and the Outline Business Case stage commenced in earnest with associated project governance around March 2021.

The projects were initiated to tackle the following key needs for change:

- Restricted access to local clinical services
- Constrained ability to provide integrated care models
- Inability to increase accommodation to offer capacity to meet demand
- Current accommodation does not meet modern standards
- Safety and operational issues resulting from ongoing maintenance requirements

These needs for change are recognised by the Scottish Government's Place Based Needs Planning tool which places Kincardine and Lochgelly within the "top 3" primary care facilities requiring investment and improvement within Fife's portfolio.

The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; where services can be provided within a community setting, closer to where service users live. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.

2.3 Assessment

Within the Outline Business Case stage the following key activities have taken place.

- Development of the services and requirements taking account of General Medical Services (GMS) contract obligations
- Initial work around tests of change and service re-design based on the patient's perspective (ongoing)
- Development of the schedule of accommodation to align with the updated service requirements
- Public engagement to capture end-user views and expectations on what the facilities might deliver
- Development of the outline design proposals
- Development of the associated costs

2.3.1 Quality/Patient Care

Quality and patient care are at the forefront of this important work as we are fundamentally seeking to deliver an appropriate compliment of integrated services locally within modern facilities. This has and will continue to progressively be delivered though two key workstreams.

Service

The service will concentrate on maximising the benefits of new accommodation through exploring service re-designs, integration opportunities and new ways of working to support the patient's needs. The Project Team will work with stakeholders including the public, local community and services to define operating models for the new facilities. These operating models will create a blueprint of how the facilities should function and form a basis for the change, improvement, integration and test of change work. This process will make use of a variety of strategic change and improvement methodologies (e.g. Systems Thinking principles, Service design, Process Improvement/Lean) as we as use the Patient Personas & Pathways work already undertaken. This will ensure service business perspectives, as well as patient/service user perceptions and journeys, both inform the service redesign process. This workstream has commenced but will continue through the Full Business Case and construction stages of the projects.

Design & Construction

The facilities to date have been designed around briefing from the services in respect to their needs and around the design statement which was generated at the initiation of the project.

Furthermore, the facilities will be designed in accordance with all statutory regulations and relevant healthcare guidance. Critical friend key stage reviews will take place by NHS Scotland Design Assessment Process (NDAP) and NHS Assure ensuring that the facilities are compliant and fit for operational use.

2.3.2 Workforce

The expected staff environment was briefed as part of the design statement process. Taking account of these requirements and embedding them into the design, it can be said that the facilities will offer excellent places to work, develop and rest.

There is likely to be changes to the working culture with a more agile environment being offered for office spaces. This will allow space within the asset to maximised and used flexibly by multiple services. This cultural change will be worked through as part to the re-design work.

Operational (FM) workforce requirements and costs have been estimated within the Outline Business Case.

The clinical/business support workforce and costs have been established and set out within the Outline Business Case. These will be further refined and tuned during the Full Business Case stage as the detailed service re-design work progresses and operating

models are agreed upon. This element will be responsibility of the HSCP via the Project Team.

2.3.3 Financial

Capital

The project costs have increased since the Initial Agreement where initial budget costs were established. The key reasons for this are:

- More maturity around GMS requirements leading to an increase in building area.
- Volatile market conditions with an excessive inflationary impact
- More stringent sustainability/energy requirements.
- Site survey/investigation information being incorporated into the design

The capital cost position for each project is summarised in the table below (inclusive of VAT):

	IA Budget	Current (OBC) Budget	Difference
Kincardine	£4,656,975	£7,817,528	£3,160,553
Lochgelly	£8,155,615	£13,031,178	£4,875,563

Despite the increases in capital cost, given the mitigating circumstances the projects are considered to represent value for money in the current market place and this view has been upheld by our independent Lead Advisors who have helped us to interrogate and understand the cost movements.

Revenue

The estimated revenue costs are noted in the table below for each project.

Kincardine			
Description	**Baseline**	**Preferred Option**	**Difference**
Property pays (NHSF)	£12,605	£33,474	£20,869
Property non-pays (NHSF)	£16,612	£76,550	£59,938
Property non-pays – GP offset (NHSF)	-£16,584	-£27,142	-£10,558
Net Increase (NHSF)	**£12,633**	**£82,882**	**£70,249**
Service model		£31,500	-

(FHSCP)			

Lochgelly			
Description	**Baseline**	**Preferred Option**	**Difference**
Property pays (NHSF)	£24,467	£75,566	£51,099
Property non-pays (NHSF)	£61,920	£178,330	£116,409
Property non-pays – GP offset (NHSF)	-£37,718	-£83,165	-£45,448
Net Increase (NHSF)	**£48,670**	**£170,731**	**£122,061**
Service model (FHSCP)		£724,500	-

- NHS Fife's revenue costs have increased from the baseline primarily due to the increase in the size of the facilities.
- The revenue costs relating to the service model continues to be developed in consultation with the Scottish Government around MOU1/2 for urgent care and what Multi-Disciplinary Teams (MDT) means for Fife. The service model costs will have a nil impact on the revenue outturn position as funding sources have been identified.

2.3.4 Risk Assessment/Management

A risk register has been prepared for the projects and is appended to business case papers.

For each project, to cover risk from a financial position at this stage, Hubco have retained 5% to cover further inflation and some design development. At the end of the Full Business Case stage their risk provision is capped at 1%.

From NHS Fife's perspective, for each project, 13% has been retained at this stage in the process. An optimism bias matrix has been completed to substantiate the maturity of the projects and this resulting allocation.

Two key risks arising should be highlighted and noted – these are:

1. NHS Key Stage Review: the key stage review has been undertaken however the draft report from NHS Assure is delayed. The comments may have an impact on cost/programme depending on the findings.

2. Sustainability: the project briefing in respect to sustainability was established using the Building Research Establishment Evaluation Assessment Method (BREEAM) 2018 tool (current at the time of project implementation), however Scottish Government and Health Facilities Scotland have recently stated that the projects must be assessed during Full Business Case against SHTN 02-01 Sustainable Design and Construction Guide (SDaC). This guidance incorporates a new sustainability tool that is untested so the possible effects on the projects are difficult to quantify. That said, Scottish Government are mandating the use of the tool so will need to be aware and accept any associated cost escalation through its use.

2.3.5 Equality and Diversity, including health inequalities

Stage 1 of the Equality Impact Assessment (EQIA) has been completed. Stage 2 will be developed during the Full Business Case stage.

2.3.6 Other impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

A communication engagement plan has been prepared for the projects – this is a live document and will be updated progressively as the projects develop.

During the Outline Business Case stage the following key pieces of engagement have taken place.

- Public engagement survey
- GP's integrated into design process
- Public representation during design process
- Public representation groups established
- Service communication and engagement meeting established
- Attendance at Councillor ward meetings
- Staff and public attendance at Achieving Excellence Design Evaluation Toolkit (AEDET) workshops

2.3.8 Route to the Meeting

The governance route for the IJB has been affected by the political process and Purdah. The H&SCP and IJB governance routes are outlined below. Discussions about the Lochgelly and Kincardine developments have taken place with the IJB members at IJB meetings. An event being planned for June 2022 will form part of on-going engagement around the model as it is refined.

Governance milestones noted below:

Project Board – complete
H&SCP Transformation Board updates January and March 2022 – complete
NHS Fife, FCIG: 27 January 2022 – complete
H&SCP SLT Business 21st February 2022 – complete
NHS Fife, Portfolio Board: 17 March 2022 – complete
NHS Fife, FP&R: 10 May 2022 – complete
NHS Fife Public Health & Wellbeing Committee – 16 May 2022 – complete
NHS Fife, Board: 31 May 2022
SCIG Submission: 18 May 2022
SCIG Meeting: 29 June 2022
IJB Briefing Session to be held in June 2022

2.4 Recommendation

This case for change remains. The health centres are required to offer a full range of integrated health services locally within an appropriate environment.

In addition, these two initial health centres will act as exemplar facilities on which to establish a wider primary care premises strategy in Fife. Work regarding this strategy is also underway separately.

The capital costs for the health centres have increased since the Initial Agreement stage. There are key reasons for these increases, but importantly, in today's marketplace, the facilities represent value for money.

For these reasons we recommend that the Outline Business Cases are supported to allow swift development of the Full Business Cases in advance of construction delivery.

3 List of appendices

- Kincardine Outline Business Case
- Lochgelly Outline Business Case

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Kincardine Health and Wellbeing Centre

Outline Business Case

20 April 2022, Rev. 5

VERSION CONTROL

Draft R.0	29.09.21	First OBC Draft
Draft R.1	03.12.21	Updated Draft
Draft R.2	11.01.22	Updated Draft – Ben Johnston
Draft R.3	16.02.22	Updated Draft to incorporate FCIG comments – Ben Johnston
Draft R.4	28.03.22	Updated Section 4.4.14 – Ben Johnston
Draft R.5	20.04.22	Updated risks Section 1.4 and 4.5.2 – Ben Johnston

Contents

Glossary of Terms

ADAPT	Alcohol and Drug Abuse Prevention & Treatment
ADB	Activity Data Base
AEDET	Achieving Excellence Design Evaluation Toolkit
A&DS	Architecture & Design Scotland
BEP	Building Information Modelling Execution Plan
BIM	Building Information Modelling
BPC	Benefit Point Cost
BREEAM	Building Research Establishment Environmental Assessment Method
BRUKL	Building Regulations UK Part L
BSL	British Sign Language
CAB	Change Advisory Board
CDM	Construction (Design and Management)
CHaWS	Community Health and Wellbeing Sub-group
CHD	Coronary Heart Disease
CLD	Community Learning & Development
COPD	Chronic Obstructive Pulmonary Disease
CTAC	Community Treatment & Care
DBDA	Design and Build Development Agreement
DSM	Dynamic Simulation Model
DVLA	Driver and Vehicle Licensing Agency
EIR	Employers Information Requirements
FASS	Fife Alcohol Support Service
FBC	Full Business Case
FHSCP	Fife Health & Social Care Partnership
FVA	Fife Voluntary Action
GIFA	Gross Internal Floor Area
GMS	General Medical Services
GP	General Practitioner
HAI	Healthcare Associated Infection
HAI SCRIBE	HAI System for Controlling Risk in the Built Environment
HFS	Health Facilities Scotland
HHG	High Health Gain

HIS	Healthcare Improvement Scotland
HV	Health Visiting
IA(D)	Initial Agreement (Document)
IJB	Integration Joint Board
ISD	Information Services Division
LAC	Local and Community
L&D	Learning & Development
M&E	Mechanical and Electrical
MDT	Multi Disciplinary Team
MOU	Memorandum of Understanding
NCM	National Calculation Methodology
NDAP	NHSScotland Design Assessment Process
NPC	Net Present Cost
NSS	National Services Scotland
OBC	Outline Business Case
PA	Per Annum
PBA	Project Bank Account
PPD	Practice & Professional Development
PPE	Post Project Evaluation
PSCP	Principal Supply Chain Partners
QOF	Quality Outcome Framework
RAG	Red Amber Green
RIBA	Royal Institute of British Architects
SA	Strategic Assessment
SCIM	Scottish Capital Investment Manual
SFT	Scottish Futures Trust
SIMD	Scottish Index of Multiple Deprivation
SoA	Schedule of Accommodation
SPARRA	Scottish Patients at Risk of Readmission and Admission
SRO	Senior Responsible Officer
STAND	Dementia Friendly Fife
STAR	Stop Think Assess Respond/Report/Refer Method
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
VfM	Value for Money

WBP	Weighted Benefit Points
WLC	Whole Life Cost
WFVF	West Fife Villages Forum
WTE	Whole Time Equivalent

1 Executive Summary

1.1 Introduction

Fife Health and Social Care Partnership is working with local communities, teams and stakeholders to support the delivery of a fully integrated 24/7 community health and social care model that ensures sustainable, safe, individual partnerships of care. The purpose of this outline business case (OBC) is to seek approval to develop the full business case (FBC) to re-provide Kincardine Health Centre in purpose designed facilities whilst making provision for a holistic offer of local health and wellbeing services to fulfil the General Medical Services (GMS) contract[1] requirements.

The OBC establishes the need for investment, building on the NHS Fife and Fife Health and Social Care Partnership (FHSCP) strategic goals to deliver a model of local care, focused on individual outcomes, supported by health and social care delivered by the right person in the right place at the right time. It describes the appraisal of a long list of options, identifies the short list, and recommends a preferred way forward to enable the delivery of Fife's Community Health and Wellbeing Hub model within the Kincardine community. The OBC's commercial, financial and management cases have been developed further to identify how the project can be practically delivered.

The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; where services can be provided within a community setting, closer to where service users live. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.

1.2 Strategic Case

1.2.1 Current Arrangements

Kincardine Health Centre, located on the edge of the village, provides General Medical Services through Clackmannan and Kincardine Medical Practice who are contracted by NHS Forth Valley, as part of a two centre practice arrangement. Community services are provided by both NHS Fife (including District Nursing, Health Visiting and Podiatry) and NHS Forth Valley (the majority) for Kincardine residents. Services are working to deliver high quality person-centred health and social care services in a way which promotes and enhances the health and wellbeing of the people of Fife.

The Kincardine Health Centre Practice population is circa 3,200, the locality population is predicted to grow by 9% in the 25 years. However, the population in the older age group is projected to increase by 52%, this will see the proportion of the practice population who are frail, whom our local care model has demonstrated benefit from integrated holistic care management, grow from 4% to 5%.

[1] GMS contract: 2018 - gov.scot (www.gov.scot)

The current facility is a 1930's construction, originally built as a police station. Models of care have changed over time with the building considerably modified and extended throughout its lifetime. Our new model of working requires accommodation that is fit for purpose, which enables multi-disciplinary and group working, which supports the community and partners to deliver collaboratively. The current building and configuration is not fit for purpose, the building does not work for modern health and social care delivery, with corridors and treatment rooms which do not meet minimum standards, areas which do not enable disabled access and no storage.

The development of the health and wellbeing model and delivery of the new GMS contract is constrained by structural and layout constraints. All possible reasonable changes have been made to the existing building. Kincardine Health Centre fails to meet the spatial, organisation and design standards for Primary and Community Health Care premises and has no capacity for further growth. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation to meet patient quality, staff standards and efficiency objectives.

1.2.2 The Patient Perspective

It has been recognised for many years, service providers across Scotland and the UK have planned care separately in different parts of the system including primary, community, acute care and mental health. Services have often been planned around buildings, individual service providers or even clinicians.

What is now proposed is a shift toward an overarching whole systems model which focuses on the needs of people who use the different health and social care services within the Kincardine Practice. This is described as a more holistic community health and wellbeing approach.

The central underlying principle of the development of the new centre is to focus on the patient outcomes, their journey and experience. This will help to identify where service improvements are necessary and involve a wide range of service users and providers in analysing and redesigning improved patient pathways to positively impact on outcomes.

The agreed way forward was to develop patient personas and pathways to enable the patient perspective and journey to be captured. We have identified seven people (personas) who typify patients or people who use the Kincardine Practice and whose care represents key requirements and challenges for NHS Fife, FHSCP and partners. The personas and pathways in this document were developed in using local profile and practice data as well as in collaboration with a range of clinical services, community and voluntary sector partners.

We have used the personas to illustrate pathways and through mapping their care needs - we can agree how they can be met more effectively and efficiently. A designed and managed process of patient and service provider engagement including wider public involvement has taken place and is expected to shape development of the new centre – moving from the traditional medical model to a more holistic community health wellbeing service model of delivery.

The Health & Wellbeing Model was developed by change and improvement colleagues in NHS Fife and FHSCP. This is illustrated below.

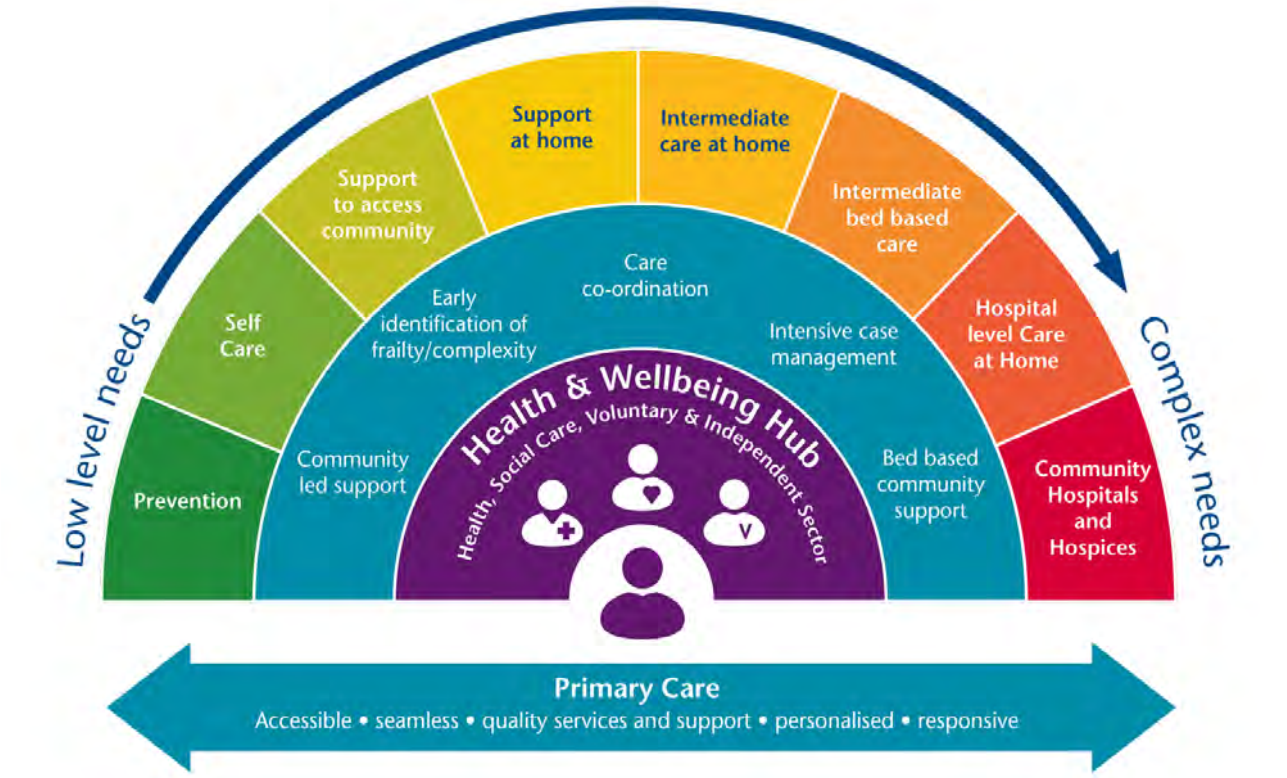


Figure 1 - Health and Wellbeing Model

The Project Team is using the Patient Personas & Pathways to look at possible improvements through a number of tests of change. This workstream has commenced but will continue through the FBC and construction stages of the project.

1.2.3 The Need for Change and Investment Objectives

The drivers for change and developed Investment Objectives to enable this change are set out in the table below. Associated benefits are set out in Section 2.4.4.

Effect of the need for change on the organisation:	Investment Objectives
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in physical capacity.
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of	Enable earlier access to proactive and anticipatory care through local delivery via

the parties to deliver the full range of integrated services locally.	integrated seamless service across health and social care.
Existing configuration, as a result of a 1930's building, being modified and extended with a 'best fit' approach. Current facilities have treatment rooms below minimum acceptable standards.	Delivery of safe and effective care with dignity –by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

Table 1 - Needs for Change and Investment Objectives

1.2.4 Fife Place Based Planning Tool

NHS Fife have recently been engaging with Scottish Government around their proposal to develop a longer-term primary care strategy. Scottish Government have recently developed a Place Based Needs Planning tool which helps Boards to understand their investment priorities based on community health, demographics, supporting infrastructure and the condition of the estate. Analysing the data for Fife in totality, Kincardine Health Centre has an Estate Need Score of 83 (top primary care priority), bolstering the case for change and intervention.

Property	Postcode	Intermediate Zone	Floor Area	Age	Estate Need Score
Kincardine Health Centre	FK10 4QX	Kincardine	254	91	83
Oakley Health Centre	KY12 9QH	Oakley Comrie and Blairhall	918	71	73
Lochgelly Health Centre	KY5 9QZ	Lochgelly West and Lumphinnans	822	81	70
Valleyfield Health Centre	KY12 8SJ	Valleyfield Culross and Torryburn	1,012	51	65
Path House Medical Practice	KY1 2PG	Kirkcaldy Pathhead	612	329	56
Strathmiglo Auchtermuchty Practice	KY14 7QA	Auchtermuchty and Gateside	50	59	55
Leven Health Centre	KY8 4ET	Leven East	1,624	56	53
Rosyth Health Centre	KY11 2SE	Rosyth East	946	39	47
Kelty Health Centre	KY4 0AE	Kelty East	754	60	44
Lundin Links Scoonie Medical Practice	KY8 6DB	Largo	48	59	43

Table 2 - Priority Order of Estate Need

1.3 The Economic Case

A wide range of options were developed and considered. These were then consolidated into a shortlist of options which were scored via a wide range of stakeholders. The option scores are presented below.

Investment Objective	Option 1: Status Quo	Option 2: Feregait	Option 3: Station Road	Option 4: Tuliallan School
Net present cost (NPC) - £m	723,705	6,307,702	6,368,662	6,368,662
Weighted benefit points (WBP)	221	539	509	739
BPC per WBP - £000	3,275	11,703	12,512	8,618
	Rejected	Possible	Possible	Preferred

Table 3 - Short-listed Option Scores

Option 4 scored highest in respect to benefit points. Once the net present costs were factored in, option 1 is highlighted at the lowest cost per benefits point – this is purely because of low net present cost owing to the limited capital that could be invested in the existing facility. As option 1 does nothing to tackle the needs for change as demonstrated, it is not a legitimate option but included for comparative purposes.

Given the balance of legitimate options, option 4 offers the highest benefits score and the lowest cost per benefits point, indicating that it is the strongest option. Option 4 is therefore the preferred option.

1.4 The Commercial Case

The Commercial Case has been developed significantly since IA. Key aspects contained within the commercial case are summarised below.

- The project is community focussed and more than £750k, therefore the Scottish Futures Trust hub initiative has been selected as the most appropriate route to deliver the project. The East Central hubCo have been appointed to deliver this public funded project under the design and build option.
- Currie & Brown have been appointed through the Frameworks Scotland Lead Advisor lot to support the Board with multiple services including Project Management, Cost Advisor, Technical Advisor and Clerk of Works.
- The design has been fully developed in conjunction with the Project Team and Stakeholders. With exception to the NHS NSS Design Quality Assurance and NDAP processes which are ongoing, the design has been well received through the HAI, AEDET and focussed design workshops.
- Discussions with Fife Council in respect to leasing the required land are advanced appropriately for the stage in the project. These will continue during the FBC stage with a view to concluding arrangements at the point of completing the FBC.
- The current key risks/issues facing the project are summarised in the table below:

Risk/issue	Mitigation
Brief inadequate/unreliable This issue relates to developments around the GMS contract and effect this has had on the area requirements for the building.	The required area increase from IA to OBC has been factored into the current design and corresponding cost plan.
Stop/start nature of the programme – keep people engaged through these periods.	Updates are being provided to community groups via newsletters and the public via press releases. NHS Fife's communication team are supporting this effort.
Project cost increases due to: ▪ Change in requirements ▪ Inflation / market conditions	This is a current issue where the cost increases have rose beyond the IA budget projection. Refer to Financial Case for further substantiation.
Programme delay The OBC programme has been affected because of COVID which has impacted resources, engagement activity and costs.	Potential to commence FBC activity in parallel with the OBC governance approval process. The project now has a full complement of resources to help drive the project forward.
Change of policy – NHS Assure Key Stage reviews Programme delays / cost increases arising	Key stage review process was implemented half-way through OBC and is required to achieve capital funding. Risk had to be accepted, but impact can be mitigated through collaboration.
Change of policy – SHTN 02-01 Sustainable Design and Construction Guide (SDaC) Programme delays / cost increases arising	Informed by HFS at OBC NDAP review that new guidance must be followed at FBC. Guidance is untested to impact is difficult to quantify. As such this risk has not currently been factored into OBC cost estimates.

Table 4 - Key Risk Summary

1.5 Financial Case

1.5.1 Capital Costs

A capital cost summary is provided in the table below demonstrating the total OBC estimated cost for the project, together with the movement in cost since IA.

IA	OBC	Movement
£4,656,975	£7,817,528	£3,160,553

Table 5 - Capital Cost Summary

The key reasons for the movement in cost since IA, are set out below:

- Building area increase to take account of service and GMS contract evolving requirements – accounts for circa 35% of the construction cost increase
- Inflation and extraordinary market conditions considered to driven by the COVID-19 pandemic and the resulting global effect on supply chains – accounts for circa 20% of the construction cost increase
- Site and design abnormals: this relates to site conditions, more onerous energy requirements and creating a building that satisfies the conditions of the brief and design statement – accounts for circa 45% of the construction cost increase
- Associated percentage mark-ups based on an increased construction cost
- Some further adjustments to the IA budget allowances, notably equipment and internal direct labour costs

A number of value engineering / cost saving opportunities have been identified and these have already been accounted for in the presented OBC figures above.

Notwithstanding the cost increases noted, given the current project environment, the costs are considered to represent value for money in the current marketplace and this view has been endorsed by our consultant Cost Advisor.

1.5.2 Revenue Costs

A summary of the revenue costs is provided in the table below.

Description	Baseline	Preferred Option	Difference
Property pays (NHSF)	£12,605	£33,474	£20,869
Property non-pays (NHSF)	£16,612	£76,550	£59,938
Property non-pays – GP offset (NHSF)	-£16,584	-£27,142	-£10,558
Net Increase (NHSF)	**£12,633**	**£82,882**	**£70,249**
Service model (FHSCP)	In development	£31,500	-

Table 6 - Revenue Cost Summary

The increase in cost from an NHS Fife perspective is largely associated with the increase in building area.

The revenue costs relating to the service model continues to be developed in consultation with the Scottish Government around MOU1/2 for urgent care and what MDT means for

Fife. The service model costs will have a nil impact on the revenue outturn position as funding sources have been identified.

1.6 Management Case

The Management Case identifies the actions that will be required to ensure the successful delivery of the scheme. The management case has been significantly updated for this the IA stage and demonstrates that the Board and Partnership are well prepared to deliver the project successfully during the construction phase and beyond. Key milestones for the project are identified in the table below:

Description / activity	Date
Full Business Case	
Commencement	February 2022
Completion	January 2023
Governance Approvals	April 2023
Construction & Handover	
Commencement	May 2023
Completion	June 2024
Operational	August 2024

Table 7 - Key Milestone Summary

2 Strategic Case

2.1 Introduction

The main purpose of the Strategic Case is to confirm the background and drivers for change for the proposition. It also sets out the key investment objectives and associated benefits.

2.2 Revisiting the Strategic Case

The Initial Agreement Document (IAD) was approved by Scottish Government in January 2020. The next phase involved undertaking a widespread engagement exercise with key stakeholders and the people of Kincardine. This process was paused as a result of the global pandemic and was eventually reinstated in November to December 2020. The outcome of the engagement exercise can be reviewed within the Economic Case. The recovery plan in relation to the pandemic also caused delay to timescales for the Outline Business Case and design process. However, these have since resumed at pace. There are new sections added which were not previously in the IAD including:

- The patient perspective and service integration in Section 2.4.1.2
- A summary of services (existing versus proposed) in Section 2.3.2
- A description of associated buildings and assets in Section 2.3.3

The critical success factors have been retained although are not reflected in the current Scottish Capital Investment Manual (SCIM) guidance. The residual balance of the Strategic Case has been retained and updated where necessary.

2.3 Current Arrangements

2.3.1 Service Arrangements

The holistic multi-disciplinary primary and community care services in Kincardine are currently delivered from the existing Kincardine Health Centre, a 1930's constructed facility – originally built as a residential property and then utilised as a police station - that has been considerably modified and extended throughout its lifetime. The building is owned by NHS Fife.

GP services in Kincardine are delivered as part of a two-centre practice, along with Clackmannan Health Centre, with each operational unit given equal standing and operating full time to meet their respective local needs. The GP Practice is contracted to NHS Forth Valley to provide General Medical Services.

The services delivered from the existing Kincardine Health Centre are primarily provided in support of the population needs of the people of Kincardine and surrounding areas, with 98% of the resident population registered (see figure 2 - map of Kincardine interzone) with the practice. In accordance with NHS Fife's statutory obligation to provide access to Primary Medical Services there is a requirement to continue provision of these services within this geographic area.

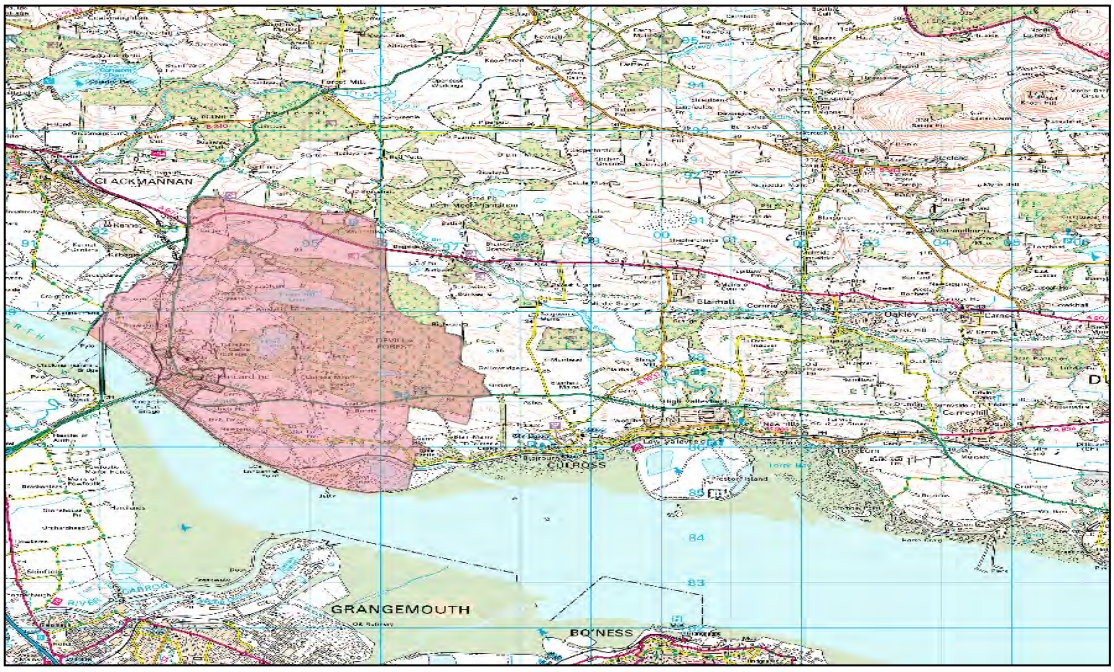


Figure 2 - Map of Kincardine Interzone

Aligned to the Practice there are a range of community health services provided from the current facility including District Nursing, Health Visiting, Midwifery and Podiatry. In addition, there are services working with the Practice and wider community team who cannot access accommodation locally, requiring patients to travel to them. This includes Mental Health Nursing and Physiotherapy. There are dependencies with the District General Hospital at Forth Valley Royal Hospital Larbert and Local General Hospital at Queen Margaret Hospital, Dunfermline, and other hospitals in the East Region for provision of diagnostic services, consultant advice, elective and unscheduled inpatient care and outpatients for a variety of specialties to meet the health care needs of their local population. The Forth Valley Primary Care Out of Hours Service and Fife's Primary Care Emergency Service provide out of hours care from other facilities.

The GPs together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients' wellbeing throughout their lives.

The GPs and multidisciplinary team are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community. Practice based multi-disciplinary team working is identifying people who could benefit from a case management approach and supporting people to access the right support where there is:

- Complexity in their care and support arrangements through locality multi-disciplinary teams, or
- Clinical complexity rapid access to assessment through the locality community health and wellbeing hub teams

Kincardine Health Centre has a current practice population of 3285 (July 2021), which has grown by 3% over the past 18 months. The current demographic of the population are[2]:

- 50.7% female: 49.3% male
- 24% are over the age of 65 and 13.4% are 0-15 years
- 9.1% of the population are income deprived, 10.8% of the population are employment deprived and 14.4% of children (under 16) live in poverty
- 0.1% of the practice population live in the most deprived quintile and 0% on the least deprived
- 25.9% of patients of the practice have at least one long term condition

Since long-term condition data was previously not available in the IAD and the Quality Outcome Framework (QOF) is no longer in use, up-to-date long-term condition data was sourced from the Practices and Public Health Scotland using the SPARRA[3] (Scottish Patients at Risk of Readmission and Admission) tool.

Local Profile & Practice Data - Kincardine

Long Term Condition Rates	Kincardine	Fife
Arterial Fibrillation	1.78%[1]	1.92%[1]
Asthma	6.34%[1]	4.61%[1]
Cancer	2.22%[1]	4.25%[1]
CHD	3.61%[1]	3.97%[1]
COPD	1.61%[1]	1.7%[1]
Dementia	0.88%[1]	0.81%[1]
Depression	6.53%[1]	9.54%[2]
Diabetes	4.71%[1]	2.94%[1]
Hypertension	13.47%[1]	15.43%[1]
Mental Health	0.65%[1]	0.87%[1]
Psychiatric Admissions	n/a	24.5 per 1,000[2]

Data sourced from:

1. Public Health Scotland (PHS), SPARRA at 1 December 2020 - the percentage of people with each Long Term Condition are calculated by dividing the number of people with each Long Term Condition by the number of people registered at the GP practices (i.e. the "Population Register") then multiplying by 100.
2. Initial Agreement Documents, approved by Scottish Government in January 2020 data via QOF calculator 1 April 2019.

Figure 3 - Local Profile and Practice Data - Kincardine

Mental health conditions including addictions have been exacerbated and impacted during the global pandemic. Therefore, the need for mental health and related services has significantly increased during this period.

Projections for future demand for primary care and community services with Kincardine are driven by the population projections which see the older population growing by 52% by 2041. This would therefore see the practice population who have severe and moderate frailty grow significantly. It is this group whom Community Nursing are seeking to work with to maintain and improve their position on the life curve through the care management intervention and the wider hub programme is seeking to support through local delivery of rehabilitation programmes.

[2] Based on 2011 census, 2016 SIMD datazone data and ISD Practice data 2019
[3] https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/SPARRA/SPARRA-Model/

The current workforce delivering services is outlined below along with potential future workforce required to deliver primary care and community services. Recent and continuing changes to the workforce are being phased in line with population growth and service model developments which take into account the requirements to implement the GMS (2018) contract[4] and enhance the primary healthcare team, community health and social care teams and Health Visitor pathway. The Practice is also a training practice with a GP trainee and provides training placements for 5th year medical students.

	Existing Provision (WTE)	**Recent Change (WTE)**	**Future provision * Incl. new roles**
General Practitioners (7)	2.35	0.25	
Advanced Nurse Practitioner (2)	0.6	0.6	
Practice Nursing (2)	0.78	0.05	
Practice Phlebotomist	0.1		
Practice Manager (shared with Clack)	1		
Admin staff (10)	4.1	1.46	
District Nursing Team (3 shared with High Valleyfield)	2.2		Treatment room service extension Hosiery / Doppler follow up clinics Extending the range of treatment for patients who could attend the centre
Community Phlebotomist (2)	0.12	12 sessions per month	
Community Teams Admin Staff	0.2		
GP Trainee	(1)		
Visiting teams	WTE	Sessions	Future provision * Incl. new roles
Primary Care Pharmacist	Circa 0.5 WTE		
Midwifery Team	(0.1)	2 per month	

[4] https://www.gov.scot/publications/gms-contract-scotland/

Health Visiting clinic Baby weighing	0.05 0.05	1 per month HV also arrange ad hoc appointments	Opportunity to hold child wellbeing meetings locally
Physiotherapy		4 per month	
Podiatry	0.3	12 per month	
Mental Health Nursing (Primary Care)		4 per month	
Smoking Cessation specialist	(0.13)	See patients in Clacks.	Opportunity to deliver locally
Child immunisation clinic		4 per month	Potential future flu clinic
Social Workers / Social Care Workers	0		MDT time
Continence Nurse		4 per month	
Dermatology Nurse		4 per month	

Table 8 - Kincardine Staffing

2.3.2 Service Details

The accommodation in Kincardine is provided over one level with a total floor area of 237m^2, supports:

- GP activity associated with the Kincardine Health Centre (circa. 13,000 appts PA and a practice population of circa. 3,200)
- Nurse activity associated with the Kincardine Health Centre (circa. 6,400 appts PA)
- Practice employed Phlebotomist activity associated with the Kincardine Health Centre(circa. 2260 appts PA)
- Community nursing treatment room activity (circa. 1,500 episodes[5] PA)
- Community Phlebotomy services (circa. 1,325 episodes PA)
- Midwifery ante-natal clinic activity (circa. 200 appts PA)
- Podiatry services (circa 410 appts. PA)
- Health Visiting
- Stop Smoking sessions (circa. 200 appts PA)

[5] Episode refers to inpatient, outpatient or Allied Heathcare Profession treatment as defined by https://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?ID=241&Title=Episode%20of%20Care

- Mental Health
- Health Visiting Clinic
- Physiotherapist

The primary care and community services have been developed as far as possible however the development of the clinical (Health & Wellbeing) model and increasing demand for services has exacerbated the issues of an inefficient layout, internal and external envelope deterioration. Whilst the GP Practice and Health and Social Care Partnership are working collaboratively to modernise and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises.

Services delivered from the existing Kincardine Health Centre amount to a total of circa 25,000 attendances per annum, 96 attendances per day or around 23 patients / clinical room activity per day.

Patients initial experience is very poor with one small reception hatch and reception area of $10m^2$ (NB no separate records area now exists as all GP records are held electronically). There is one waiting area (total $22m^2$) with no age-specific provision. Local Politicians have indicated their concern about the fabric of the building and the constraints it places on the local delivery of integrated health and social care.

Clinical care is delivered through five poorly configured consulting rooms which also support administrative activity. These are distributed throughout the current facility and, for the most part, used very flexibly. With 100% utilisation of the available capacity it is clear that a lack of available space is impacting upon the provision of local care. Mixed function means sub optimal use of clinical space. The AEDET review exercise confirmed that the layout and fabric of the building place considerable limitations on effective and safe service delivery (Section 2.3.3).

The office accommodation available for the administrative functions is well below the minimum standards and staff facilities are insufficient for the 21 staff working in the building on a daily basis as well as the wide range of visiting colleagues.

Although all possible reasonable changes have been made to the building Kincardine Health Centre fails to meet the spatial, organisation and design standards for Primary Health Care Premises and has no capacity for further growth. It has reached the end of its economic life as a clinical facility. Major improvements to address maintenance and statutory standards are not feasible due to structural and layout constraints.

A number of services are only available from the Clackmannan Health Centre because of capacity constraints. Resulting in patients from Kincardine travelling to Clackmannan to see a health professional, with best estimates indicating that this may be as many as 2,000 times per annum. People may be asked to attend Clackmannan for stop smoking support, CTAC, physiotherapy, mental health nurse consultation, coil insertion/removal, implant insertion/removal and joint injections as well as medicals such as fostering or DVLA medicals. It is extremely difficult to put an actual figure on this, as the baseline number has not been recorded historically and there is good anecdotal evidence to suggest that Kincardine patients would rather cancel / delay an appointment rather than travel to Clackmannan – further masking the true extent of the problem.

Local and proactive care is further confounded by problematic public transport to Clackmannan from Kincardine; there are no direct public transport (bus) routes. One appointment may take up to three hours out of a patient's day.

Where services are not/cannot be delivered locally in Kincardine, patients are referred to different locations – mostly within the NHS Forth Valley Board area - that include:

- Clackmannan Health Centre (GP overflow activity)
- Forth Valley Royal (Out-patient activity) (unless specifically requested by patient to be referred to a Fife hospital)
- NHS Fife provided services e.g. Physiotherapy provided in other Fife locations
- Community Nursing provide home based support for people who are not housebound, meaning that fewer patients are being seen than could be seen within a clinic setting, with wider MDT input potential

Out of Hours Primary Care is delivered from Urgent Care Centres in Forth Valley. Both Health Boards do not have current plans to extend the number of Urgent Care Centres. Kincardine Health Centre does not routinely deliver out of hours services, but offers a small number of clinics over an extended period. It is not feasible to deliver evening services including extended hours from the health centre.

The model of care is developing in line with the new GP Contract, with the Primary Care Development implementation plan progressing along with the Business Planning process. Historical re-development of the facility has meant that many areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. This means that the facility no longer has any meaningful storage (with a consequential impact on consulting rooms, staff morale and patient experience); does not have: a utility room; a disposal hold; cleaner's room/facilities; a quiet/interview room; or an effective disabled WC.

This is effectively demonstrated by comparing the baseline Schedule of Accommodation of the current Kincardine Health Centre with that proposed for a replacement facility that has been developed based on the current and developing clinical model, future capacity requirements and relevant health planning guidance. Such a comparison shows that, even although the number of consulting rooms has only increased by three from the baseline, the actual area now required is 1,013m^2 compared to the existing area of 237m^2.

The table below summarises the services using the current facility and also a list of services that could be provided from the new as a result of a lager functional facility.

No:	Name of Service	Currently in Health Centre	Will be based in (or using) the new CH&W Centre
1	Fife Young Carers		X
2	Community Nursing		X
3	The Well		X
4	Complex Care Team		X
5	Clinical Psychology		X
6	Speech & Language Therapy		X
7	Health Promotion		X
8	Children's Services		X
9	Community Nurse Respiratory Team		X
10	Nursing	X	X
11	Occupational Therapy		X
12	Pharmacy		X
13	ADAPT/FASS (Addictions Services)		X
14	NHS Addictions Service		X
15	Local Area Coordinators (Locality Planning)		X
16	Frailty & Older People's Service		X
17	Immunisations Service		X
18	Podiatry Service	X	X
19	Mental Health Services		X
20	MSK Physiotherapy	X	X
21	Nutrition & Dietetics		X
22	Obstetrics and Gynaecology		X
23	Fife Carers Centre		X
24	Mental Health Nursing		X
25	Dementia Friendly Fife		X
26	Diabetes MCN		X
27	Midwifery	X	X
28	Diabetic Retinopathy		X
29	Physiotherapy		X
30	Orthoptics		X
31	Coalfields Regeneration Trust & Fife Voluntary Action services		X
32	Social Work		X
33	Multi-Disciplinary Team meetings		X

Table 9 - Kincardine Services

Approximately 35+ services were engaged prior to lockdown in March 2020 and all re-engaged in September and again in November 2020, to develop a service schedule and see if anything had changed or additional requirements were needed due to Covid-19: requirement of space in the centres, days of use and frequency, any special requirements etc. An exact number has not been provided as there are numerous services which sit under

single or multiple providers. This data has however been collated into a spreadsheet that has informed an updated schedule of accommodation.

2.3.3 Associated Buildings and Assets

The current facility is based centrally in the village of Kincardine. Established in 1930 and previously used originally as a residential property and then utilised as a police station. As a health facility the property has been considerably modified and extended throughout its lifetime. The accommodation in Kincardine is provided over one level with a total floor area of 237m^2. The building is owned by NHS Fife.

Figure 4 - Kincardine Practice

The building block condition is category C and the risk adjusted back-log cost is £85,000.

Condition, space and functionality of the facility are best summarised within the AEDET benchmark assessment which is outlined below.

Category	Benchmark
Use	1.0
Access	1.1
Space	2.0
Performance	1.3
Engineering	1.4
Construction	0.0
Character & Innovation	1.3
Form & Materials	2.1
Staff & Patient Environment	1.3
Urban & Social Integration	2.6

1 = virtually no agreement / poor *6 = virtually total agreement / excellent*

Table 10 - AEDET Benchmark Score - Kincardine

2.4 Strategic Context

2.4.1 Drivers for Change

2.4.1.1 Local Context

NHS Fife Clinical Strategy[6] sets the strategic direction with Fife Health & Social Care Partnership (FHSCP) that is focused on local early, preventative care. In working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system we will strengthen primary care and community services.

Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, adding and adapting services responsively to meet and sustain outcomes.

Our development of community health and wellbeing hubs is designed to flexibly and responsively layer services where required, adjusting support and care incrementally. In light of the changing demography this has focused on supporting people to minimise and modify the impact of frailty (including younger people frail because of long term conditions, addictions etc). Providing holistic assessment and care management, focused on individual outcomes, anticipatory planning and supporting a reduction in unscheduled care. Fife has a population of 371,910[7], (midyear estimate 2018), with slightly above the Scottish average for the over 65's age group described in Table 11.

	Total Population	65+	75+	85+
Fife	371,910	20%	9%	2%
Scotland	5,438,100	19%	8%	2%

Table 11 - Population Demographic Summary

Fife H&SCP has seven localities. Kincardine is in the South West Fife locality. The South West Fife locality sits within the West Division of the H&SCP. The H&SCP is developing a locality clinical model with GP Clusters focused on the needs of the locality population. Table 12 demonstrates the percentage of locality populations over 75.

	Population >75	
City of Dunfermline	3928	7%
Cowdenbeath	3360	8%
Glenrothes	4109	8%

[6] https://www.nhsfife.org/media/32112/c64_cs-finalforintranet.pdf

[7] Mid-Year Population Estimates Scotland, Mid-2018, National Records of Scotland. Publication (nrscotland.gov.uk)

Kirkcaldy	5549	9%
Levenmouth	3560	10%
North East Fife	7192	10%
South West Fife	3845	8%

Table 12 - Locality Demographic Summary

Over the next 25 years the total population within South West Fife is projected to increase by 9% by just around 4,600 by the year 2041. Most of the areas' population growth is expected to take place in the older people age group, an increase of circa 52% which will place and increasing demand on health and social care.

Population Projections		
	2016	2041
Overall	49,777	54,400
0-15 years	17.1%	17.5%
16-64 years	63%	55%
>65 years	19.7%	27.5%

Table 13 - Population Projections

The Local Development Plan indicates that housing developments will see circa 317 new homes built by 2032 (potentially an additional 790 people). The local development plan includes potential for the development of a further 259 homes within the Kincardine Health Centre catchment area.

The local and national goal, supported by NHS Fife's Clinical Strategy (2016-21)[8], NHS Forth Valley Healthcare Strategy (2016-21)[9] and the Fife Health and Social Care Partnership's Strategic Plan for Fife 2019-2022[10] is to provide safe, effective and sustainable care at home or as close to home whenever possible. The model being implemented will support robust, integrated health (primary and community), social care and third sector services with a strong focus on early intervention, prevention, anticipatory care and supported self-management.

The proposal for investment into fit for purpose health and social care facilities in Kincardine will not only address the current restrictions upon local delivery of clinical services and deficiencies in facilities at the existing Kincardine Health Centre but also enable the delivery of the above key areas within the Kincardine area.

The well-rehearsed pressures in General Practice in Scotland can be illustrated by the following indicators:

- 10% of the population consults with a GP practice clinician every week
- 34% of all GPs are aged 50 and over in 2015, compared with 29% in 2005

[8] https://www.nhsfife.org/media/32112/c64_cs-finalforintranet.pdf
[9] NHS-Forth-Valley-Healthcare-Strategy-2016-21.pdf (nhsforthvalley.com)
[10] https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0028/188263/HSCP_Strategic_Plan_2019-2022.pdf

- 37% increase in female GPs and 15% decrease in male GPs over the ten-year period to 2015
- 2015 – 1 in 5 GP training posts unfilled

Fife's Primary Care Improvement Plan sets out how primary care and General Practice are reshaping to implement the new GMS 2018 Contract. This is facilitating the development of GPs as expert medical generalists within expanded Primary Health Care Teams, by implementing new roles and ways of working. This is underpinned by the guiding principles of:

- Contact: accessible care for individuals and communities
- Comprehensiveness: holistic care of people – physical and mental health
- Continuity: long term continuity of care enabling an effective therapeutic relationship
- Co-ordination: overseeing care from a range of service providers

Care pathways are patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and the need to provide a wider range of services to people in their local communities and to develop greater local integration is being hampered by the accommodation available within the Kincardine area. The effect of which is evidenced in the continued reliance upon the traditional medical model of relatively high acute hospital attendance and admission rates. Section 2.4.1.2 below highlights the patient journey using personas.

Local accessibility and improved joint working with other Health and Social Care Partners as part of wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes. This will be underpinned by practice multi-disciplinary team working, supported by responsive wider locality teams in reaching to deliver local care. This is further illustrated in Section 2.4.1.3 below.

2.4.1.2 The Patient Perspective

It has been recognised for many years, service providers across Scotland and the UK have planned care separately in different parts of the system including primary, community, acute care and mental health. Services have often been planned around buildings, individual service providers or even clinicians.

What is now proposed is a shift toward an overarching whole systems model which focuses on the needs of people who use the different health and social care services within the Kincardine Practice. This is described as a more holistic community health and wellbeing approach.

The central underlying principle of the development of the new centre is to focus on the patient outcomes, their journey and experience. This will help to identify where service improvements are necessary and involve a wide range of service users and providers in analysing and redesigning improved patient pathways to positively impact on outcomes. To support this work seven patient personas have been developed which serve to inform key considerations when designing new pathways and the integration of services. Full details of

this work is contained in the supplementary document, “The Patient perspective” (Appendix J).

2.4.1.3 Sustainable Workforce and Staff – Health & Wellbeing

Since the launch of Everyone Matters 2018-2020[11], key priorities and actions have been identified which are contributing greatly to achieving a healthy organisational culture. Everyone Matters Implementation Plan actions will be integrated into the new centre where appropriate – initial considerations include:

- Health & Wellbeing and Healthy Organisational Culture – take action to promote the health, wellbeing and resilience of the workforce. Create an environment which supports working across teams, open office space, bookable quiet space and hot-desks, collaborative spaces, wellbeing space, access to support services – these are considered vital to staff wellbeing and morale. Wellbeing Hubs have been established in various sites to support staff, particularly during the global pandemic. Bookable peaceful indoor and outdoor spaces could be established within the centre for both (practice-based and visiting) staff and community use. Providing opportunities for staff to take part in wellbeing-related sessions as appropriate including mindfulness, kindness, resilience and self-care related activities. Sessions are planned with the local Health Psychologist to provide some of these activities within GP clusters, Lunchtime Bytes, Community Health & Wellbeing Services (CHaWS) Subgroup and with practice staff. Other elements will include Staff Cycle to Work Scheme, bike racks, outdoor gym, community garden with covered area, showers and changing facilities etc.

- Sustainable workforce: over 35 clinical and non-clinical services engaged in relation to: requirement of space in the new centre, days of use, frequency, special requirements etc. A service schedule was developed from the feedback which formed the Schedules of Accommodation and this information was used to start the early design of the new building. This will ensure that local services can be planned, coordinated and delivered within the new centre as close to home for people as possible. The new centre will have the space to accommodate a wider range of services as per GMS (General Medical Services) contract and aforementioned drivers for change. There is ongoing engagement with the Kincardine Practice and services throughout the process including via the CHaWS Subgroup, the Design Team meetings etc.

- Capable workforce:

    - NHS Fife and FHSCP offer a suite of development opportunities for their workforce. Educational support services include: Health Promotion, Organisational Development, Learning & Development and Practice & Professional Development (PPD). The PDD is embedded below and includes: managerial coaching, observational visits to support recruitment, clinical skills,

[11] Everyone matters: 2020 workforce vision implementation plan 2018-2020 - gov.scot (www.gov.scot)

leadership, dementia awareness, palliative and end of life care. PPD provision and training is offered to all staff including those working in residential, nursing and care homes in Fife. HR, Patient Relations, Infection Prevention & Control, Pastoral, Resuscitation and Manual Handling all offer training to NHS staff.

- Work across organisational and professional boundaries (i.e. between primary and secondary care, across sectors etc) to share good practice in Learning & Development (L&D), evidence-informed practice and organisational development. Facility available regarding L&D space e.g. face to face training or a computer room where staff can participate in virtual training, update their core skills, LearnPro, Turas etc. Engaging with the staff regarding what they would like and to ensure they feel included as part of the process in relation to the new building.

- Workforce to deliver integrated services: Working with partners to develop workforce planning capacity and capability in the integrated setting including ways of working – exploring opportunities to work differently before the building completion e.g. using the Patient Personas & Pathways in order to establish a service coordination approach and tests of change.

- Change management – ensuring change is managed appropriately and providing opportunities to keep all key staff and stakeholders informed, involved and engaged in the process where possible. The Staffside representative also attends Project Team meetings and has had input into these sections of the OBC. This will be organised through a range of methods such as Subgroup meetings, staff updates, Blink, websites, newsletters and ongoing communications with key stakeholders etc. It is important to give staff ownership particularly if the new building is to be their main base. How and when to ask staff for views is important - all views need to have equal importance.

- Longer opening hours – these will be considered as part of the new building where designated areas could potentially be 'locked-down' for out-of-hour use as a community asset.

- Health & Social Care and Design & Construction Career Pathways – work with L&D to ensure links with local schools and education providers are established to showcase Health & Social Care and Design & Construction as career pathways including options for apprenticeships, internships, student placements and work experience etc.

2.4.1.4 National and Local Strategies

Key national and local documents have influenced the development of our health and care model and thereby this proposal, although this is not an exhaustive list. It should be noted that along with Caithness and Ayrshire Fife's Community Health and Wellbeing Hub programme has been selected as a national pathfinder site to support a Once for Scotland approach to delivering the shift in the balance of care from hospital to community.

National

- Commission on the Future Delivery of Public Services (The Christie Report) (June 2011)
- 2020 Vision for Health and Social Care (September 2011)
- Healthcare Quality Strategy (2012)
- A National Clinical Strategy for Scotland (February 2016)
- Health and Social Care Delivery Plan (December 2016)
- Property Asset Management Strategy (2017)
- NHS in Scotland 2016 – Audit Scotland Report (October 2016)
- Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland (August 2017)
- General Medical Services Contract (2018)
- Health and Social Care Integration – Audit Scotland (November 2018)
- Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)

Local

- Health and Social Care Partnership Strategic Plan for Fife Plan (2019-2022)
- NHS Fife Clinical Strategy (2016-21)
- NHS Fife Property and Asset Management Strategy (2022)
- NHS Fife Operational Delivery Plan (2018/19)
- Let's really raise the bar: Fife Mental Health Strategy (2019-2023)

This proposal interacts with these key local and national strategies in terms of:

Quality Strategy ambitions in relation to:

- Person centred care - through improving access to Primary Care and providing more care closer to home
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation
- Effective – bringing together a wider range of health and care services to make more effective use of resources

2020 Vision aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

Technology Enabled Care projects are being tested within the current service model to modernise primary care, support earlier identification and self-management.

NHS Fife's Clinical Strategy and **Operational Delivery Plan** are focused on delivering person centred care, closer to home where possible. The proposed development will support the local provision of health and social care services within Kincardine, facilitating person centred care and support.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general Practice requires collaborative working, with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP Practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:

- Maintaining and improving access
- Introducing a wider range of health professionals to support the expert medical generalist
- Enabling more time with the GP for patients when it is really needed
- Providing more information and support to patients

The **Public Bodies (Joint Working) (Scotland)** Act 2014[12] aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population. Fife's local Health and Social Care Strategy describes how the nine National Outcomes for Integration can be met through prevention, local earlier integrated working focused on peoples own outcomes.

Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway**[13] and the Named Person role conferred by the **Children and Young People (Scotland) Act** (2014)[14]. The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017)[15] sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. Within this framework redesign in community nursing is supporting the implementation of the Chief Nursing Officer Directorates paper on

[12] Public Bodies (Joint Working) (Scotland) Act 2014 (legislation.gov.uk)
[13] Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot (www.gov.scot)
[14] Children and Young People (Scotland) Act 2014: National Guidance on Part 12: Services in relation to Children at Risk of Becoming Looked After, etc - gov.scot (www.gov.scot)
[15] Nursing 2030 vision - gov.scot (www.gov.scot)

Practice and Community Nursing to integrate locally to support prevention and early intervention.

Fife Health and Social Care Partnership, established on 1 April 2016, is refreshing its strategic plan, this includes revised Vision, Mission and Values. The plan is focused on delivering proactive, integrated support and therefore will seek to secure an outcome focused model delivered locally aimed at securing improved outcomes through early identification and intervention:

- ***The Vision is*** To enable the people of Fife to live independent and healthier lives.
- **The Mission is** "We will deliver this (vision) by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes."
- Our **Values** are: Person-focused - Integrity – Caring - Respectful - Inclusive - Empowering

2.4.2 Need for Change Summary

The following is a full list of the main drivers causing the need for change, the effect that these issues are having on the current service provision and an assessment of why it is believed action is required now.

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
The clinical and social care model have developed and implementation is being circumscribed.	Primary, Community and Voluntary sector services cannot provide the integrated model of care they and the community recognise is required now and for the future.	The model of care is being undermined now: preventing locally based, integrated proactive care. Time from Initial Agreement to occupation of a new facility could take circa 4 years.
	Services cannot be delivered locally for local patient need; instead are based where it is possible to deliver services.	NHS Fife/Fife H&SCP will fail to deliver the GMS (2018) and community health and wellbeing hub model within Kincardine unless this is planned for.
	Pressure on existing staff, accommodation and services will inevitably increase.	Sustainability of primary care is a key priority for the IJB and NHS Fife. There is a need to plan to provide a sustainable service for the future.
Poor clinical and non-clinical	Existing facilities fall far below the required standards in terms	Existing facility configuration and layout presents unacceptable risks,

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
functionality and space restrictions in existing accommodation (configuration)	of how they are configured and laid out. The Equalities Act 2010 compliance within the building is poor.	as well as poor local performance, functional in-efficiency and suboptimal patient experience.
	Premises are functionally inadequate and compromise pro-active, integrated care.	No scope exists to re-organise parts of the service to improve the experience.
	Some consulting rooms are very small and do not meet current standards. These are very restrictive / unsuitable for patients and staff.	Poor patient and staff experience. Does not meet current recommended standards.
Clinical and social care functionality (capacity) issues	Capacity is unable to cope with current, let alone future projections of need. Patients are required to make repeated appointment to meet with different members of their multi disciplinary team and to access healthcare out-with the local area.	Service sustainability and development is at risk and an increasing number of patients will travel from Kincardine to Clackmannan for basic Primary Care.
	Facilities lack the number and range of support areas necessary to deliver modern, integrated, safe and effective services	A lack of essential support areas represents a real and unacceptable risk to the Board in key areas such as HAI and patient safety.
Building issues (Including statutory compliance and backlog maintenance)	Increased safety risk from outstanding maintenance and inefficient service performance	Building condition and associated risks will continue to deteriorate if action is not taken now, affecting performance. Redesign of building will allow for improved care, staff experience and financial performance.

Table 14 - Need for Change

2.4.3 Investment Objectives

This section identified the 'business need' in relation to the current arrangements described in Section 2.1. These were discussed at the Architecture & Design Scotland (A&DS)

facilitated workshop to develop the project design statement. A wide range of stakeholders including clinical and managerial staff along with community representatives were involved in a workshop to describe the difference between 'where we are now' and 'where we want to be'.

Effect of the need for change on the organisation:	Investment Objectives
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in physical capacity.
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of the parties to deliver the full range of integrated services locally.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care.
Existing configuration, as a result of a 1930's building, being modified and extended with a 'best fit' approach. Current facilities have treatment rooms below minimum acceptable standards.	Delivery of safe and effective care with dignity –by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

Table 15 - Investment Objectives

2.4.4 Proposed Benefits

There is a clear emphasis on General Practice provision and the development of the community health and wellbeing hub model within the IJBs' Strategic Plans and NHS Fife and Forth Valley's Clinical Strategies. The proposed investment in infrastructure will enable the Kincardine Medical Practice to fully participate in the required programmes of care, enable full access to the Primary Care Improvement Plan and thereby improve outcomes for individuals, experience for staff and the reputation of the organisation.

Benefits for each of the investment objectives described in Section 2.4.3 above are mapped to the expected benefits in the context of the Scottish Government's five Strategic Investment Priorities (Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability).

To ensure that resources are effectively exploited and that any investment made provides agreed benefits a register has been developed. The benefits register (see Appendix E) identifies the expected benefits, indicates a baseline and target measurement and also gives a priority level to each benefit. The Benefits Realisation Plan demonstrating how the benefits can be secured is included at Appendix F.

Investment Objective	Benefit	Investment Priority
Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.	GP Practice Multi Disciplinary Team and wider community hub team have access to accommodation to meet population needs locally	Person Centred Health of Population Integrated Care Quality of Care
Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	Services delivered locally based on need	Person Centred Efficient Effective Integrated Care
Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.	Higher staff retention levels Higher staff morale/lower absence rates Increased flexibility of roles Career progression Improved workforce planning across the health and social care pathway Supports training, education and development	Person Centred Efficient Effective Value and Sustainability Integrated Care
Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care.	Access to wider staff skills and experience on one site Reduces unnecessary hospital referrals / multiple appointments Reduces patient risk	Effective Quality of Care Person Centred Integrated Care

Investment Objective	Benefit	Investment Priority
Delivery of safe and effective care with dignity – by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.	Improves patient experience addressing privacy and dignity issues Improves staff safety through provision of primary care & community services on one site allowing for available support for patients and staff. Ease of compliance with standards e.g. Equalities Act 2010[16], HAI Fit for purpose flexible accommodation meeting all guidelines e.g. room sizes	Safe Person Centred Quality of Care Integrated Care
Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.	Increased local provision and access to treatment making best use of available resources by having the infrastructure to deliver more proactive prevention and early intervention focused support, maximising MDT working to facilitate access for people and thereby reducing the call upon unscheduled care.	Effective Quality of Care Efficient: Value and Sustainability

Table 16 - Benefits

2.4.5 Risks

Risk is now covered within the Commercial Case (Section 4) and Management Case (Section 6). The project's Risk Register can be found at Appendix G.

2.4.6 Constraints and Dependencies

2.4.6.1 Constraints

Constraints are limitations on the investment proposal. Key constraints relating to this particular investment proposal are noted below:

- Financial – given the current climate it is recognised that the project is likely to be constrained financially. Once the project budget it is set, the project will require to be delivered within this.
- Programme – given the needs for change relating to the current arrangements, there is a need to deliver the project as quickly as possible.

[16] https://www.gov.uk/guidance/equality-act-2010-guidance

- Quality – the project will require to comply with all applicable healthcare guidance and achieve the AEDET pre-defined target criteria across all categories. The project will also be subject to NDAP and Design Assure key stage reviews.
- Sustainability – as the preferred option is a new-build there will be a requirement to achieve and agreed BREEAM rating.
- Site – site constraints have been investigated during the OBC and factored into the OBC cost projections. Planning constraints will be investigated during the FBC stage.

2.4.6.2 Dependencies

Dependencies are where action from others is required to ensure success of the investment proposal. Key dependencies include:

- Acquisition of the site for development. Discussions with Fife Council are ongoing in this regard, although initial indications are that Fife Council are supportive of the proposals. Engagement will continue through the FBC stage with a view to concluding a long lease arrangement at the end of this stage.
- Service re-design to maximise the opportunities of bookable spaces, agile working and service integration.
- E-health initiatives as outlined at Section 4.4.14.

2.4.6.3 Critical Success Factors

In addition to the Investment Objectives set out in Section 2.4.3, the stakeholders have identified several factors which, while not direct objectives of the investment, will be critical for the success of the project.

Requirement	Description	Critical Success Factor

Strategic fit	Meets agreed clinical and investment objectives, related business needs and service requirements	• Promotes sustainability of Primary Care provision and delivery of 2018 GMS Contract
		• Consistent with NHS Board's Clinical Strategy
		• Supports delivery of NHS Scotland Quality Strategy
		• Facilitates integration of health and social care services, delivered locally
		• From Patient perspective:
		  • a facility that is easily accessible, bright, friendly and airy.
		  • designed so that patients can be treated with dignity particularly in terms of confidentiality.

Value for money	Maximise the return on the required investment and minimise risks	• Service model maintains or reduces revenue costs in the longer term through earlier intervention • Service model enables effective decision making in allocation of resources • Building design maximises efficiency and sustainability
Potential achievability	Is likely to be delivered in relation to the required level of change Matches the available skills required for successful delivery	• The skills and resources are available to implement new ways of working • The H&SCP and the Practice are able to embed new ways of working • NHS Fife are able to deliver the programme to agreed budget and timescales • Technology enablers are available and utilised
Supply side capacity and capability	Matches the ability of service providers to deliver required services	• Service providers are available with skills, materials and knowledge • The project is likely to attract market interest from credible developers

Potential affordability	Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services	• Solution is affordable to all stakeholders

Table 17 - Critical Success Factors

3 Economic Case

3.1 Introduction

The purpose of the Economic Case is to undertake a detailed analysis of the costs and benefits of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic / service solution(s) identified within the IA.

The objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services.

3.2 Revisiting the Economic Case

Since the IA, the Economic Case has been updated to provide details of stakeholder engagement activity undertaken during the stage.

3.3 The Do Nothing/Do Minimum Option

It is not feasible to continue with the existing arrangements ('Do Nothing'), because the building is not fit for purpose. The backlog maintenance required while supporting minimum safety and the building to be water-tight will not make it fit for purpose. The do nothing option scored lowest throughout the option appraisal process. The building and footprint likewise mean that a do minimum option is not feasible.

Strategic Scope	Do Nothing / Do Minimum
Service Provision:	Primary Care services in Kincardine are delivered from the existing Kincardine Health Centre. This former Police Station has been considerably modified and extended throughout its lifetime. Continue with existing service provision with no changes to service provided as outlined in Section 2.11. This will result in insufficient capacity to meet future demand for treatment, restrict proactive integrated care and maintain inequity of access.
Service Arrangements:	The service arrangements will continue as existing with Kincardine Medical Practice; Primary General Medical Services being provided alongside Community, District Nursing and Children's Services. There will be the risk of being unable to implement GMS (2018) and community health and wellbeing hub model and potential requirement for patients to register with practices outwith their catchment area.

Strategic Scope	Do Nothing / Do Minimum
Service Provider and workforce arrangements (at the time of the Option Appraisal):	Workforce arrangements will continue as the existing situation with GP services Community, District Nursing and Children's Services delivered in the building. The developing integrated Mutli disciplinary mode will be circumscribed with inequity of access and travel implications for both patients and staff. Poor accommodation will continue to be managed as a risk in terms of staff health and safety. Areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. The facility no longer has any meaningful storage (impacting on consulting rooms); does not have the following: a clean utility room; a dirty utility room; a disposal hold; any cleaner's room/facilities; a quiet/interview room; or an effective disabled toilet.
Supporting assets:	The building presently does not meet the required standards (particularly around spacing and access). The condition of the building will continue to deteriorate. Decant of community services may be required to support practice provision and reducing access for community services.
Public & service user expectations:	Public consultation indicates a strong desire for the delivery of effective GP & Primary Care/Community Care services in Kincardine from one building in a good central location which is all on one level. Services delivered by a wide range of professionals. Strong desire to increase targeted delivery to address inequalities. Single shared staff room. Suitable space for patients who become unwell and need transfer to acute services. This option will not deliver this in the future and will perpetuate a poor environment with limited facilities and also reduce access to primary and community care services for local residents. It will also continue to impact negatively on confidentiality and dignity, and the organisations reputation.

Table 18 - Do Nothing Option Summary

3.4 Stakeholder Engagement

3.4.1 Initial Agreement

It was important to have the support of key stakeholders from health and social care staff and leaders from the local community to define the change required and create the vision for change.

Stakeholders supported this through their participation in the Option Appraisal Exercises and Design Statement workshops. This ensured that the vision was shared and communicated to all who will be impacted by the change. It also encouraged support from those who have an emotional commitment to the services provided in their community.

3.4.2 Outline Business Case

This section focuses on the outcome of the subsequent OBC engagement exercise undertaken with the people of Kincardine. In light of the restrictions, all engagement activities were planned mostly online or with appropriate measures such as social distancing in place. Key stakeholders were involved in developing a Covid-19 safe engagement approach including the Kincardine Practice, Fife Young Carers, The Coalfields Regeneration Trust (CRT), Equality & Diversity, Participation & Engagement Team and their related networks.

The communication and engagement framework was approved by the Partnership and Engagement Network: Advisory Group in October 2020. This plan sought to maximise engagement with local stakeholders via a range of networks to gather the citizen voice to inform the development of the business case. Online materials were hosted by the NHS Fife website.

3.4.2.1 Key Communication and Engagement Activities

The main communication and engagement methods included: websites and social media; press release and posters; cascading via local health care providers, schools, services and politician colleagues; Peoples Panel; Public Directory; patient texting service; online discussion forums; online and paper surveys.

Activities included:

- A press release was issued to initiate the engagement process through local newspapers and then an update partway through the engagement process
- December Localities Newsletter was sent across the 7 Localities (800+ members), SW Fife and Cowdenbeath Localities (189 members)
- Cowdenbeath Area Cluster
- Peoples Panel (1700 members)
- Public Directory (62 members)
- FVA Health & Social Care e-bulletin was sent to 653 members
- All communications included a link to the online survey and paper versions were made available in local sites
- Additional to this, the survey link and information was also sent out numerous times over the engagement period via social media by the NHS Fife and Fife Health & Social Care Partnership (FHSCP) Communication Teams as well as via local groups and organisations including twitter, Facebook etc
- The patient texting service was utilised by the practices on a number of occasions and this proved to be the most successful method
-

3.4.2.2 Stakeholder Engagement and Surveys

Approximately 70 local groups and organisations were successfully engaged. This included:

- 1 school in Kincardine

- Public Directory
- Fife Young Carers
- FVA
- NHS Fife and Equality Groups
- Cowdenbeath Cluster
- Centre for Equalities
- Carers Link
- Fife Carers Centre
- Dementia Friendly Fife (STAND Fife)
- HIS Community Engagement
- Disabled Persons Housing Association
- Saje Scotland
- Community Teams
- Community Learning & Development
- Scottish Stammering Network
- The Coalfields Regeneration Trust
- Go Forth
- Gala Committee
- West Fife Villages Forum (WFVF)

3.4.2.3 Survey Design

The survey was developed to provide participants with ample opportunity to share their thoughts and views in relation to their new Community Health & Wellbeing Centres. The following question ranges were outlined in the survey:

- health and wellbeing related services people would like to see in their new centre
- changes introduced since the pandemic would people like to keep
- changes introduced since the pandemic would people not like to keep
- order of importance e.g. support services, wellbeing services, increased opening times, outdoor gym, community spaces etc
- environmental factors to consider e.g. recycling, solar panels, electric car-charging points
- anything additional requirements or information not previously mentioned

- biographical information

This survey has been fully analysed and the information received from the engagement exercise has helped to support the OBC process, inform the options appraisal and building design processes, as well as help shape future service delivery in the new Kincardine Community Health and Wellbeing Centre. Full details of the approach taken to the survey and this analysis are detailed in the supporting document Kincardine Community Health and Wellbeing Centre Engagement Feedback Summary Report (available upon request).

3.4.2.4 Quick Wins

Using the thoughts, comments and ideas shared in the engagement feedback above, considerable work has taken place with the Kincardine practice and other service providers to identify potential changes or improvements that can be put in place with immediate effect. Other longer term or more complex changes will be considered as the programme progresses with the development of the new centre.

These changes or improvements include:

- Ensuring a wide range of health and wellbeing services – the Clinical Services Subgroup was expanded further to include non-clinical services and renamed as the Community Health & Wellbeing Services (CHaWS) Subgroup
- Coordination and collaborative approach – working with the CHaWS Subgroup to test a coordination approach to improve patient pathways by ensuring people are accessing the most appropriate services when they need them most
- Mental Health Services – the engagement exercise highlighted a real need for mental health services, particularly during the pandemic. People will be better supported and enabled to access their local mental health services e.g. counselling, befriending, The Well etc
- Access to Carers Support – raising awareness of the needs of Carers of all ages and the appropriate support to access key services such as Fife Young Carers or Fife Carers Centre e.g. including benefits, short breaks (respite)
- Use of technology:
    - Encouraging or enabling people to access clinical and/or non-clinical appointments using technology where appropriate e.g. video calls/Whatsapp
    - Development and better use of practice websites where this isn't already available
    - Development and better use of the patient texting service
- Volunteering opportunities - public participation groups have been established to provide community representation to help shape the new centre
- Improved repeat prescription process – working with patients, carers and families, local pharmacists, doctors and administration staff are committed to ensuring easier access to safe, high quality repeat prescription systems

- Improved appointment systems – all the practices are considering how to best provide appointments, improve access and reduce waiting times for patients and will be taking the engagement feedback into consideration

3.4.3 Ongoing Stakeholder Engagement

The Project Team worked closely with practices and local organisations to identify members of the community who were interested in being involved in the development of their new centre. Local participation groups are set up and members of these groups feed into project meetings to share a representative view and feedback to the main group. There are also engagement events and activities being planned. Other options to increase community involvement and ownership will include the community/sensory garden and art work for the new centre.

The Stakeholder Engagement and Communication Plan is located at Appendix H.

3.5 Service Change Proposals

The initial scope for the Kincardine Health Centre project was to explore design and scope options to provide a suitable health and social care facility in Kincardine which was of a suitable size and condition to meet with the growing needs of the existing practice and community health and social care team.

3.5.1 Long List of Options

The theoretical long list of options was initially generated by the NHS and Local Authority teams with the support of hubCo and its advisers and was reviewed throughout the process. This long-list was based on the cross-referencing of strategic theoretical service options available with local site / facility considerations.

Strategic theoretical option themes included:

Strategic Scope	Summary
1 Service Provision	• Do nothing (The status quo) • Centralise (currently separate) health care facilities in Fife (Kincardine), Forth Valley (Clackmannan) or somewhere in-between recognising that these sites are staffed by the same practice • Build entirely new and minimise any use of existing buildings (full build)
2 Service Arrangements	• Don't have any specific GP / health facilities locally
3 Service provider/ workforce	• Utilise only 'operational' solutions to address existing problems
4 Supporting Assets	• Build new but also make use of existing facilities to support the overall model (reduced build)

	• Combine a new build or refurbishment proposal with other new / existing developments across the public sector
5 User Expectations	• The expectations of the public and service users

Table 19 – Strategic Theoretical Service Options

The following core long-list of options, in addition to Option 1 do nothing/minimum described above at Section 3.3, was agreed:

Option	Description	Commentary
2	Don't have any Health Centre building – use existing available public sector estate.	This option was not short-listed as it was completely incapable of delivering the preferred service model, would not deliver the community health and wellbeing hub required and result in an even more fragmented service than at present. It was also reliant upon finding existing spaces that do not exist.
3a	An operational solution utilising only the existing Health Centre	Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not 'mutually exclusive' – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the physical/facility issues identified. It was consequently not short-listed.
3b	An operational solution utilising the existing Health Centre plus space in other local facilities.	This option was assessed as a variation on option 3a), that also sought to access space in other local facilities. It was not short-listed for the same reasons.
4a	Refurbish & extend the existing Health Centre facility	This option was not deemed feasible as the current Health Centre building covers the entire curtilage meaning no options for extension or adequate refurbishment exist. It was consequently proven unfeasible and not short-listed.
4b	Refurbish other existing facilities.	This option acknowledged the possibility of identifying and refurbishing another local facility however, in the event, no such facility could be found. It was consequently proven unfeasible and not short-listed.

Option	Description	Commentary
5a	Reduced new build on existing Health Centre site (plus use of space in other facilities to be confirmed).	This option involved building a reduced new facility on the existing site that made use of space in other local buildings. It was rejected as not feasible for a number of reasons including the cost/disruption associated with decant and lack of facilities to support either the reduced new build element or decant. The option was consequently not short-listed.
5b	Reduced new build on land at Feregait (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified.
5c	Reduced new build on land at Station Road (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified.
5d	Reduced new build on land at Tulliallan Primary School (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified and no way could be found to link into the existing school facility.
6a	Full new build on existing site for Kincardine services only	This option involved a full new build on the existing site that was entirely self-contained and intended to deliver Kincardine services only. It was not short-listed as the site is too small for the required area as well as having significant cost, disruption and operational challenges associated with decant to support demolition and re-building.
6b	Full new build on the Feregait site for Kincardine services only	This option involved a full (self-contained) new build on the Local Authority owned Feregait site. It was deemed feasible and consequently short-listed.
6c	Full new build on the Station Road site for Kincardine services only	This option involved a full (self-contained) new build on the Local Authority owned Station Road site. It was deemed feasible and consequently short-listed.

Option	Description	Commentary
6d	Full new build on the Tulliallan School site for Kincardine services only	This option involved a full (self-contained) new build on part of the Local Authority owned Tulliallan Primary School site. It was deemed feasible and consequently short-listed.
7a	Full (combined) new build on existing site for Kincardine & Clackmannan services	This option involved a full new build on the existing site that was entirely self-contained and intended to deliver the combined services currently delivered separately in Kincardine and Clackmannan by the same GP practice. It was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved. This included NHS Fife and NHS Forth Valley in recognition of the fact that the practice and its delivery locations straddle both Board areas.
7b	Full (combined) new build at Feregait site	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7c	Full (combined) new build at Station Road site	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7d	Full (combined) new build at another site in Kincardine	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7e	Full (combined) new build at ANOther site in Clackmannan.	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.

Option	Description	Commentary
7f	Full (combined) new build at ANOther site “between” Kincardine & Clackmannan.	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.

Table 20 - Long-list of Options

The benefits criteria against which the long list were assessed were initially drafted by the wider planning team in light of the strictures placed upon the clinical model by the facility associated challenges identified. These were refined during the option appraisal events into an agreed list based on global stakeholder opinion.

Importantly, this list was also developed with the support of the stakeholder group reviewing options related to a similar business case being developed for Lochgelly in order to ensure that both projects, which have similar objectives and timescales, were able to benefit from each other’s work through the development of an agreed list of benefits criteria that were weighted independently.

In summary, the benefits criteria reflected the ability of each identified option to, noted in order of highest to lowest weighting:

- Deliver an optimal physical environment
- Be readily accessible
- Support flexibility and sustainability
- Support local and national service strategies
- Deliver wider community & public benefits

The Partnership is committed to delivering services that are integrated and maximise opportunities for local delivery. It has been formally confirmed that there is an on-going requirement to continue to deliver GP, primary care and local clinical services separately from Kincardine and Clackmannan in recognition of population, local clinical needs and geographical considerations. Consequently all option 7s, were not taken forward to the short-list.

Specific site/facility considerations included:

- The existing NHS owned Health Centre site in Kincardine
- A Local Authority owned site at Feregait
- A Local Authority owned site at Station Road
- Part of the Local Authority owned Tulliallan Primary School site

Whilst a number of other potential sites were raised and considered, they were all excluded at this stage as they were either demonstrably too small and / or not in public sector ownership. On this latter point it was noted that a site that was not currently in the ownership

of the public sector would only be considered if none of the public sector sites was deemed appropriate based on the appraisal process.

It was acknowledged by all concerned at the outset and throughout the appraisal process that sites are extremely limited in the Kincardine area and that this would inevitably present a significant challenge to the project.

3.5.2 Short List of Options

The short-list was largely shaped by:

- A complete lack of suitability/options regarding the current site
- A complete lack of facilities in the Kincardine area to present refurbishment opportunities or additional supportive capacity for the integrated health and social care model
- A very limited range of additional sites/opportunities

The short list consequently included four options:

Option	Description
1	1 - Do Nothing (The Status Quo)
2	6b - New build at Feregait site in Kincardine (for Kincardine services only)
3	6c - New build at Station Road site in Kincardine (for Kincardine services only)
4	6d - New build at Tulliallan Primary School in Kincardine (for Kincardine services only)

Table 21 – Short-list of Options

3.5.3 Indicative Costs

Indicative costs for each of the options on the Short List have been prepared as per guidance in the Scottish Capital Investment Manual by hubCo. The non-preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m^2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020). Figures are calculated over a 60 year period.

	Description	Capital Costs (£) *	Whole Life Capital Costs (£)	Whole Life Operating Costs (£)	Est. NPV (£)	Est. EUV (£)
1	**Do Nothing/Base**	-	-	1,749,291	723,705	28,520
2	**(6b) Feregait**	3,846,621	758,689	10,220,763	6,307,702	248,577
3	**(6c) Station Road**	3,903,627	769,948	10,293,636	6,368,662	250,979
4	**(6d) Tulliallan School**	3,903,627	769,948	10,293,636	6,368,662	250,979

Table 22 - Option Costs

3.5.4 Option Advantages and Disadvantages

The following table outlines how the advantages and disadvantages of the short list were assessed against the benefits criteria. This was undertaken through a process of discussion / debate within groups with the intention of seeking consensus agreement around the relative merits of each option and scores to be applied.

	Option1: Status Quo	**Option 2: Feregait**	**Option 3: Station Road**	**Option 4: Tuliallan School**
Advantages (Strengths & Opportunities)	Established location.	Purpose built facility. Good central location. Good pedestrian and vehicle access. Secure location. Good service access. Good parking.	Relatively close to town centre. Relatively flat site, for 1 level building. Good pedestrians and vehicle access. Secure location. Good community setting. Flexibility – with potential expansion options. Ease of segregated access.	Central location. Good physical site. Good local and physical access. Community Campus opportunity. High visibility. Increased flexibility. Ability to segregate access for staff/patients/ servicing. Access from A977.
Disadvantages (Weaknesses & Threats)	Building and curtilage not suitable for further developme nt	Potential flood risk. Site investigation required (mining?). Ground conditions make development expensive. Infrastructure issues.	Potentially too overlooked. Impacts on village green. Potential flood risk. Site investigation required (mining?). Ground conditions make development expensive. Infrastructure issues. Public transport – slight walk.	Loss of school / community amenity space. Potentially contentious road issues. Potential flood risk. Site investigation required (mining?) Ground conditions make development expensive. Infrastructure issues.

			Access road may not be suitable for construction traffic.	

3.5.5 Does the Option meet the Investment Objectives?

The table below summarises the extent to which the shortlisted options meet the Investment Objectives.

Table 23 - Option Advantages and Disadvantages

Investment Objective	Option 1: Status Quo	Option 2: Feregait	Option 3: Station Road	Option 4: Tuliallan School
Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.	No	Yes	Yes	Yes
Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in physical capacity.	No	Yes	Yes	Yes
Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.	No	Yes	Yes	Yes
Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care.	No	Yes	Yes	Yes
Delivery of safe and effective care with dignity –by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.	No	Yes	Yes	Yes
Improve safety and effectiveness of accommodation by improving the physical	No	Yes	Yes	Yes

Investment Objective	Option 1: Status Quo	Option 2: Feregait	Option 3: Station Road	Option 4: Tuliallan School
condition, quality and functional suitability of the healthcare estate.				

Table 24 - Does the Option Meet the Investment Objectives?

3.5.6 Cost / Benefit

This section presents the case for the selection of the preferred option. In line with HM Treasury guidance, the NPC is divided by the weighted benefits (WBP) score to determine the cost per benefit point for each option. The lowest cost per benefit point is considered to be the most attractive option.

	Option 1: Status Quo	Option 2: Feregait	Option 3: Station Road	Option 4: Tuliallan School
Net present cost (NPC) - £m	723,705	6,307,702	6,368,662	6,368,662
Weighted benefit points (WBP)	221	539	509	739
BPC per WBP - £000	3,275	11,703	12,512	8,618
	Rejected	Possible	Possible	Preferred

Table 25 - Option Benefit Scores

3.5.7 Preferred Option

From table 25 it can be seen that option 4 scores highest in respect to benefit points. Once the net present costs are factored in, option 1 is highlighted at the lowest cost per benefits point – this is purely because of low net present cost owing to the limited capital that could be invested in the existing facility. As option 1 does nothing to tackle the needs for change as demonstrated within the strategic case and benefits appraisal, it is not a legitimate option.

Given the balance of legitimate options, option 4 offers the highest benefits score and the lowest cost per benefits point, indicating that it is the strongest option. Option 4 is therefore the preferred option as favoured by all stakeholders (consensus), with little to choose between options 2 and 3 for second place.

The proposal has the support of representative service users, carers, staff, the GP Practice and all other key stakeholders.

Through further dialogue with Fife Council during the OBC the site location was selected to the North of the playing fields. This allowed future expansion for the School, whilst protecting the primary football pitch.

4 Commercial Case

4.1 Introduction

This section outlines the commercial arrangements and implications for the Project. This is done by responding to the following points:

- The procurement strategy and appropriate procurement route for the Project
- The scope and content of the proposed commercial arrangement
- Risk allocation and apportionment between public and private sector
- The payment structure and how this will be made over the lifetime of the Project
- The contractual arrangements for the Project

4.2 Revisiting the Commercial Case

The commercial case has generally been updated and expanded since IA in accordance with SCIM OBC guidance. In particular, the design of the preferred option has been progressed allowing for a detailed overview on the status of the design to be provided.

4.3 Procurement Strategy

4.3.1 Procurement Route

NHS Fife will lead on the procurement whilst being supported by the Fife Health and Social Care Partnership.

The project is community focussed and more than £750k, therefore the Scottish Futures Trust hub initiative has been selected as the most appropriate route to deliver the project. The East Central hubCo have been appointed to deliver this public funded project under the design and build option.

The following further procurements have been undertaken to support the Board and these will be procured through Frameworks Scotland Lead Advisor lot.

Lead Advisor

- Project Manager services
- Cost Advisor services
- Technical Advisor services (M&E)
- Authority's Representative (for contract purposes)
- Clerk of Works

4.3.2 Procurement Rules and Regulations

As the proposed procurements have already been tendered they are in compliance with the procurement rules and regulations.

4.3.3 Procurement Plan

The summary table below provides an overview in respect to procurements to date:

Service	Appointment	Status
Contractor, Designers and Principal Designer	East Central hubCo	New Project Request (NPR) agreed. Stage 1 Approved.
Lead Advisor	Currie & Brown	Appointed

Table 26 - Procurements

4.4 Scope and Content of Proposed Commercial Arrangements

4.4.1 Overview

The project involves providing a new health and wellbeing centre within Kincardine at the preferred Tulliallan site. The new centre will replace the existing facility and will be developed further to accommodate future growth within the local area whilst taking cognisance of the Scottish General Medical Services (GMS) contract. The new facility will focus on providing core GP and other health services whilst offering broader flexibility for the promotion of interconnected health and wellbeing opportunities within the local community – this is in-keeping with NHS Fife's ambition to become an anchor institution within Fife.

4.4.2 Project Brief

The project brief is reflected within the following documents which can be provided upon request:

Document	Date	Revision
New Project request (including appendices)		4
Authority's Construction Requirements (ACR)	12.08.21	1

Table 27 - Project Brief

The brief for the design process is that the proposal must conform to all statutory requirements. In addition, the design proposals must meet all relevant Healthcare Guidance as published by HFS on their website.

The PSCP is required to schedule all relevant healthcare guidance and identify any associated derogations against that guidance. This process is ongoing in parallel with the development of the design and will be concluded and presented during the FBC stage of the project.

In respect to governance, the Project Team will be charged with reviewing and agreeing proposed derogations. Thereafter the Project Board have assumed responsibility for sanctioning any proposed derogations. This will be an iterative process culminating in formal acceptance of derogations in advance of contract execution. The Project Team will liaise with Health Facilities Scotland for support and guidance where necessary when contemplating derogations.

4.4.3 Current Design Status

The design has been completed to RIBA Stage 2 which aligns with OBC and NDAP requirements. The table referenced below provides an overview of how the project is performing against predefined OBC requirements.

OBC Design Requirements	Project Status
Concept Design incl. Arch, M&E, C&S, Fire, Landscape	Complete
Outline drawings (≥1:200, key ≥1: 50) & specifications	Complete
Outline sustainability strategy	BREEAM Pre-assessment completed
Outline construction strategy incl. HAI, CDM H&S Plan	Ongoing and will be continued into FBC
3D sketches of key Design Statement spaces	Complete
Completed Design Statement OBC self-assessment	Complete – assessed through AEDET workshop
Completed AEDET OBC self-assessment	Complete
Photographs of site showing broader context	Complete
Evidence of Local Authority Planning consultation and/or alignment with Local Development Plan.	Pre-planning engagement has been sought from Fife Council via a formal application and fee. Consultation and feedback will be received early within the FBC period.

OBC Design Requirements	Project Status
Extract of draft OBC detailing benefits & risks analysis	Provided within this OBC.
Evidence of HAI & CDM consultation	HAI SCRIBE Stage 1 has been completed
Evidence Sustainability commitments will be met. e.g. accurate & NCM models (DSM). BREEAM, .CAB files and BRUKL; show how design will be optimised	Design development ongoing but briefing requirements set out in NPR and ACR
Evidence Equality & access commitments will be met	EQIA Stage 1 complete
Evidence of VfM e.g. WLC on key design options	Ongoing process through design workshops
Evidence Activity Data Base (ADB) use optimised	Will be used at FBC. Standard HFS repeatable layouts will be utilised where appropriate
Evidence NHS guidance & technical standards will be met; list any derogations, with their technical reasons	Ongoing – to be evidenced and concluded within the FBC stage
OBC design report evidencing all above & IA brief met ≥1:500, ≥1:200, key ≥1: 50; diagrams, sections plans, 3Ds, specs, comfort & energy DSMs, to RIBA Stage 2 Concept plus key elements developed to Stage 3	Complete – NDAP submission made on 23 December 2021

Table 28 - Design Status

4.4.4 Schedule of Accommodation (SoA) Development

A SoA was developed at the IA stage of the project. Whilst the schedule was tested with stakeholders at this stage to inform budgetary costings it was very much a working draft. The status of the SoA was offset by the optimism bias allocation factored into the Financial Case at IA.

The SoA was developed further at commencement of the OBC stage following a detailed review of health services to be accommodated within the building. When the IA was first developed, the GMS contract was in its infancy. Changes to the SoA largely relate to emerging requirements from the GMS contract.

The table below compares the IA SoA to the OBC “as drawn” outturn. As it can be seen there is an increase of 180m^2 overall.

IA SoA (m^2)	OBC "as drawn" (m^2)	FBC "as drawn" (m^2)	Difference (m^2)
833	1,013		180

Table 29 - Area (m^2) Summary

4.4.5 Flexible Space

Given the order of investment, it is important that use of the asset is maximised with rooms being utilised to their full potential. It is also important for the asset to be used successfully at the outset whilst being capable of withstanding future change with minimal disruption and cost. For these reasons the following themes and workstreams are being progressed.

- HFS standardised rooms are being incorporated wherever practicable
- The building configuration is being designed to withstand future changes in GP practice arrangements – i.e. consolidation of GP practices
- A bookable room system is being developed to support transient services
- The building layout and landscape is being designed to afford and promote "out of hours" use for health and wellbeing initiatives and community use
- An agile working policy is being developed to support agile workstations within open plan office areas
- The building design is being considerate to possible constraints caused by pandemics and how the building may cope with these temporary situations

4.4.6 Community Engagement

In December 2020 a community engagement exercise was undertaken to reach out to the local community to establish what was important for them within their new health and wellbeing centre over and beyond core requirements. Aspects relating to the physical building are listed below together with detail on how these themes will be taken forward and where applicable incorporated into the design. Feedback in respect to the community engagement exercise has been undertaken with the community separately.

Theme	Project Action
Flexible spaces to allow the provision of services and for community use out of hours	Carried forward into design proposals
Near-me booths to support accessibility and digital poverty	Being carried forward into design proposals
Community gym	No space allowance for an internal gym currently. External space is being incorporated for community use which could include provision for gym related equipment. Space allocation only at OBC.

Theme	Project Action
Needle exchange	Being considered within design proposals
Community garden	External space is being incorporated for community use which may include provision for a community garden. Space allocation only at OBC
Accessibility - space for external mobility scooter parking plus space for wheelchair and pram storage/parking internally	Being carried forward into design proposals
Covered external area	Being considered and where possible incorporated, but needs to be balanced with anti-social behaviour which covered areas can often attract
Community café	It is considered that the health centre is too small to benefit from a community café. This amenity is already provided locally
Community fridge	This amenity could/is be provided by the local community centre

Table 30 - Engagement Feedback

4.4.7 NHSScotland Design Assessment Process (NDAP)

The purpose of NDAP is to promote design quality and service. It does this by mapping design standards to the key investment deliverables, including Scottish Government objectives and expectations for public investment, then demonstrating their delivery via self, and independent assessments. NDAP is made up of personnel from Health Facilities Scotland (HFS) and Architecture Design Scotland (A&DS).

During the IA Stage, A&DS helped to facilitate a Design Statement workshop. This document forms part of the Project Brief, setting out design objectives for the Project Team. The project's design statement is located at Appendix B.

At commencement of OBC shortly after hubCo appointment, the Project Team met with HFS to discuss the project, principles and expectations. This helped to provide a framework for development of the design during the OBC Stage.

The OBC NDAP submission was issued on 23 December 2021. The review process is ongoing at the time of concluding this OBC for governance approvals, although it is anticipated that the NDAP report will be available in advance of the project being considered by the Scottish Capital Investment Group.

4.4.8 NHS Assure

NHS Assure is a technical key stage review process set up and administered by NHS NSS. Their remit is to provide knowledge and expertise through the lifecycle of projects to provide confidence within the public sector that projects are being procured, designed and delivered in a compliant manner ensuring operational safety for building users.

NHS Fife submitted their OBC key stage review pack to NHS Assure on 23 December 2021.The review process is ongoing at the time of concluding this OBC for governance approvals, although it is anticipated that the NDAP report will be available in advance of the project being considered by the Scottish Capital Investment Group.

4.4.9 Achieving Excellence Design Evaluation Toolkit (AEDET)

In accordance with SCIM guidance and the investment objectives, AEDET will be used throughout the development of the Project to help NHS Fife manage the design from initial proposals through to detailed design and will continue to do so through to Project Evaluation.

The AEDET toolkit has three key dimensions (functionality, build quality and impact) and outlines 10 assessment criteria. Each of the 10 areas is assessed using a series of questions which are scored on a scale of 1 - 6.

AEDET assessments are to be undertaken at predefined stages throughout the project's lifecycle. The stages are outlined in the table below together project progress against these to date.

Stage	Project Progress
Benchmark – assessment of current asset(s)	Completed at IA
Target – aspiration for project	Completed at IA
OBC – assessment of design proposals	Complete
FBC – assessment of design proposals	To be completed at FBC

Table 31 - AEDET Progress

On 8 September 2021, an AEDET workshop was held to review the OBC stage design against the agreed target scores. This workshop involved a wide range of participants including staff, service users and hubCo. The OBC AEDET scores are included in the table below together with the benchmark and target scores. Whilst some of the scores are lower than the target, this is mostly connected to the maturity of the design and it is envisaged the scoring will be improved further during the FBC AEDET workshop.

Category	Benchmark	Target	OBC	FBC
Use	1.0	4.3	4.1	
Access	1.1	4.4	3.1	
Space	2.0	4.2	3.7	
Performance	1.3	4.4	2.7	
Engineering	1.4	3.4	3.4	
Construction	0.0	4.0	0.0	
Character & Innovation	1.3	4.4	3.9	
Form & Materials	2.1	4.4	3.6	
Staff & Patient Environment	1.3	4.5	4.3	
Urban & Social Integration	2.6	4.3	3.6	

Table 32 - AEDET Scores

4.4.10 **BREEAM**

Projects requiring capital investment through the Scottish Government are required to demonstrate sustainable credentials to contribute towards the development of a sustainable NHS estate.

The project has been assessed using BREEAM UK New Construction 2018, sub-group healthcare. A target score of 45% was set at the briefing stage which equates to a BREEAM “good” rating. The project is currently targeting credits equating to 52.21% which is beyond the briefing target.

Note: the project commenced in advance of new sustainability guide being mandated / published so proceeded on the basis of mandated guidance at that point in time

4.4.11 **Energy**

Following a meeting with HFS, project specific energy targets were agreed. The energy targets took cognisance of project budgetary constraints set at IA (pre zero carbon policy) whilst still aiming to ensure that the facility will be very energy efficient. The following criteria was agreed:

- >59% emissions reduction against 2015 benchmarking to be sought
- Electricity target not more than 60 kWh/m^2 pa; and max demand not to exceed 20 Watts/m^2
- Thermal target not more than 120 kWh/m^2 pa

The criteria will be achieved through the development of the design.

4.4.12 Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE)

HAI SCRIBE is a risk management process aiding the identification and mitigation of design and construction related infection risks within the built environment. There are four stages within the process – these are identified in the table below together with project progress against these stages to date.

Stage	Project Progress
Stage 1 – Site Selection	Complete
Stage 2 – Design	To be completed at FBC stage.
Stage 3 – Construction	To be completed at FBC stage.
Stage 4 – Occupation	To be completed post completion.

Table 33 - HAI SCRIBE Summary

4.4.13 Building Information Modelling (BIM)

BIM describes the process of designing and constructing a building collaboratively using one coherent system of digital models and linked non graphical data, as opposed to separate sets of drawings and documents. These models and data also incorporate information which will be carried over and used in the operational phase.

NHSScotland is supporting the adoption of Level 2 BIM maturity following the SG mandate in support of the recommendations of the “Review of Scottish Public Sector Procurement in Construction” which endorsed that “BIM will be introduced in central government with a view to encouraging adoption across the public sector. The objective states that, where appropriate, projects across the public sector adopt BIM level 2 by April 2017.”

The NHSScotland BIM strategy is intended to ensure the creation of a digitised information management process which all Boards and teams working on NHSScotland programmes should follow to maintain consistency and facilitate collaborative working, which will in turn reduce waste and non-conformances.

The Project will use BIM as a key design tool during the design and construction phases of the project helping to facilitate coordination and mitigate risks. Another benefit of BIM is that NHS Fife will have true “as built” records along with the project specific asset tagging that will assist with the operation, maintenance and replacement of components.

An NHS Fife Employers Information Requirements (EIR) has been developed and offered hubCo as part of the Project Brief. The EIR in turn has helped to inform the BIM Execution Plan (BEP) which has been developed by the hubCo. These two documents control how BIM will be utilised on the project.

4.4.14 E-health

Consultation has been ongoing with eHealth during the OBC phase of the project. Initial efforts have focussed on ensuring the IT infrastructure meets e-health’s standard requirements. E-health systems will be provided in line the department’s wider strategy for GP premises. E-health suggestions flowing from the stakeholder consultation are as follows

and these will be considered by the project team in further detail at the next stage of the process (**subject to separate funding and business cases where appropriate**).

- A patient appointment system
- A consultant room with near me facilities
- A GP text messaging system
- A self check-in facility
- Subject to security considerations, public access to IT equipment to combat digital poverty
- A room booking system

4.5 Risk Allocation

4.5.1 Key Principles

At conclusion of the FBC NHS Fife will enter a contract with hubCo to deliver the facility. The contract will be based on the Hub standard form Project Agreement (Design Build Direct Agreement) and will be subject to amendment through agreement between Legal Advisers.

Having worked through the pre-construction stage and mitigated the construction risks through surveys and investigations most of the residual construction risk is taken by hubCo.

The risk allocation table below is driven by the Design Build and Direct procurement methodology described above. Note: the percentage allocations are indicative of a project of this nature.

	Allocation of risk		
Risk Category	**Public**	**Private**	**Notes**
Title	100%	0%	
Design	0%	100%	
Development and Construction	5%	95%	√
Ground conditions below existing structures that could not be surveyed	100%	0%	There are no existing buildings on the proposed site.
Transition and implementation	100%	0%	Commissioning and migration Board responsibility
Operation of the facility	100%	0%	
Revenue	100%	0%	
Termination of Project	40%	60%	

	Allocation of risk		
Risk Category	**Public**	**Private**	**Notes**
Technology and obsolescence	100%	0%	√
Financing	100%	0%	Capital funding
Legislative	100%	0%	

Table 34 - Risk Allocation Summary

4.5.2 Key Risks

The key risks/issues currently encountered on the project are outlined in the table below. The risk register can be located at Appendix G.

Risk/issue	Mitigation
Brief inadequate/unreliable This issue relates to developments around the GMS contract and effect this has had on the area requirements for the building.	The required area increase from IA to OBC has been factored into the current design and corresponding cost plan.
Stop/start nature of the programme – keep people engaged through these periods.	Updates are being provided to community groups via newsletters and the public via press releases. NHS Fife's communication team are supporting this effort.
Project cost increases due to: ▪ Change in requirements ▪ Inflation / market conditions	This is a current issue where the cost increases have rose beyond the IA budget projection. Refer to Financial Case for further substantiation.
Programme delay The OBC programme has been affected because of COVID which has impacted resources, engagement activity and costs.	Potential to commence FBC activity in parallel with the OBC governance approval process. The project now has a full complement of resources to help drive the project forward.
Change of policy – NHS Assure Key Stage reviews Programme delays / cost increases arising	Key stage review process was implemented half-way through OBC and is required to achieve capital funding. Risk had to be accepted, but impact can be mitigated through collaboration.

Risk/issue	Mitigation
Change of policy – SHTN 02-01 Sustainable Design and Construction Guide (SDaC) Programme delays / cost increases arising	Informed by HFS at OBC NDAP review that new guidance must be followed at FBC. Guidance is untested to impact is difficult to quantify. As such this risk has not currently been factored into OBC cost estimates.

Table 35 - Key Risk Summary

4.6 Payment Structure

During the pre-construction stage hubCo are paid on a monthly lump sum basis in line with an agreed drawdown schedule. At construction the Board will be obliged to pay hubCo a lump sum one-off Development Fee for their services. Thereafter applications for payment will be processed and settled monthly in accordance with the form of contract.

Directly appointed consultants will be paid on a monthly basis in accordance with their agreed NEC4 Option A activity schedules.

4.6.1 Project Bank Account

The Project will operate a Project Bank Account (PBA), consistent with Scottish Government Guidance for public sector construction projects. A Project Bank Account is a ring-fenced bank account from which prompt payments are made directly and simultaneously to hubCo, the lead contractor and members of the supply chain. PBA's improve subcontractors' cashflow and ring-fence it from upstream insolvency.

The PBA will become operational during the construction stage of the project. The documentation and contractual arrangements associated with setting up the PBA will be developed during the FBC stage. Recent board experience in setting up a project bank account for a separate capital project will be beneficial for this project.

4.6.2 Risk Contingency Management

A project risk register was created at IA and this has since been developed further during OBC. It is used as an active management tool to identify and mitigate risks progressively as the design is developed. The risks have been fairly allocated to the party best able to manage them.

The risk register will continue to be used through FBC and the construction stage to enable risks to be identified and managed. From a commercial perspective hubCo risk is capped at 1% prior to entering the construction stage. Variations are managed in accordance with the terms of the contract. Although the opportunity for risk and variations is restricted during the construction stage, it is prudent for the NHS Fife to retain a reasonable contingency provision to cover this risk. The contingency provision will be developed and informed by the risk register during FBC but is likely to be in the order of 3-5%.

4.6.3 Contract Variations

Variations will be managed in accordance with the terms of the contract. The contract will be based on the standard SFT DBDA template with agreed amendments.

4.6.4 Disputed Payments

Disputed payments will be managed in accordance with the terms of the contract. The contract will be based on the standard SFT DBDA template with agreed amendments.

4.6.5 Inflation

Inflation will be taken account of when developing the price using the BCIS indices. HubCo and NHS Fife's Lead Advisor will ensure that the correct indices are utilised to identify the correct inflation to be applied to the project. Any deviation to the agreed inflation allowance rest with hubCo as an opportunity/risk.

4.6.6 Utilities and Service Connection Charges

Responsibility for utility and service connections charges will be identified and confirmed at Stage 2 (FBC).

4.6.7 Performance Incentives

No performance incentives will be utilised.

4.7 Contractual Arrangements

4.7.1 Type of Contract

The contract will be based on the standard SFT DBDA template with agreed amendments.

4.7.2 Key Contractual Issues

No key contractual issues have been identified at this stage, however should any arise through development and completion of the contract documentation, then these will be presented within the FBC.

4.7.3 Dispute Resolution and Termination

Procedures for contract administration, dispute resolution and termination are clearly set out within the proposed contract form.

4.7.4 Asset Ownership

In respect to asset ownership, the project is being procured using traditional capital funding. hubCo will be responsible for delivering the facilities. At Completion, NHS Fife will take possession of the building and will be responsible for the ongoing operation and maintenance of the facilities.

4.7.5 Land Ownership

The land is likely to be leased on a long-terms basis (100 years) from Fife Council. This is a similar arrangement to many of Fife's existing health centres and comparably demonstrates far greater value for money than purchasing the land outright. Initial discussions have already taken place with Fife Council and these will be advanced during the FBC stage of the project.

4.7.6 Personnel Implications

There are no employees who are wholly or substantially employed on services that will be transferred to the private sector under the proposals for this Project, and therefore the Transfer of Undertakings (Protection of Employment) Regulations 1981[17] (TUPE) will not apply.

[17] https://www.legislation.gov.uk/uksi/2006/246/contents/made

5 Financial Case

5.1 Introduction

The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on NHS Fife's and the FHSCP's finances. The affordability model assessment has been developed to cover all aspects of projected costs including estimates for:

- Capital costs for the option considered (including construction and equipment)
- Non-recurring revenue costs associated with the project
- Recurring revenue costs (pay and non-pay) for current model i.e. baseline
- Recurring revenue costs (pay and non-pay) for the preferred option

For clarity it should be noted that NHS Fife will take ownership and financial responsibility for all property related costs (capital and revenue). The FHSCP will be financial responsible for all service-related costs – i.e. costs to provide the required clinical services.

5.2 Revisiting the Financial Case

The IA was approved by Scottish Government Health and Social Care Department (SGHSCD) in November 2019 and no specific conditions were outlined in the approval letter in relation to the Financial Case.

NHS Fife have considered the affordability of this proposal by undertaking a review of the financial implications of investment, both capital and revenue.

5.3 Financial Model (costs and associated funding for the project)

5.3.1 Capital Costs

5.3.1.1 Capital Cost Summary

Capital costs have been produced by East Central hubCo and have been summarised in Table 36 below.

Description	IA Costs	OBC Costs	Difference
Design Fees	£322,666	£473,265	£150,599
Construction Price	£2,370,203	£4,400,070	£2,029,867
Surveys/Investigations	£20,000	£50,000	£30,000
Statutory Fees	£20,000	£75,000	£55,000
Contingency	£151,739	£212,970	£61,231
Inflation	£68,073	£119,574	£51,501
Optimism Bias	£708,643	£703,676	-£4,967
Client Consultants	£136,888	£139,788	£2,900
Equipment	£82,209	£266,544	£184,335
Decant	£14,643	£14,643	£0
BIM Fees	£0	£0	£0
E-health	£8,563	£0	-£8,563
Direct Labour Costs	£0	£98,848	£98,848

Description	IA Costs	OBC Costs	Difference
Total ex. VAT	**£3,903,627**	**£6,554,380**	**£2,650,753**
VAT	**£753,348**	**£1,263,149**	**£509,801**
Total	**£4,656,975**	**£7,817,528**	**£3,160,553**

Table 36 - Capital Costs

The total updated cost of the preferred option, which is to develop Kincardine Health Centre for NHS Fife is £7,817,528.

It is important to recognise that whilst the capital cost has increased since Initial Agreement, the other feasible options presented within the Economic Case would have increased in the same way given that the underlying factors driving cost would have been the same. This means that the preferred option, despite being subject to significant cost increase, remains the preferred option in respect to benefit realisation and cost.

5.3.1.2 Capital Cost Key Movements

Table 37 below provides a summary of key project cost adjustments. The adjustments are described further beneath the table from a budgetary perspective.

Description	IA Cost	OBC Cost	Difference	Notes
Hubco	£2,884,607	£5,211,306	£2,326,699	Area increase: 180m^2 Inflation: extraordinary conditions Site & design abnormals
Inflation	£68,073	£119,574	£51,501	Based on BCIS indices to construction
Optimism bias	£708,643	£703,676	-£4,967	Updated for OBC based on project maturity at this stage (13%)
Consultants	£136,888	£139,788	£2,900	Contract now awarded – firm cost
Decant	£14,643	£14,643	-	
Equipment	£82,209	£266,544	£184,335	Equipment allowance too low at IA – increased in consultation with HFS (5%)
E-health	£8,563	-	-£8,563	Included in equipment line
Direct costs	-	£98,848	£98,848	None allowed for at IA
Total ex. VAT	**£3,888,983**	**£6,539,736**	**£2,650,753**	
VAT	**£753,348**	**£1,263,149**	**£509,801**	
Total	**£4,656,975**	**£7,817,529**	**£3,160,555**	

Table 37 - Key Capital Cost Movements

In respect to the OBC cost plan, there is a difference amounting to £3,160,553 when compared to the agreed IA allocation (£4,656,975). This difference is primary attributed to the construction costs where increases have been realised through:

- Building area increase to take account of service and GMS contract evolving requirements – accounts for circa 35% of the construction cost increase
- Inflation and extraordinary market conditions considered to driven by the COVID-19 pandemic and the resulting global effect on supply chains – accounts for circa 20% of the construction cost increase
- Site and design abnormals: this relates to specific site conditions, more onerous energy requirements and creating a building that satisfies the conditions of the brief and design statement – accounts for circa 45% of the construction cost increase

It should be noted and acknowledged that the construction costs figures provided make allowance for realistic value engineering targets/savings within the FBC stage of the project – without this, the construction cost element and associated overall OBC budget cost estimate would have been higher.

Whilst our Lead Advisors have yet to formally report on hubCo's Stage 1 (OBC) report, they have been working hand in hand with hubCo and their Tier 1 contractor in recent weeks to agree the OBC costs. They concur with hubCo that given the current nature of the market and evolving more onerous briefing requirements the costs represent value for money.

The other costs movements are either percentage mark-ups based on the increased construction cost or adjusted/new provisions (equipment and direct costs) to take the opportunity to make the overall budget more deliverable and realistic.

In the OBC cost plan the inflation assumptions have been rebased to ensure they are as current as possible, and inflation relating to the period between IA and OBC is now historical, and therefore now included in the current construction costs. There is a forecast inflation allowance built in from the period January 2022 to construction. Inflationary forecasting is difficult during these current times so there is an inherent risk in respect to project inflation – that said, whilst inflation increases are still forecast from 2022 to 2023, consultancy Cost Advisors generally believe that there should be some stabilisation given the significant movement in 2021.

5.3.1.3 Capital Clarification and Assumptions

The OBC capital cost estimate noted under Section 5.3.1.1 should be read with reference to the following assumptions.

Description	Note
Professional Fees	Professional services contract for Lead Advisor has been awarded
Equipment	Estimated 5% cost based on HFS advice. Transferable equipment will be moved to the new unit. Equipment budget only allows for items of equipment to be identified on the room layouts (conventional arrangement) and does not take account of any specialist equipment to be provided by the GP's or others

Contingency	Optimism bias at OBC stage has been calculated using a standard build template
Inflation	Based on Qtr 1 2022 Indices to construction
VAT	VAT has been applied where applicable. No VAT recovery estimates have been built into the cost plan for construction – this will to be confirmed with VAT Advisors and HMRC after contract is awarded
E-health	The project will cover the cost of e-health infrastructure within the building and key items of equipment as referenced on the room layouts. The budget does not allow for capital/revenue funded e-health projects.
Enhancements	Landscaping treatments around the health centre are currently quite standard. Any community garden, community gym or enhanced scheme is likely to require additional financial support.
Peppercorn Lease	The lease for the land is currently in discussion with Fife Council with the likely outcome that it will be considered a peppercorn rent. This will have an impact on leased depreciation figures under IFRS16 for right of use assets.

Table 38 - Capital Assumptions

5.3.2 Revenue Costs

5.3.2.1 Revenue Cost Summary

In order to confirm the revenue implications of the project the baseline costs (do nothing/minimum option) have been thoroughly reviewed and then compared to the projected costs of the preferred option to assess the financial implications. A summary of the revenue costs is provided in the table below.

Description	Baseline	Preferred Option	Difference
Property pays (NHSF)	£12,605	£33,474	£20,869
Property non-pays (NHSF)	£16,612	£76,550	£59,938
Property non-pays – GP offset (NHSF)	-£16,584	-£27,142	-£10,558
Net Increase (NHSF)	**£12,633**	**£82,882**	**£70,249**
Service model (FHSCP)		£31,500	-

Table 39 - Revenue Cost Summary

NHS Fife Revenue Costs

The OBC identifies overall net recurring revenue impact of £0.07m (excluding depreciation) for the preferred option against the baseline costs. Total revenue costs have been adjusted to reflect the GP rechargeable revenue costs associated with the health centre.

There are staff costs associated with this development - staffing, non-pay and consumable costs will continue to be reviewed as the FBC develops.

FHSCP Revenue Costs

The table below provides a breakdown of the FHSCP's anticipated revenue costs at OBC. The service model will evolve once decisions are received from Scottish Government on what the full implementation of MOU1/2 for urgent care and what MDT means for Fife.

All these costs will have a nil impact on the revenue outturn position as funding sources have been identified.

Staff group	WTE	Cost	Funding Source	Additional Information
Band 7 (Primary Care Pharmacist	0.50	£31,500	Funded through Primary Care Investment Fund	Per OBC
Total	**0.50**	**£31,500**		

Table 40 – FHSCP Service Model Costs

5.3.2.2 Property non-pays breakdown

A breakdown of the property non-pays is provided in the table below for information.

Property Cost	Baseline	Preferred Option	Increase
Equipment	£40	£2,172	£2,132
Heating Fuel & Power	£5,385	£29,016	£23,631
Property Maintenance	£1,131	£5,175	£4,044
Property Rates	£5,439	£28,140	£22,700
Water Charges	£711	£3,065	£2,354
Bedding & Linen	£128	£550	£422
Cleaning	£21	£647	£626
General Services	£135	£1,556	£1,421
Surgical sundries	£77	£332	£255
GP Clinical Waste	£3,545	£5,897	£2,352
Net Cost Increase	**£16,612**	**£76,550**	**£59,938**

Table 41 - Property Non-pays Breakdown

5.3.2.3 Depreciation

An outline of the changes in both running costs and depreciation is summarised below:

Depreciation	Life	Value £000's	Proposed Dprchg £000's	Baseline Dprchg £000's	Net Increase Dprchg £000's
Buildings	60	£7,497,676	£124,961	£9,111	£115,851
Equipment	10	£319,853	£31,985	£0	£31,985
Total		**£7,817,529**	**£156,947**	**£9,111**	**£147,836**

Table 42 - Depreciation

The depreciation for the preferred option is £0.157m based on an asset building life of 60yrs and 10yrs for equipment on an overall capital cost of £7.818m. The overall increase in depreciation is £0.148m based on 21/22 full depreciation charges - which will be met from the current ring-fenced NHS Fife non-core depreciation budget. The buildings depreciation charge is pre any Valuation Office valuation being done after completion – there is an expectation that any non-value works will reduce the value held in the balance sheet once the valuation is carried out and therefore reduce the depreciation charge going forward.

5.3.2.4 Revenue Clarification and Assumptions

A number of assumptions have been made at the OBC stage which will be further evaluated and revised throughout the development of the FBC. These assumptions are as detailed in the table below.

Description	Note
Costs	Costs are calculated using 2020/21 prices and using 2020/21 budgetary information.
Pays (NHSF)	The support costs for the existing Kincardine Health Centre have been calculated as the baseline and then used as a benchmark against which any changes are considered. Estimated costs for the preferred option reflect forecast demand from 2024/25. Calculations include allowances for on-costs, enhancements, sick leave, public holidays and annual leave. Workforce increases are based on increased health centre sqm increase.
Non-Pay (NHSF)	Non-pay costs assumed to increase in line with increased health centre sqm.
Depreciation	Building – 60 years and equipment 10yrs.

Table 43 - Revenue Assumptions

5.4 Accounting Treatment

The traditional funding route for the project will impact on NHS Fife's Balance Sheet - both the capital cost of the development and the associated capital equipment will be added as non-current assets to the balance sheet and depreciated over the life of the assets in line with accounting policies.

5.5 Financial Situation and Statement of Affordability

NHS Fife confirm that this project remains affordable in both revenue and capital terms. The capital costs of the investment will be met through a capital contribution from the Scottish Government Health and Social Care Division capital budget.

Additional recurring revenue costs for Kincardine Health Centre will be incorporated into NHS Fife's Annual Operational Plan for future years.

FHSCP funding in respect to their service model is ongoing and will be articulated within the FBC stage.

5.6 Stakeholder Support

As the project will be delivered by NHS Fife for Fife, written agreement of Stakeholder support from other NHS Scotland / public sector organisations is not required in this instance.

5.7 Resources

The project is fully resourced from both NHS Fife and the FHSCP's perspective. Any associated costs have been built into the updated OBC budget. Further clarity on resourcing and project structure can be found at Section 6.3.

5.8 Capital and Revenue Constraints

NHS Fife's capital funding commitments mean that the project cannot exceed the available budget. Any additional revenue costs will be met within NHS Fife's overall revenue resource envelope.

Similarly, for the FHSCP, revenue implications will be funded from existing budgets.

5.9 Financial Contributions

Other than capital funding from the Scottish Government, there will be no financial contributions from external partners in respect to this project.

6 Management Case

6.1 Introduction

The main purpose of the Management Case is to demonstrate that NHS Fife is ready and capable of delivering the project successfully.

6.2 Revisiting the Management Case

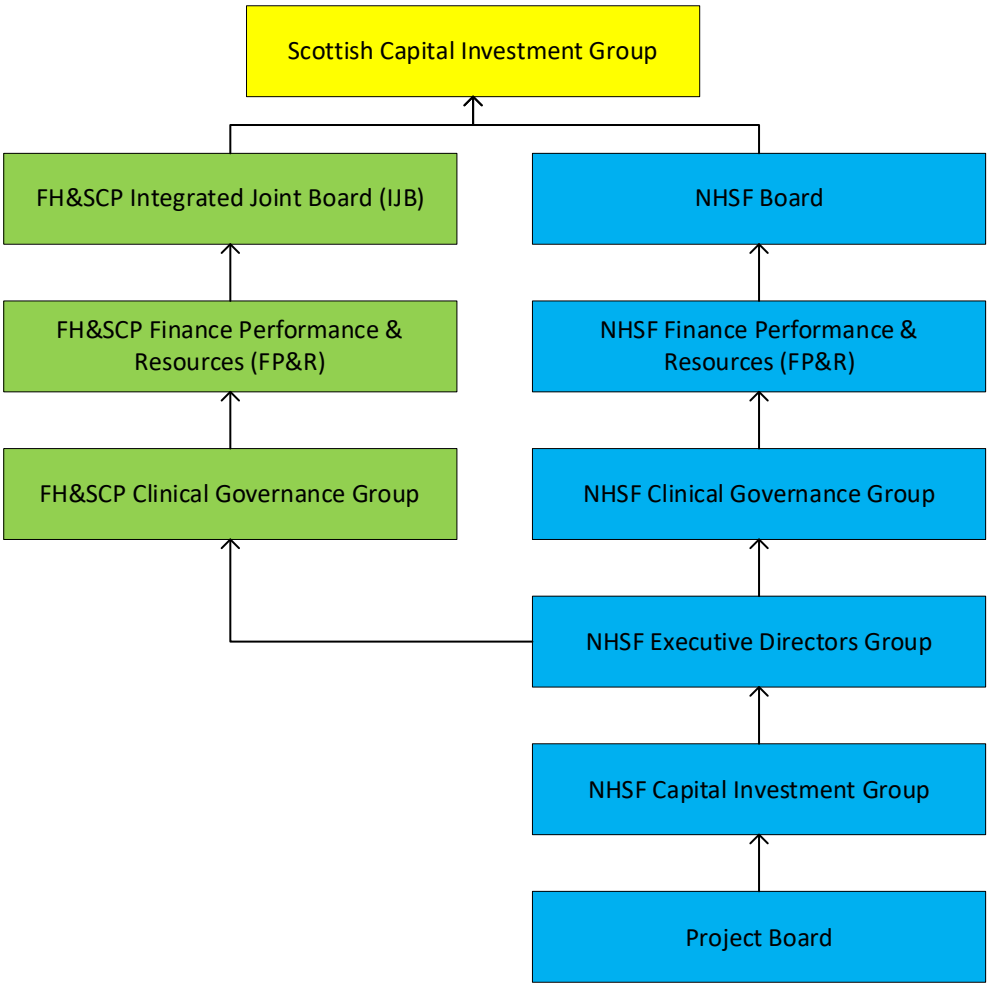
The management case has generally been updated and expanded since OBC in accordance with SCIM FBC guidance. The main sections remain the same and text has been updated where appropriate to reflect the current status of the project.

6.3 Reporting Structure and Governance Arrangements

To deliver the project successfully, good governance is required to monitor and direct it. An understanding of the structure and mechanisms for escalation and reporting is set out on the organograms below.

6.3.1 Governance

The strategic and business case governance controlling the project is set out below.



6.3.2 Project Structure

The project structure taking account of the Project Board, FHSCP and Capital Planning functions is set out below. NHS Fife are responsible to delivering the facilities whilst FHSCP are responsible for delivery of the services from the facilities.

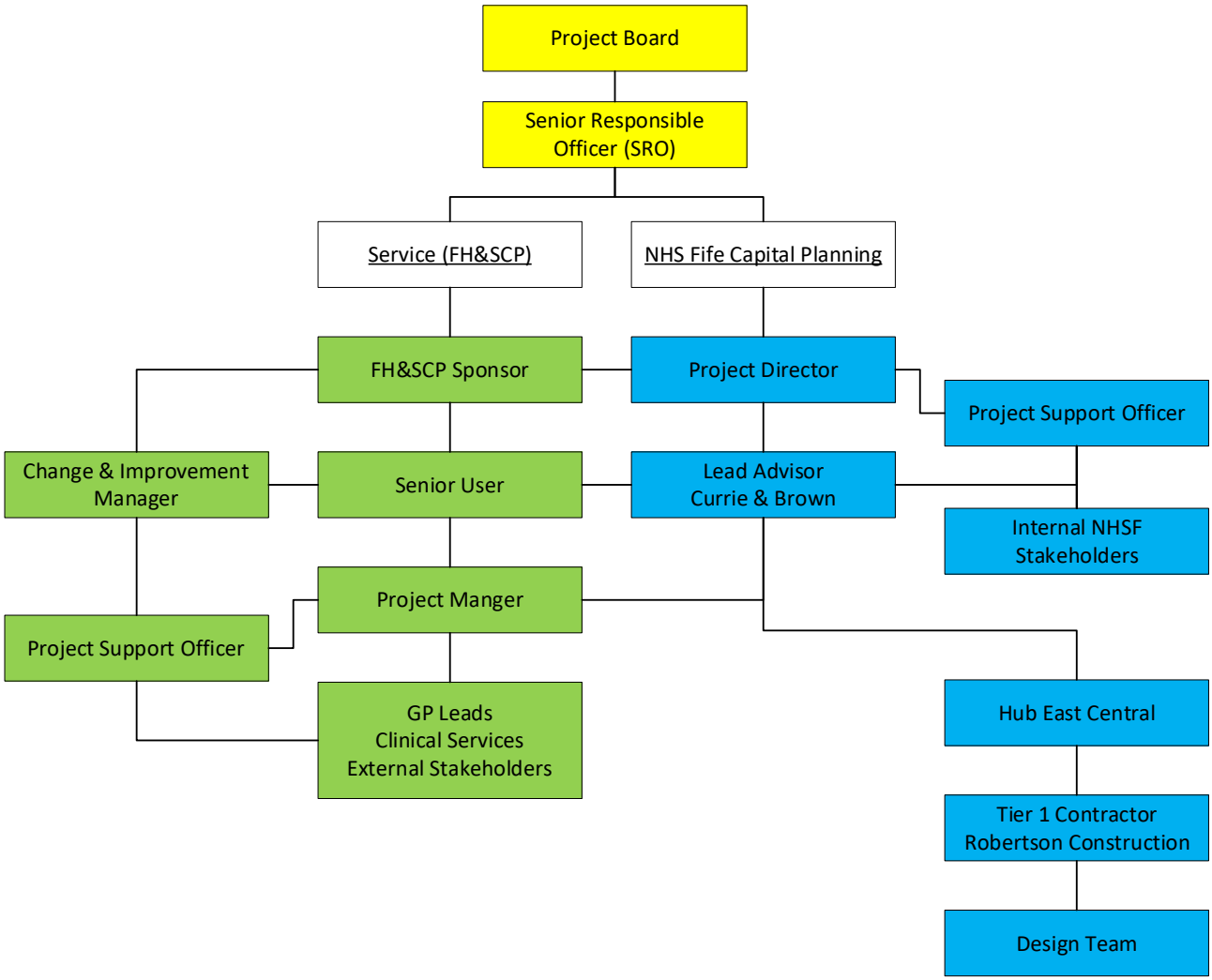


Figure 5 - Project Organisation

6.4 Project Board

A Project Board has been established to oversee the project. The Project Board was set up at commencement of the OBC and Terms of Reference have been agreed. The Project Board meets monthly where they receive a regular project update report from the FHSCP Sponsor and the Capital Planning Project Director. Necessary matters are escalated as required whilst the Project Board offers direction to the Project Team.

Project Board membership and experience is outlined in the table below:

Name/Role	Experience
Joy Tomlinson Director of Public Health Project role: Senior Responsible Officer (SRO) with overall responsibility and accountability for the project	Joy joined NHS Fife in May 2021, having worked within the NHS for 27 years. She has a clinical background, having trained in General Practice prior to working in Public Health. Prior to joining NHS Fife, she was joint Interim Director of Public Health in Ayrshire & Arran and has experience of departmental budgetary management with the additional complexities of rapid workforce and service development during the pandemic. She chairs the national 'place and wellbeing collaborative' which has developed Place & Wellbeing principles to support the refreshed National Planning Framework (NPF4).

Name/Role	Experience
Neil McCormick Director of Property and Asset Management Project role: responsible for contributing towards general governance.	Neil joins NHS Fife with over 30 years' experience of working at a senior level across the public and private sector. Neil's previous role was with Robertson Capital Projects, where he was Managing Director with specific responsibility for delivering infrastructure projects and joint ventures with the public sector including NHS Frameworks. Prior to this, Neil was Director of Strategic Projects & Property at NHS Forth Valley and Project Director for the £300m Forth Valley Royal Hospital.
Margo McGurk Director of Finance Project role: responsible for contributing towards general governance.	Margo joined NHS Fife as Director of Finance in February 2020. She is a CCAB qualified accountant, with a broad range of experience across the public sector but particularly within the NHS in Scotland. She has significant experience of decision-making at strategic and operational levels and has a strong personal focus on developing strategy, supporting culture, delivering sound financial control and best value from the allocation of resources. Very experienced in delivering professional leadership to the finance function, she has held a number of senior roles across a number of NHS Boards. She is particularly interested in working in partnership across organisations and leading on the development and delivery of financial strategies to support delivery against agreed priorities.
Nicky Conner Director of Health and Social Care Project role: responsible for contributing towards general governance.	Nicky has been Chief Officer and Director of Health and Social Care since 2019. Nicky offers 25 years' experience covering a diversity of public service roles including nursing, acute, specialist and community roles along with professional and clinical leadership to services within Fife's communities and leading on regional and national work. In her current role Nicky leads Health and Social Care Services for all of Fife including Community Care, Complex and Critical Care and Primary and Preventative Care. Nicky champions Integration, Partnership Working to deliver high quality services for the people of Fife.
Simon Fevre Staff Side Representation Project role: responsible for contributing towards general governance.	Simon is the NHS Trade Union Co-Chair of the HSCP Local Partnership Forum. Simon was NHS Fife's Employee Director for 7 years and has worked on the Board's Staff Governance agenda for 20 years. He was a clinician working in the Nutrition and Dietetic Department as Clinical lead for Older Peoples Services.

Name/Role	Experience
Ben Johnston Head of Capital Planning Project role: Capital Planning Project Director	Ben joined NHS Fife in January 2021 with over 15 years construction consultancy experience having worked in a diverse range of sectors. Working predominantly as a Project Manager, Ben has been responsible for delivering multiple projects diligently from inception to completion. Over recent years, Ben has spent most of time operating specifically within the healthcare sector, helping to positively contribute towards creating a sustainable healthcare estate for current and future generations. Ben has helped to deliver several projects for NHS Fife including Muirview and Hollyview at Stratheden Hospital and is currently helping to deliver the Fife Elective Orthopaedic Centre Project at Victoria Hospital.
Bryan Davies Head of Primary and Preventative Care Services Project role: FHSCP Project Sponsor	Bryan has worked within health and social care for over 25 years with experience in local area co-ordination, planning, performance, change management, commissioning, mental health, addictions, learning disability and advocacy. Bryan feels very passionate about health and social care integration and is excited to be working with colleagues and stakeholders to make a positive difference for individuals, families and communities in what are currently very challenging times.
Audrey Valente FHSCP Chief Financial Officer Project role: responsible for contributing towards general governance	Audrey has more than 30 years' experience working in local government holding senior finance positions. As a local lass, raised in Kirkcaldy, she went on to study accountancy at Napier University following her high school years at Kirkcaldy High. Audrey's experiences have combined strategic and operational financial management along with significant change management.
Helen Hellewell Associate Medical Director Project role: responsible for contributing towards general governance	Helen originated from Motherwell and moved to Fife after marrying. She finished her medical training at the Victoria in Kirkcaldy and took up a GP position in a local practice in Kirkcaldy. She then joined the Markinch medical practice, and currently still works one and half days per week there. Helen has been involved with the Partnership for a number of years having been the cluster lead for Glenrothes, working on a number of initiatives including quality improvement and integrated working and was the

Name/Role	Experience
	clinical lead on a leadership programme for integration with GP Scotland.
Benjamin Hannan Deputy Director of Pharmacy & Medicines Project role: represents the Area Clinical Forum as well as contributing to towards general governance.	Benjamin is an experienced pharmacy leader, with broad professional, managerial and leadership experience. Benjamin is a Fellow of the Institute of Leadership and Management and is currently Vice-Chair of Fife's Area Clinical Forum and represents this forum on the Project Board. The Area Clinical Forum allows NHS Fife to draw on the full range of professional skills and expertise that exists in all parts of the NHS system for advice on clinical and other professional matters. Benjamin's current role of Deputy Director of Pharmacy & Medicines is integrated across Health and Social Care, and all sectors and settings of care delivery. Prior to his current role, Benjamin was a GP Federation Director, responsible for 31 GP practices in the North East of England. This broad experience of primary care and community working will enable Benjamin to provide valuable insight to this project.
Tracy Gardiner Capital Accountant Project role: Capital Planning Accountant	Tracy has worked within NHS Fife for 26 years within the capital branch of the finance department. Tracy has a wide range of knowledge and experience in the delivery of capital projects within NHS Fife.
Ruth Lonie Communications Manager Project role: responsible for project communications	Ruth joined NHS Fife as Communications Manager in 2009. She has been involved in the communications aspects of a number of similar projects within NHS Fife.
Eugene Clark Non-executive Member *Dec. 20 – Jul. 21* Project role: responsible for contributing towards general governance	Eugene has spent the last 14 years working as a self-employed consultant helping businesses and public sector organisations in the fields of internal communication and employee engagement. Eugene's community interests have included being a former member of Largo Community Council and being involved in several action groups relating to sports in the Levenmouth area, most recently having helped establish the Fifers for the Community charity. Eugene is an active member of the Fife Children's Panel. He is also currently the Chair of the Levenmouth Rail Campaign, which seeks to regenerate the local community through the restoration of the direct rail link to Edinburgh.

Name/Role	Experience
Alistair Grant Non-executive Member *From Jan. 22* Project role: responsible for contributing towards general governance	Alastair Grant is a qualified accountant with more than 30 years' experience working both in Scotland and the Middle East. Most recently Alastair worked for Sodexo Justice Services, until his recent retirement. Alastair brings to the Board proven commercial acumen, combined with good people management, team building, development, and mentoring skills.

Table 44 - Project Board Experience

6.5 Project Team

The project team sits below the Project Board and are responsible for delivering the project on a day-to-day basis. Responsibilities include:

- Facility design development
- Service change re-design
- Business case development
- Stakeholder communications and engagement
- Management of risks and issues
- Management of cost
- Construction and handover of the facilities

To discharge these responsibilities, there are a wide range of roles. These are outlined within the Project's Project Execution Plan.

6.5.1 External Advisors

Where necessary independent consultants have been procured by the Board to help with the management of the project. Consultants procured to date include:

Project Role	Organisation
Lead Advisor	Currie & Brown
▪ Project Manager	Currie & Brown
▪ Cost Advisor	Currie & Brown
▪ M&E Technical Advisor	Hulley & Kirkwood (sub-consulted)
▪ Clerk of Works	Currie & Brown + Hulley & Kirkwood
▪ Authority's Representative (contract)	Currie & Brown

Table 45 - External Advisors

6.5.2 Project Recruitment Needs

No additional recruitment needs are envisaged at this time, however this will be re-considered during the FBC phase of the project.

6.6 Project Plan and Key Milestones

The project plan and key milestones are set out in the table below.

Description / activity	Date
Full Business Case	
Commencement	February 2022
Completion	January 2023
Governance Approvals	April 2023
Construction & Handover	
Commencement	May 2023
Completion	June 2024
Operational	August 2024

Table 46 - Key Milestone Summary

6.7 Change Management Arrangements

6.7.1 Operational and Service Change Plan

The operational and service change plan proposals are outlined under Section 2.4.1.3. This work will continue through FBC and Construction in parallel with the soft landings process to ensure that the services are prepared to adopt new ways of working in advance of the facilities being made available for use. The FHSCP will ultimately assume responsibility for progressing this dependant workstream.

6.7.2 Facilities Change Plan

The new facility will be serviced by NHS Fife's in-house Facilities and Estates team in a similar way to the existing arrangements. Costs relating to the increase in area have been factored into the GP allocations. NHS Fife resource projections to maintain and upkeep the building have been taken account of in revenue projections (see the Financial Case).

6.7.3 Stakeholder Engagement and Communication Plan

A Stakeholder Engagement and Communication Plan has been developed and endorsed by the Project Board. The plan will continue to be developed and updated as the project progresses. A copy of the plan can be located at Appendix H.

In addition, an update in respect to stakeholder engagement during the OBC stage is outlined at Section 3.4.2.

6.8 Benefits Realisation

6.8.1 Benefits Register

The rationale for an investment needs to be reflected in the realisation of demonstrable benefits, as this will provide the evidence base that the proposal is worthwhile and that a successful outcome is achievable. The benefits to be achieved are discussed in the Strategic Case and have resulted in the creation of a Benefits Register and Benefit Realisation Plan for the Project. The Benefits Register is located at Appendix E.

The Benefits Register includes a range of benefits to be realised by the development. Each benefit includes a target that will be used to indicate the measure of success during the Post Project Evaluation (PPE).

Benefits are either assessed in a quantitative or qualitative manner.

For the quantitative benefits, the register indicates the baseline (current position) at the start of the project including the source. This will be compared with the same data source when the PPE is completed.

For benefits that are qualitative in nature, questionnaires will be developed, and a mix of patient and staff surveys/interviews will be undertaken to outline the baseline for these benefits. The same survey tools will be used during the PPE to examine to what degree the improvements sought were achieved.

Additionally, a Red, Amber, Green (RAG) score highlighting the relative importance of each benefit is indicated using the scale outlined below in the table below.

Scale / RAG	Relative importance
1	Fairly insignificant
2	↕
3	Moderately important
4	↕
5	Vital

Table 47 - Benefit Importance

6.8.2 Benefits Realisation Plan

A Benefits Realisation Plan has been produced to support the achievement of the benefits outlined in the Benefits Register, and it is included as Appendix F.

The benefits realisation process is a planned and systematic process consisting of four defined stages outlined below. The implementation of this plan will be reviewed regularly by the Project Board.

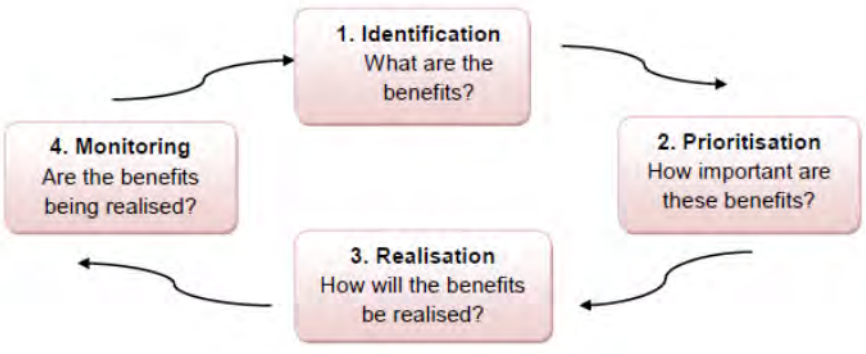


Figure 6 - Benefit Realisation Process

The Benefits Realisation Plan outlines:

- Which Investment Objective the benefit addresses
- Who will receive the benefit
- Who is responsible for delivering the benefit
- Any dependencies that could affect delivery of the benefit
- Any support needed from other agencies etc. to realise the benefit

Benefits monitoring will be ongoing over the life of the Project through the planning, procurement and implementation phases. Progress will be reported to the Project Board at regular intervals and will culminate in the Project Evaluation Report.

6.9 Risk Management

Risk management is a structured approach to identifying, assessing and controlling risks that emerge during the project lifecycle. It is a critical and continuous process throughout the planning, procurement and implementation journey of a project.

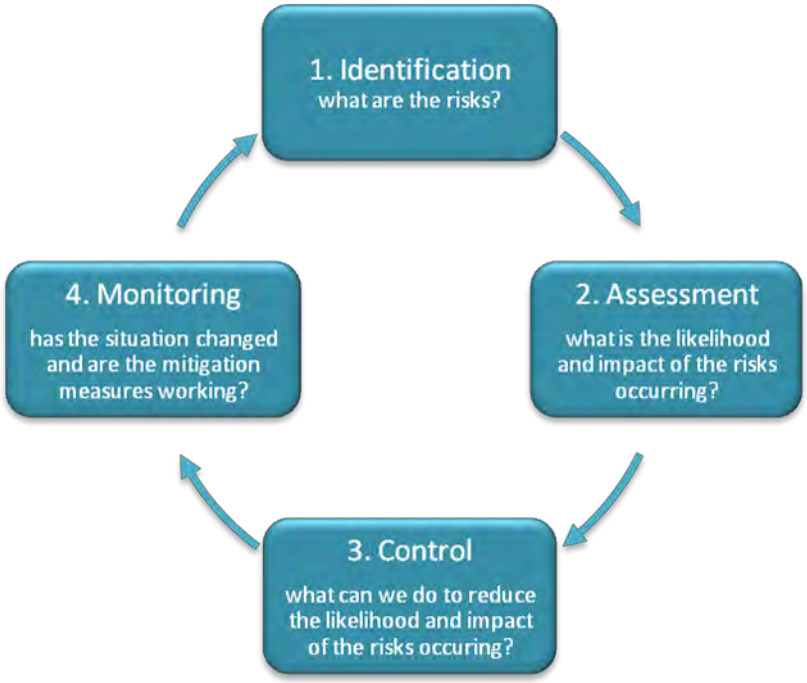


Figure 7 - Risk Management Process

6.9.1 Updated Risk Register

The Project Team have continued to develop the Risk Register provided at IA. The current FBC risk register can be located at Appendix G. The Risk Register is up to date and representative of the residual risks that may be encountered during the balance of the project. The headline items noted below, demonstrate how the risk register has been developed since IA.

- New risks have been identified and added to the register, whilst other risk have been closed
- Probability, impact and risk ratings have been updated progressively at risk workshops

- Mitigation measures have been agreed and updated
- Risk owners and managers have been allocated (a risk owner has overall responsibility for the risk, whilst a manager is responsible for helping to mitigate the risk)

The commercial arrangements associated with the Risk Register are set out within the Commercial Case.

6.9.2 Governance

The Project Board will assume overall responsibility for the risk register, however the Capital Planning Project Director will be responsible for ensuring it is maintained and updated regularly in line with the agreed project controls.

The risk register is updated and provided to the Project Board on a monthly basis as an appendix to the Capital Planning Project Manager's monthly progress report. Key risks are extracted from the risk register and highlighted within the Project Manager's monthly report for ease of reference. The Project Board provide direction to the Project Director and capital Planning Project Manager on risk matters as necessary.

6.10 Commissioning

The importance of the commissioning process cannot be underestimated, as failure to adequately consider this process is likely to cause increases to project costs and failure to deliver agreed service benefits and project outcomes. The Project Board and Capital Planning Director are fully committed to implementing a robust commissioning process, ensuring that the facilities are safe to use and operate from the outset.

The commissioning process will be treated as a distinct workstream, but fully integrated into the overall project to enable a smooth transition to the new working arrangements and realisation of the anticipated benefits. Workstreams will include Technical Commissioning and Operational Commissioning and these will be supported by BIM and Soft Landing processes.

Technical Commissioning concentrates on the readiness of the facility to support operational activity. As such the mechanical and electrical systems all need to be operating satisfactorily at handover of the facility and beyond. Operational Commissioning on the other hand is involved with getting the clinical services transferred into the facility with minimal disruption to business continuity. Given these separate requirements requiring different expertise, it is considered that there is value in assigning these roles to separate individuals with the necessary knowledge and expertise – these roles will be confirmed during the FBC stage.

The Commissioning Managers will report to the Capital Planning Project Manager on a day to day basis but will maintain lines of communication with the wider team to deliver against the agreed plans.

A Commissioning Strategy and detailed commissioning programme will be developed during the FBC stage of the project.

6.11 Post Project Evaluation

The arrangements for post implementation review and project evaluation reviews have been established in accordance with best practice. These reviews will determine whether the

anticipated benefits identified at the outset have been delivered. The project will be evaluated in stages:

Stage 1 – Procurement Process Evaluation

An evaluation of the procurement process will be undertaken following the signing of the contract to assess the effectiveness of the procurement process in meeting the project objectives. This will identify any issues and lessons to be learned that will benefit future projects. This evaluation can take place shortly after commencement of the construction phase.

Stage 2 – Monitoring Construction

During the construction period progress will be monitored to ensure delivery of the project to time, cost, and quality to identify issues and actions arising. On completion of the construction phase the actual project outputs achieved will be reviewed and assessed against requirements, to ensure these match the project's intended outputs and deliver its objectives.

Following completion, the Project Manager's and Supervisor's monthly reports will be reviewed and summarised to represent a holistic view of how the project performed during the construction period.

Stage 3 – Initial Project Evaluation of the Service Outcomes

This will be undertaken 6 to 12 months after the new facility has been commissioned. The objective is to determine the success of the commissioning phase and the transfer of services into the new facilities and what lessons may be learned from the process.

Stage 4 – Follow-up Project Evaluation

This will be undertaken 2 years into the operational phase by the Evaluation Team to assess the longer-term service outcomes and ensure that the project's objectives continue to be delivered.

The following questions will be asked at each stage:

- Have relevant project objectives been achieved?
- Has the project progressed as planned?
- If the plan was not followed, why did this occur?
- If appropriate, how should plans for future projects be amended?

The process will be led by evaluators, independent of the delivery team, who will meet with representatives of the user groups and other key stakeholders. The Project Sponsor, on behalf of the Project Board, will receive reports at each stage of the evaluation process.

Appendix A - Strategic Assessment

Appendix B – Design Statement

Appendix C – Design Pack

Appendix D – Benefits Register

Appendix E – Benefits Realisation Plan

Appendix F – Risk Register

Appendix G – Stakeholder Engagement & Communication Plan

Appendix H – The Patient Perspective

Lochgelly Health and Wellbeing Centre

Outline Business Case

20 April 2022, Rev. 5

VERSION CONTROL

Draft R.0	29.09.21	First OBC Draft
Draft R.1	03.12.21	Updated Draft
Draft R.2	17.01.22	Updated Draft – Ben Johnston
Draft R.3	16.02.22	Updated Draft to incorporate FCIG comments – Ben Johnston
Draft R.4	28.03.22	Updated Section 4.4.14 – Ben Johnston
Draft R.5	20.04.22	Updated risk Section 1.4 and 4.5.2 – Ben Johnston

Contents

Glossary of Terms

ADAPT	Alcohol and Drug Abuse Prevention & Treatment
ADB	Activity Data Base
AEDET	Achieving Excellence Design Evaluation Toolkit
A&DS	Architecture & Design Scotland
BEP	Building Information Modelling Execution Plan
BIM	Building Information Modelling
BPC	Benefit Point Cost
BREEAM	Building Research Establishment Environmental Assessment Method
BRUKL	Building Regulations UK Part L
BSL	British Sign Language
CAB	Change Advisory Board
CDM	Construction (Design and Management)
CHaWS	Community Health and Wellbeing Sub-group
CHD	Coronary Heart Disease
CLD	Community Learning & Development
COPD	Chronic Obstructive Pulmonary Disease
CTAC	Community Treatment & Care
DBDA	Design and Build Development Agreement
DSM	Dynamic Simulation Model
DSR	Domestic Services Room
DVLA	Driver and Vehicle Licensing Agency
EIR	Employers Information Requirements
FASS	Fife Alcohol Support Service
FBC	Full Business Case
FHSCP	Fife Health & Social Care Partnership
FVA	Fife Voluntary Action
GMS	General Medical Services
GP	General Practitioner
HAI	Healthcare Associated Infection
HAI SCRIBE	HAI System for Controlling Risk in the Built Environment
HFS	Health Facilities Scotland
HHG	High Health Gain

HIS	Healthcare Improvement Scotland
HR	Human Resources
HV	Health Visiting
IA(D)	Initial Agreement (Document)
IJB	Integration Joint Board
ISD	Information Services Division
LAC	Local and Community
L&D	Learning & Development
M&E	Mechanical and Electrical
MDT	Multi Disciplinary Team
MOU	Memorandum of Understanding
MDT	Multi-disciplinary Teams
NCM	National Calculation Methodology
NDAP	NHSScotland Design Assessment Process
NPC	Net Present Cost
NSS	National Services Scotland
OBC	Outline Business Case
PA	Per Annum
PBA	Project Bank Account
PPD	Practice & Professional Development
PPE	Post Project Evaluation
PSCP	Principal Supply Chain Partners
QOF	Quality Outcome Framework
RAG	Red Amber Green
RIBA	Royal Institute of British Architects
SA	Strategic Assessment
SCIM	Scottish Capital Investment Manual
SCOTPHO	Scottish Public Health Observatory
SFT	Scottish Futures Trust
SIMD	Scottish Index of Multiple Deprivation
SoA	Schedule of Accommodation
SPARRA	Scottish Patients at Risk of Readmission and Admission
SRO	Senior Responsible Officer
STAND	Dementia Friendly Fife

STAR	Stop Think Assess Respond/Report/Refer Method
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
VfM	Value for Money
WBP	Weighted Benefit Points
WLC	Whole Life Cost
WTE	Whole Time Equivalent

1 Executive Summary

1.1 Introduction

Fife Health and Social Care Partnership is working with local communities, teams and stakeholders to support the delivery of a fully integrated 24/7 community health and social care model that ensures sustainable, safe, individual partnerships of care. The purpose of this outline business case (OBC) is to seek approval to develop the full business case (FBC) to re-provide Lochgelly Health Centre in purpose designed facilities whilst making provision for a holistic offer of local health and wellbeing services to fulfil the General Medical Services (GMS) contract[1] requirements.

The OBC establishes the need for investment, building on the NHS Fife and Fife Health and Social Care Partnership (FHSCP) strategic goals to deliver a model of local care, focused on individual outcomes, supported by health and social care delivered by the right person in the right place at the right time. It describes the appraisal of a long list of options, identifies the short list, and recommends a preferred way forward to enable the delivery of Fife's Community Health and Wellbeing Hub model within the Lochgelly community. The OBC's commercial, financial and management cases have been developed further to identify how the project can be practically delivered.

The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; where services can be provided within a community setting, closer to where service users live. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.

1.2 Strategic Case

1.2.1 Current Arrangements

Lochgelly Health Centre, located in the heart of the town, provides General Medical Services to 79% of the resident population of Lochgelly and the surrounding areas of Lochgelly East, Lochgelly West & Lumphinnans, Ballingry, Cardenden and Lochore & Crosshill, through three Medical Practices based within the Health Centre. Community services are provided by NHS Fife including for example Community Nursing, Health Visiting, Mental Health, Sexual Health and Podiatry. Services work together to deliver high quality person-centred health and social care in a way which promotes and enhances the health and wellbeing of the people of the area.

The three practice populations total circa 10,728 people. The practice area is in the highest income deprived deciles of Scotland and therefore faces significant health inequalities. The locality population is predicted to grow by 5% in the next 25 years. Most of this population growth is anticipated to be in the older people age group, circa 45%, with both children and working age populations predicted to decrease. These changes will significantly increase

[1] GMS contract: 2018 - gov.scot (www.gov.scot)

the level of frailty the practices are supporting within a community which has a significantly higher disease burden associated with intergenerational income inequalities.

The current facility is a 1970's construction, with every effort made to modify the building to support the delivery of modern integrated health and social care. However, it is no longer fit for purpose, our new model of working requires accommodation that enables the delivery of our vision of multi-disciplinary and group working, which supports the community and partners to deliver collaboratively. A model which is being delivered in other communities which have access to modern facilities which do not have the same complexity of intergenerational inequalities and disease burden of the Lochgelly Community. Healthcare has been identified through local community planning as one of the major issues for the area.

The development of the community health and wellbeing model and delivery of the new GMS contact is being held back by structural and layout constraints. All possible reasonable changes have been made to the existing building and alternative premises accessed. Lochgelly Health Centre fails to meet the spatial, organisation and design standards for Primary and Community Health Care premises and has no capacity for further growth. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation to enable local integrated care to meet patient quality, staff standards and efficiency objectives.

1.2.2 The Patient Perspective

It has been recognised for many years, service providers across Scotland and the UK have planned care separately in different parts of the system including primary, community, acute care and mental health. Services have often been planned around buildings, individual service providers or even clinicians.

What is now proposed is a shift toward an overarching whole systems model which focuses on the needs of people who use the different health and social care services within the Lochgelly facility. This is described as a more holistic community health and wellbeing approach.

The central underlying principle of the development of the new centre is to focus on the patient outcomes, their journey and experience. This will help to identify where service improvements are necessary and involve a wide range of service users and providers in analysing and redesigning improved patient pathways to positively impact on outcomes.

The agreed way forward was to develop patient personas and pathways to enable the patient perspective and journey to be captured. We have identified seven people (personas) who typify patients or people who use the Lochgelly Health Centre and whose care represents key requirements and challenges for NHS Fife, FHSCP and partners. The personas and pathways in this document were developed in using local profile and practice data as well as in collaboration with a range of clinical services, community and voluntary sector partners.

We have used the personas to illustrate pathways and through mapping their care needs - we can agree how they can be met more effectively and efficiently. A designed and managed process of patient and service provider engagement including wider public involvement has taken place and is expected to shape development of the new centre – moving from the

traditional medical model to a more holistic community health wellbeing service model of delivery.

The Health & Wellbeing Model was developed by change and improvement colleagues in NHS Fife and FHSCP. This is illustrated below.

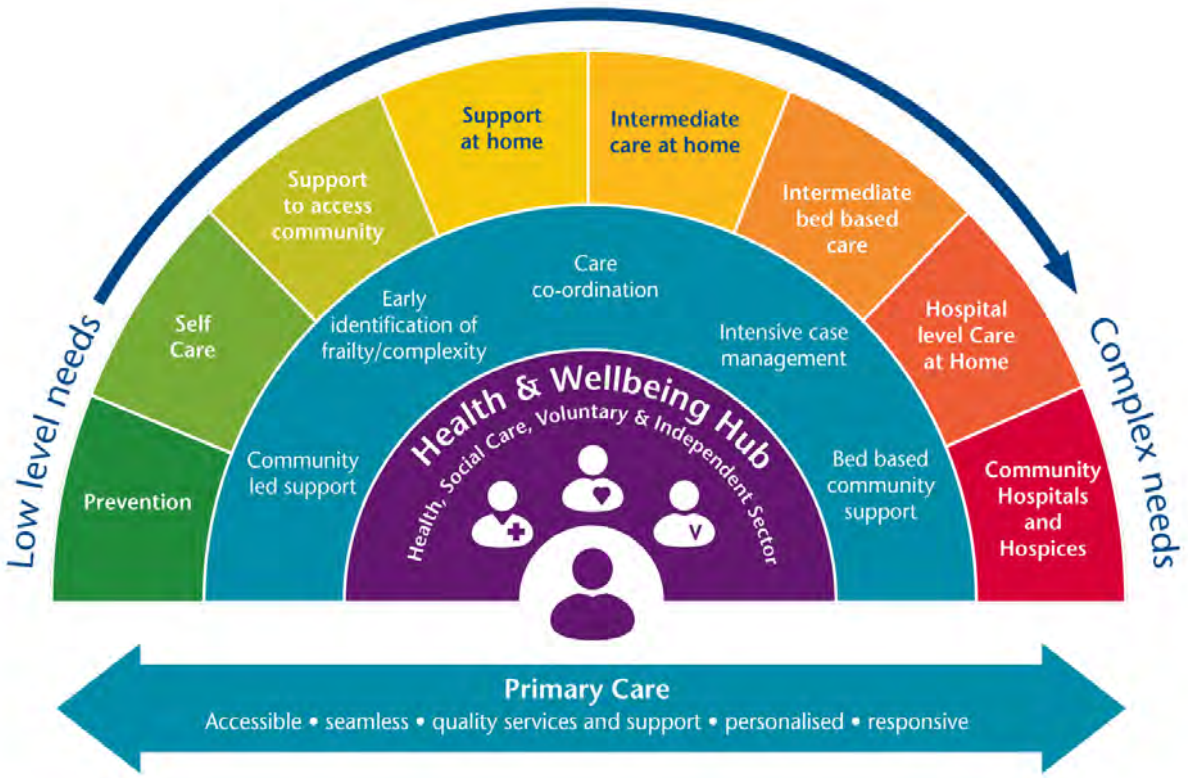


Figure 1 - Health and Wellbeing Model

The Project Team is using the Patient Personas & Pathways to look at possible improvements through a number of tests of change. This workstream has commenced but will continue through the FBC and construction stages of the project.

1.2.3 The Need for Change and Investment Objectives

The drivers for change and developed Investment Objectives to enable this change are set out in the table below. Associated benefits are set out in Section 2.4.4.

Effect of the need for change on the organisation:	Investment Objectives
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.

Effect of the need for change on the organisation:	Investment Objectives
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of the parties to deliver the full range of integrated services locally.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity.
Existing configuration, as a result of a 1970's building, being modified and extended with a 'best fit' approach means poor accommodation e.g. service users who rely on wheelchair access or have a mobility problem have extreme difficulty in both accessing and traversing the facility.	Delivery of safe and effective care with dignity by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. Improved staff wellbeing.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

Table 1 - Needs for Change and Investment Objectives

1.2.4 Fife Place Based Planning Tool

NHS Fife have recently been engaging with Scottish Government around their proposal to develop a longer-term primary care strategy. Scottish Government have recently developed a Place Based Needs Planning tool which helps Boards to understand their investment priorities based on community health, demographics, supporting infrastructure and the condition of the estate. Analysing the data for Fife in totality, Lochgelly Health Centre has an Estate Need Score of 70 (3rd highest priority), bolstering the case for change and intervention.

Property	Postcode	Intermediate Zone	Floor Area	Age	Estate Need Score
Kincardine Health Centre	FK10 4QX	Kincardine	254	91	83
Oakley Health Centre	KY12 9QH	Oakley Comrie and Blairhall	918	71	73
Lochgelly Health Centre	KY5 9QZ	Lochgelly West and Lumphinnans	822	81	70
Valleyfield Health Centre	KY12 8SJ	Valleyfield Culross and Torryburn	1,012	51	65
Path House Medical Practice	KY1 2PG	Kirkcaldy Pathhead	612	329	56
Strathmiglo Auchtermuchty Practice	KY14 7QA	Auchtermuchty and Gateside	50	59	55
Leven Health Centre	KY8 4ET	Leven East	1,624	56	53
Rosyth Health Centre	KY11 2SE	Rosyth East	946	39	47
Kelty Health Centre	KY4 0AE	Kelty East	754	60	44
Lundin Links Scoonie Medical Practice	KY8 6DB	Largo	48	59	43

Table 2 - Fife Priority of Estate Need

1.3 The Economic Case

A wide range of options were developed and considered. These were then consolidated into a shortlist of options which were scored via a wide range of stakeholders. The option scores are presented below.

	1 Do Nothing/ Base	2 (5c) Car park	3 (4b) Jenny Grey Refurb	4 (6d) Jenny Grey New Build	5 (5d) Lochgelly School New Build	6 (6e) Francis Street New Build
Net present cost (NPC) - £m	2,311,661	11,871,118	-	11,799,393	12,763,618	11,666,192
Weighted benefit points (WBP)	256	431	435	632	431	879
BPC per WBP - £000	9,029	27,543	-	18,669	29,613	13,272
	Reject	Possible	NA	Possible	Possible	Preferred

Table 3 - Short-listed Option Scores

Option 6 scored highest in respect to benefit points. Once the net present costs were factored in, option 1 is highlighted at the lowest cost per benefits point – this is purely because of low net present cost owing to the limited capital that could be invested in the existing facility. As option 1 does nothing to tackle the needs for change as demonstrated, it is not a legitimate option but included for comparative purposes.

Given the balance of legitimate options, option 6 offers the highest benefits score and the lowest cost per benefits point, indicating that it is the strongest option. Option 6 is therefore the preferred option.

1.4 The Commercial Case

The Commercial Case has been developed significantly since IA. Key aspects contained within the commercial case are summarised below.

- The project is community focussed and more than £750k, therefore the Scottish Futures Trust hub initiative has been selected as the most appropriate route to deliver the project. The East Central hubCo have been appointed to deliver this public funded project under the design and build option.
- Currie & Brown have been appointed through the Frameworks Scotland Lead Advisor lot to support the Board with multiple services including Project Management, Cost Advisor, Technical Advisor and Clerk of Works.
- The design has been fully developed in conjunction with the Project Team and Stakeholders. With exception to the NHS NSS Design Quality Assurance and NDAP processes which are ongoing, the design has been well received through the HAI, AEDET and focussed design workshops.
- Discussions with Fife Council in respect to leasing the required land are advanced appropriately for the stage in the project. These will continue during the FBC stage with a view to concluding arrangements at the point of completing the FBC.
- The current key risks/issues facing the project are summarised in the table below:

Risk/issue	Mitigation
Brief inadequate/unreliable This issue relates to developments around the GMS contract and effect this has had on the area requirements for the building.	The required area increase from IA to OBC has been factored into the current design and corresponding cost plan.
Stop/start nature of the programme – keep people engaged through these periods.	Updates are being provided to community groups via newsletters and the public via press releases. NHS Fife's communication team are supporting this effort.
Project cost increases due to: ▪ Change in requirements ▪ Inflation / market conditions	This is a current issue where the cost increases have rose beyond the IA budget projection. Refer to Financial Case for further substantiation.
Programme delay The OBC programme has been affected because of COVID which has impacted resources, engagement activity and costs.	Potential to commence FBC activity in parallel with the OBC governance approval process. The project now has a full complement of resources to help drive the project forward.
Change of policy – NHS Assure Key Stage reviews	Key stage review process was implemented half-way through OBC and is required to achieve capital

Risk/issue	Mitigation
Programme delays / cost increases arising	funding. Risk had to be accepted, but impact can be mitigated through collaboration.
Change of policy – SHTN 02-01 Sustainable Design and Construction Guide (SDaC) Programme delays / cost increases arising	Informed by HFS at OBC NDAP review that new guidance must be followed at FBC. Guidance is untested to impact is difficult to quantify. As such this risk has not currently been factored into OBC cost estimates.

Table 4 - Key Risk Summary

1.5 Financial Case

1.5.1 Capital Costs

A capital cost summary is provided in the table below demonstrating the total OBC estimated cost for the project, together with the movement in cost since IA.

IA	OBC	Movement
£8,155,615	£13,031,178	£4,875,563

Table 5 - Capital Cost Summary

The key reasons for the movement in cost since IA, are set out below:

- Building area increase to take account of service and GMS contract evolving requirements – accounts for circa 41% of the construction cost increase
- Inflation and extraordinary market conditions considered to driven by the COVID-19 pandemic and the resulting global effect on supply chains – accounts for circa 20% of the construction cost increase
- Site and design abnormals: this relates to site conditions, more onerous energy requirements and creating a building that satisfies the conditions of the brief and design statement – accounts for circa 39% of the construction cost increase
- Associated percentage mark-ups based on an increased construction cost
- Some further adjustments to the IA budget allowances, notably equipment and internal direct labour costs

A number of value engineering / cost saving opportunities have been identified and these have already been accounted for in the presented OBC figures above.

Notwithstanding the cost increases noted, given the current project environment, the costs are considered to represent value for money in the current marketplace and this view has been endorsed by our consultant Cost Advisor.

1.5.2 Revenue Costs

A summary of the revenue costs is provided in the table below.

Description	Baseline	Preferred Option	Difference
Property pays (NHSF)	£24,467	£75,566	£51,099
Property non-pays (NHSF)	£61,920	£178,330	£116,409
Property non-pays – GP offset (NHSF)	-£37,718	-£83,165	-£45,448
Net Increase (NHSF)	**£48,670**	**£170,731**	**£122,061**
Service model (FHSCP)		£724,500	

Table 6 - Revenue Cost Summary

The increase in cost from an NHS Fife perspective is largely associated with the increase in building area.

The revenue costs relating to the service model continues to be developed in consultation with the Scottish Government around MOU1/2 for urgent care and what MDT means for Fife. The service model costs will have a nil impact on the revenue outturn position as funding sources have been identified.

1.6 Management Case

The Management Case identifies the actions that will be required to ensure the successful delivery of the scheme. The management case has been significantly updated for this the IA stage and demonstrates that the Board and Partnership are well prepared to deliver the project successfully during the construction phase and beyond. Key milestones for the project are identified in the table below:

Description / activity	Date
Full Business Case	
Commencement	February 2022
Completion	January 2023
Governance Approvals	April 2023
Construction & Handover	
Commencement	May 2023
Completion	June 2024
Operational	August 2024

Table 7 - Key Milestone Summary

2 Strategic Case

2.1 Introduction

The main purpose of the Strategic Case is to confirm the background and drivers for change for the proposition. It also sets out the key investment objectives and associated benefits.

2.2 Revisiting the Strategic Case

The Initial Agreement Document (IAD) was approved by Scottish Government in January 2020. The next phase involved undertaking a widespread engagement exercise with key stakeholders and the people of Lochgelly. This process was paused as a result of the global pandemic and was eventually reinstated in November to December 2020. The outcome of the engagement exercise can be reviewed within the Economic Case. The recovery plan in relation to the pandemic also caused delay to timescales for the Outline Business Case and design process. However, these have since resumed at pace. There are new sections added which were not previously in the IAD including

- The patient perspective and journey using personas in Section 2.4.1.2
- A summary of services (existing versus proposed) in Section 2.3.2
- A description of associated buildings and assets in Section 2.3.3

The critical success factors have been retained although are not reflected in the current Scottish Capital Investment Manual (SCIM) guidance. The residual balance of the Strategic Case has been retained and updated where necessary.

2.3 Current Arrangements

2.3.1 Service Arrangements

The holistic multi-disciplinary primary and community care services in Lochgelly are currently delivered from the existing Lochgelly Health Centre, a 1970's constructed facility, which has been considerably modified and extended throughout its lifetime. The building is owned by NHS Fife.

General Practitioner (GP) services in Lochgelly and the surrounding area are delivered by three Practices operating full time to meet their respective Practice population needs. The Practices are contracted to NHS Fife to provide General Medical Services:

- Lochgelly Meadows Practice (Primary care services) General Medical Services
- Lochgelly Medical Practice (Primary care services) General Medical Services
- Lochgelly (Dr Thomson) Medical Practice (Primary care services) General Medical Services

Aligned to the Practices there are a wide range of permanent and visiting community health services provided from the current facility. Fife Health & Social Care Partnership (FHSCP) and NHS Fife are responsible for the provision of Community Nursing, and managed services (treatment room support, Primary Care Nurse, Health Visiting, Clinical Psychology, Sexual Health, Pharmacy, Allied Health Professionals, Child Health, Stop Smoking, Community Midwifery, Mental Health & Addictions, Out-Patient Services and Facility Management).

A constrained range of Voluntary Sector activity is delivered from the Health Centre, including drug and alcohol support services (supporting clinic activity etc) and the Local Area Coordinator. The constraining factor is accommodation availability.

The local Community Council supported by Councillors and Members of the Scottish and UK Parliament have a local campaign group to support the realisation of a new health centre. The campaign notes the need for modern infrastructure to enable the local delivery of an integrated model to meet the significant health and wellbeing needs of the community.

The services provided from the existing three Practices are primarily provided in support of the population needs of the people of Lochgelly and surrounding areas, with 79% of the resident population registered with the Practices (see figure 2 - interzone map). In accordance with NHS Fife's statutory obligation to provide access to Primary Medical Services there is a formal requirement to continue provision of these services within this geographic area.

Map of Lochgelly East, Lochgelly West, Lumphinnans, Ballingry, Lochore & Crosshill Interzones

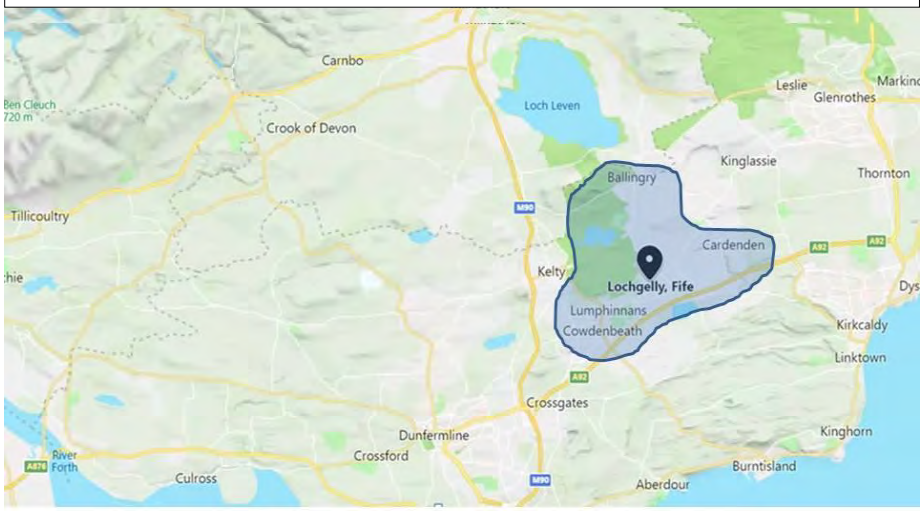


Figure 2 - Map of Lochgelly Interzone

The General Practitioners together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients' wellbeing throughout their lives.

The General Practitioners and multidisciplinary team working in the hub model are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community. Practice based multi-disciplinary team working is identifying people who could benefit from a case management approach and supporting people to access the right support where there is:

- Complexity in their care and support arrangements through locality multi-disciplinary teams, or
- Clinical complexity providing rapid access to assessment through the locality community health and wellbeing hub teams

The combined Practice population of 10,728 (April 2019), has grown by 1.6% over the past 18 months. The current demographics of the population are[2]:

- 50.9% female: 49.1% male
- 18.0% are over the age of 65 and 18.2% are 0-15 years (slightly higher than the average for Fife)
- 45.4% of patients live in the most deprived quintile, with 0.9% living in the least deprived quintile
- 20.9% of the wider locality population are income deprived, compared to the Fife average of 12.4%, 24.3% of children (under 16) live in poverty compared to the Fife average of 17.9%
- 27.6% of the Practice's patients have one or more long term condition compared to Fife rate of 7.16%
- Fife has the highest rate of under 18 and under 20 pregnancy rates in Scotland. The Cowdenbeath locality has the second highest rate of teenage pregnancy under 18 (three year aggregates to 2017) within Fife

Since the QOF (Quality Outcome Framework) is no longer in use, up-to-date long-term condition data was sourced from the Practices and Public Health Scotland using the SPARRA[3] (Scottish Patients at Risk of Readmission and Admission) tool.

Local Profile & Practice Data - Lochgelly

Long Term Condition Rates	Lochgelly	Fife
Arterial Fibrillation	1.87%[1]	1.92%[1]
Asthma	6.22%[1]	4.61%[1]
Cancer	4.58%[1]	4.25%[1]
CHD	4.87[1]	3.97%[1]
Chronic Liver Disease	1.15%[1]	0.88%[1]
COPD	2.48%[1]	1.70%
Dementia	0.67%[1]	0.81%[1]
Depression	13.50%[2]	9.54%[2]
Diabetes	3.72%[1]	2.94%[1]
Hypertension	18.53%[2]	15.43%[1]
Mental Health	1.03%[2]	0.87%[1]
Psychiatric Admissions	29.7 per 1,000[2]	24.5 per 1,000[2]

Data sourced from:

1. Public Health Scotland (PHS), SPARRA at 1 December 2020 - the percentage of people with each Long Term Condition are calculated by dividing the number of people with each Long Term Condition by the number of people registered at the GP practices (i.e. the "Population Register") then multiplying by 100.
2. Initial Agreement Documents, approved by Scottish Government in January 2020 data via QOF calculator 1 April 2019.

Figure 3 - Local Profile and Practice Data - Lochgelly

Previous QOF data has been incorporated from the IAD in this section including to provide a fuller picture and a pre-pandemic comparison where possible. Table 8 below notes a range of health indicators for the Lochgelly practice population (where available, or the wider locality where not available) compared to seven localities in Fife. This demonstrates the relative poor health of the population. The health outcomes for the people supported by the

[2] Based on 2011 census, 2016 SIMD datazone data and ISD Practice data 2019
[3] https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/SPARRA/SPARRA-Model/

Lochgelly practices are consistently lower than the rates for Fife. In a number of instances of these are the highest rates / poorest outcomes in Fife.

The Lochgelly area populations experience higher rates of emergency hospital and multiple admissions. Along with higher rates of admission related to COPD, coronary heart disease and alcohol related hospital stays.

In Scottish Public Health Observatory (SCOTPHO) analysis of QOF data 2017/18 the Lochgelly area comes out in the top three in 12 of 17 measures when compared with the seven Fife localities.

Mental Health is the fourth highest of the health impacts on the population of Fife (after Cancer, Cardiovascular disease and Neurological conditions); those who are socially disadvantaged have an increased probability of experiencing mental ill health. For example, in 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 consultations vs. 28 per 1,000 patients). The impact of mental health difficulties in the Lochgelly community is evidenced in the data below and the current range of services seeking to access accommodation in the health centre (detailed in Table 10).

Mental health conditions including addictions have been exacerbated and impacted during the global pandemic. Therefore, the need for mental health and related services has significantly increased during this period.

Indicator	Lochgelly Area	Wider Locality	Fife	Comparative Notes
Premature mortality		337 per 100,000		(5th of 7)
Cancer related		180 per 100,000		(2nd of 7)
CHD related		70 per 100,000		(2nd of 7)
Patients (65+) with multiple emergency admissions		6,087 per 100,000		(1st of 7)
New and unplanned repeat A&E attends	297.4 per 1,000		264 per 1,000	
Potentially avoidable admissions		20.2 per 100,000		(2nd of 7)
Median 11/15-5/19 Falls		2.5 per 1,000	2.05 per 1,000	(1st of 7)

Indicator	Lochgelly Area	Wider Locality	Fife	Comparative Notes
related admissions (65+)				
Cancer rate (QOF)	3.06	2.85	2.85	(Lochgelly has the 3rd highest compared to the 7 localities)
CHD rate (QOF)	4.65	4.67	3.94	(Lochgelly has the 3rd highest compared to the 7 localities)
Hypertension rate (QOF)	18.45	17.54	15.36	(Lochgelly has the highest compared to the 7 localities)
Asthma Rate (QOF)	7.17	7.58 (2nd of 7)	6.94	(Lochgelly has the 3rd highest compared to the 7 localities)
COPD rate (QOF)	3.4	3.61 (2nd of 7)	2.58	(Lochgelly has the 3rd highest compared to the 7 localities)
COPD admissions (standardised rate)	Prac. 1 - 2.7			
Prac. 2 - 7.2				
Prac. 3 - 5.6				
	5.3	3.1	Two of the three practices are above Fife levels (Crude & standardised rates).	
Diabetes rate (QOF)	7.11	6.51 (2nd of 7)	5.56	(Lochgelly has the highest

Indicator	Lochgelly Area	Wider Locality	Fife	Comparative Notes
				compared to the 7 localities)
Alcohol related mortality		17.1 per 100,000		(3rd of 7)
Mental Health rate (QOF)	0.96	0.85	0.86	(Lochgelly has the highest compared to the 7 localities)
Mental Health Prevalence		5,132 per 100,000 (1st of 7)		
Psychiatric Admissions (episodes[4])	29.7 per 1,000 (2018)	25.7 per 1,000 (2018)	24.5 per 1,000 (2018)	Lochgelly levels are above all Fife localities for both patients and episodes
Depression rate (QOF)	12.47	11.57	8.93	(Lochgelly has the highest compared to the 7 localities)
Dementia rate (QOF)	1.00	1.09	0.81	(Lochgelly has the 2nd highest compared to the 7 localities)
Stroke and TIA rate (QOF)	2.81	2.7	2.46	(Lochgelly has the 2nd highest compared to the 7 localities)
Developmental disorders		856 per 100,000 (2nd of 7)		

Table 8 - Local Indicators

Projections for future demand for primary care and community services within Lochgelly are driven by the population increase, which see the older population growing by 45% by 2041 and by the known negative impact on health of the relative socio economic deprivation the

[4] Episode refers to inpatient, outpatient or Allied Heathcare Profession treatment as defined by https://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?ID=241&Title=Episode%20of%20Care

community experiences. Housing developments are seeing the construction of circa 420 new homes by 2025 (potentially an additional 1,050 people). The local development plan includes potential for the development of a further 4070 homes within the catchment area of the Practices. The infrastructure is therefore required to enable services to develop the community health and wellbeing model, to support the anticipated increase in the needs detailed in table 8 rather than seeking to continue to do more of the same.

The current workforce delivering services, health, social and voluntary sector activity is outlined below at table 9 along with potential future workforce required to deliver integrated primary care and community services. Recent and continuing changes to the workforce are being phased in line with population growth and service model developments and are taking into account the requirements to implement the GMS (2018) contract[5] and enhance the primary healthcare team, community health and social care teams and health visitor pathway. The Meadows Practice provides training placements for medical students.

	Existing Provision (WTE)	**Recent Change (WTE)**	**Future provision * Incl. new roles**
General Practitioners (5)	4.5	-1	
Advanced Nurse Practitioner (2) + trainee	2	1	
Nurse Practitioner (1)	0.8	0.8	
Practice Nursing (3)	1.7	-1.05	
Primary Care Mental Health Nurse	1	1	
Practice Phlebotomist (1)	0.39		
Practice Manager (3)	2.9		
Admin staff (11)	9.6	-0.27	
Community Nursing Team (9 + 2 student/rotational intermediate care team colleague)	6.87 (+2)		Redesign of Community Nursing + caseload weighting necessitate change
Community Phlebotomist (2)	0.5	12 sessions per month	
Community Teams Admin Staff	0.2		
Primary Care Pharmacist	1		+4 requiring an office and access to

[5] https://www.gov.scot/publications/gms-contract-scotland/

			consultation accommodation
Visiting teams	**WTE**	**Sessions**	**Future provision * Incl. new roles**
Addiction Services	12		
Clinical Psychology	33		
Fife Intensive Rehabilitation and Substance Misuse Team	16		
Phlebotomy (Bloods)	16		
Respiratory Nurse Base + Clinic	1 WTE + 3 clinics		
Paediatric Clinic	6		
Asthma Clinic	4		
Fife Forum	8		
Continence Clinic	4		
ADAPT (Alcohol and drug triage service)	4		
Stop Smoking	4		
Psychiatry	8		
Health Visitors Baby Clinic	4		
Health Visitor Review Clinic	12 + Wellbeing meetings when required		13 staff and the full range of centre based Health Visiting activity: majority currently delivered from an adjacent smaller village
Immunisation Team	8		Potentially evening Flu clinics
Midwife Clinic	12		
Safe Space	4		
Dietician	2		

Orthoptic Clinic	4		
Podiatry	16		
Diabetic Foot Check (DAR's)	6		
Dermatology	4		
Minor Surgery Clinic	As required circa 2 per week		
Depot Clinic (QMH Nurses)	1 hr per week		
Treatment Room	20		
Fife Alcohol Advisory Service	4		
Social Workers / Social Care Workers			MDT time Child Protection meetings
Mental Health Nursing	8		
Contraception and Sexual Health	4		
Alcohol and Drug Drop in	4 (evenings)		
Wider voluntary sector			A wider range of voluntary sector services e.g. citizens advice supporting income maximisation
First Contact Physiotherapist			0.55 WTE

Table 9 - Lochgelly Staffing

2.3.2 Service Details

The accommodation in Lochgelly is provided over one level with a total floor area of 760m^2, supports:

- GP activity associated with the Lochgelly Meadows Practice (Circa. 19,000 appts PA and a Practice population of circa. 5,011)
- Nurse activity associated with the Lochgelly Meadows Practice (Circa. 4,000 appts PA)
- GP activity associated with the Lochgelly Medical Practice (Circa. 10,000 appts PA and a Practice population of circa. 3,511)
- Nurse activity associated with the Lochgelly Medical Practice (Circa. 7,000 appts PA)

- GP activity associated with the Lochgelly (Dr Thomson) Practice (Circa. 5,400 appts PA and a Practice population of circa. 2,206)
- Nurse activity associated with the Lochgelly (Dr Thomson) Practice (Circa. 900 appts PA)
- Community nursing “treatment room” activity (16 appts per day, 22 at busiest times, Circa. 4,100 appts PA), Phlebotomy provide 37 appts 4 days per week, Circa 6,500 PA) with the team visiting about 30 people at home per day
- Primary Care nursing activity (Average 30 appts per week - 1560 PA)
- Minor surgical procedures undertaken by a specialist GP (Circa. 100 episodes PA)
- Practice Phlebotomy services (Circa. 5,500 episodes PA)
- Midwifery ante-natal clinic activity (Circa. 750-800 appts PA)
- Psychology out-patient services (Circa. 1000 appts PA)
- Targeted sexual health services for younger people (Circa. 300 appts PA)
- Dietetic consultations (Circa. 204 episodes PA)
- Podiatry services (Circa. 1010 appts PA)
- Stop Smoking sessions (Circa. 470 appts PA)
- Paediatric consultation activity (Circa. 170 appts PA)
- Mental Health: Nursing Psychiatry and Psychology
    - West Fife Community Outreach Team (Circa. 200 appts PA)
    - Addictions – sessions outlined above
    - Psychiatry – sessions outlined above
- Voluntary Sector services – sessions outlined above

The Practices have access to a known number of consulting rooms/areas on a daily basis, with visiting services scheduled ahead as far as possible, based on room availability. Often, rooms are booked in advance for services. However, due to lack of attendance etc, they are then not utilised and the bookings are not cancelled so rooms are unoccupied.

Whilst the Practices and FHSCP are working collaboratively to modernise, integrate and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises. For example the respiratory nurse would be able to see circa three times more patients if clinic space was available, supporting more proactive case management with medical colleagues, and thereby reduce emergency admissions further.

In summary, baseline data indicates that services delivered from the existing Lochgelly Health Centre amount to a total of circa 70,000 attendances per annum; circa 270 attendances per day or around 15 patients / clinical room activity per day. Whilst this is considerably less than the theoretical capacity associated with these clinical spaces, this situation occurs as a result of an overall lack of administrative / support areas within the building and the resultant extensive use of consulting space for administrative and clinical support activities. For example GPs use their consulting rooms also as office space, meaning the rooms cannot be used by another clinician outwith their clinical sessions.

As the Health Centre runs at 100% capacity services often double book rooms in case cancellations arise – this includes clinical services, voluntary sector support groups, teams seeking to deliver mandatory staff training and centre based teams seeking to meet together. The AEDET review exercise confirmed that the layout and fabric of the building place considerable limitations on effective and safe service delivery (Section 2.3.3).

Where services are not / cannot be delivered locally in Lochgelly, patients are referred to different locations that include: Queen Margaret Hospital, Dunfermline; Victoria Hospital, Kirkcaldy; Rosewell Clinic, Lochore. For example the majority of Health Visiting activity including Wellbeing Meetings is delivered from Rosewell Clinic; impacting on access inequities.

Out of Hours Primary Care is delivered from four Urgent Care Centres in Fife. The Partnership does not have plans to extend the number of Urgent Care Centres. The Community Teams offer a small number of clinics / sessions into the evening. The restrictions of the building do not lend themselves to safe and simple access in the evening.

The model of care is developing in line with the new GP Contract, with the Primary Care Development implementation plan progressing along with the Business Planning process. Accommodation is not available to support the local delivery of physiotherapy, mental health nursing, primary care pharmacists, social prescribing, etc. For example the Local Area Co-ordinator (voluntary sector member of the team sign posting people to local community provision) is not able to work from Lochgelly as frequently as required. To meet the areas needs within the GMS (2018) there will be three levels of pharmacotherapy input, this will see the resource based in Lochgelly grow from 1 whole time equivalent to 5.

Nationally, a re-provisioning exercise is in process to replace existing GP IT systems, with suppliers having until February 2020 to complete development of their respective systems in line with NHS National Services Scotland requirements. After this, a transition exercise will commence across all boards, with Fife's transition scheduled to commence summer 2020. This will facilitate the Lochgelly practices to be paperlite.

The table below summarises the services using the current facility and also a list of services that could be provided from the new as a result of a lager functional facility.

No:	Name of Service	Currently in Health Centre	Will be based in (or using) the new CH&W Centre
1	Fife Young Carers		X
2	Community Nursing	X	X
3	The Well		X
4	Complex Care Team		X
5	Clinical Psychology		X
6	Speech & Language Therapy		X
7	Health Promotion		X
8	Children's Services		X
9	Community Nurse Respiratory Team		X
10	Nursing	X	X
11	Occupational Therapy		X
12	Pharmacy	X	X
13	ADAPT/FASS (Addictions Services)	X	X
14	NHS Addictions Service	X	X
15	Local Area Coordinators (Locality Planning)	X	X
16	Frailty & Older People's Service		X
17	Immunisations Service	X	X
18	Podiatry Service	X	X
19	Mental Health Services		X
20	MSK Physiotherapy	X	X
21	Nutrition & Dietetics		X
22	Obstetrics and Gynaecology		X
23	Fife Carers Centre		X
24	Mental Health Nursing	X	X
25	Dementia Friendly Fife		X
26	Diabetes MCN		X
27	Midwifery	X	X
28	Diabetic Retinopathy		X
29	Physiotherapy	X	X
30	Orthoptics	X	X
31	Fife Voluntary Action		X
32	Social Work		X
33	Multi-Disciplinary Team meetings		X

Table 10 - Lochgelly Services

Approximately 35+ services were engaged prior to lockdown in March 2020 and all re-engaged in September and again in November 2020, to develop a service schedule and see if anything had changed or additional requirements were needed due to Covid-19: requirement of space in the centres, days of use and frequency, any special requirements etc. An exact number has not been provided as there are numerous services which sit under single or multiple providers. This data has been collated into a spreadsheet that will inform the design and construction of the new building to ensure that all services can be

accommodated appropriately. NHS Facilities contacted all services again to reaffirm requirements and develop a Schedule of Accommodation – this information has since been extrapolated to develop the early building design.

2.3.3 Associated Buildings and Assets

The current facility is based centrally in the village of Lochgelly and was established in the 1970s. The property has been considerably modified and extended throughout its lifetime. The accommodation in Lochgelly is provided over one level with a total floor area of 760m^2. The building is owned by NHS Fife.

Figure 4 – Lochgelly Health Centre

The building block condition is category B and the risk adjusted back-log cost is £247,000.

Condition, space and functionality of the facility are best summarised within the AEDET benchmark assessment which is outlined below.

Category	Benchmark
Use	1.4
Access	1.1
Space	1.0
Performance	1.4
Engineering	1.3
Construction	0.0
Character & Innovation	1.0

Form & Materials	1.3
Staff & Patient Environment	1.1
Urban & Social Integration	1.3
1 = virtually no agreement / poor *6 = virtually total agreement / excellent*	

Table 11 - AEDET Benchmark Score – Lochgelly

2.4 Strategic Context

2.4.1 Drivers for Change

2.4.1.1 Local Context

NHS Fife Clinical Strategy[6] sets the strategic direction with Fife Health & Social Care Partnership (FHSCP) that is focused on local early, preventative care. In working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system we will strengthen primary care and community services.

Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, adding and adapting services responsively to meet and sustain outcomes.

Our development of community health and wellbeing hubs is designed to flexibly and responsively layer services where required, adjusting support and care incrementally. In light of the changing demography this has focused on supporting people to minimise and modify the impact of frailty (including younger people frail because of long term conditions, addictions etc). Providing holistic assessment and care management, focused on individual outcomes, anticipatory planning and supporting a reduction in unscheduled care. Fife has a population of 371,910[7] (midyear estimate 2018), with slightly above the Scottish average for the over 65's age group described in Table 12.

	Total Population	65+	75+	85+
Fife	371,910	20%	9%	2%
Scotland	5,438,100	19%	8%	2%

Table 12 - Population Demographic Summary

Fife H&SCP has seven localities. Lochgelly is within the Cowdenbeath locality. The Cowdenbeath locality sits within the West Division of the H&SCP. The H&SCP is developing a locality clinical model with GPClusters focused on the needs of the locality population. Table 13 demonstrates the percentage of locality populations over 75.

	Population >75

[6] https://www.nhsfife.org/media/32112/c64_cs-finalforintranet.pdf

[7] Mid-Year Population Estimates Scotland, Mid-2018, National Records of Scotland. Publication (nrscotland.gov.uk)

City of Dunfermline	3928	7%
Cowdenbeath	3360	8%
Glenrothes	4109	8%
Kirkcaldy	5549	9%
Levenmouth	3560	10%
North East Fife	7192	10%
South West Fife	3845	8%

Table 13 - Locality Demographic Summary

Table 14 notes the anticipated change in the localities population over the next 25 years. The total population within Cowdenbeath Locality is projected to increase by 5% by just around 2,000 by the year 2041. Most of the areas' population growth is expected to take place in the older people age group, an increase of circa 45% which will place an increasing demand on health and social care.

Population Projections		
	2016	2041
Overall	41,228	43,300
0-15 years		(600) -8%
16-64 years		(1000) -4%
>65 years		(3,600) +45%

Table 14 - Population Projections

The local and national goal, supported by NHS Fife's Clinical Strategy (2016-21)[8], and the Fife Health and Social Care Partnership's Strategic Plan for Fife 2019-2022[9] is to provide safe, effective and sustainable care at home or as close to home whenever possible. The integrated model being implemented will support robust, holistic health (primary and community) and social care, with third sector services having a strong focus on early intervention, prevention, anticipatory care and supported self management.

The proposal for investment into fit for purpose health and social care facilities in Lochgelly will not only address the current restrictions upon local delivery of clinical, community and third sector services and deficiencies in facilities at the existing Lochgelly Health Centre, but also enable the delivery of the above integrated model within the Lochgelly area.

The well rehearsed pressures in General Practice in Scotland can be illustrated by the following indicators:

- 10% of the population consults with a GP Practice clinician every week
- 34% of all GPs are aged 50 and over in 2015, compared with 29% in 2005

[8] https://www.nhsfife.org/media/32112/c64_cs-finalforintranet.pdf
[9] https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0028/188263/HSCP_Strategic_Plan_2019-2022.pdf

- 37% increase in female General Practitioners and 15% decrease in male GPs over the ten-year period to 2015
- 2015 – 1 in 5 GP training posts unfilled

Fife's Primary Care Improvement Plan sets out the ambitions for reshaping primary care and General Practice in implementing the new GMS 2018 Contract. This is facilitating the development of General Practitioners as expert medical generalists within expanded Primary Health Care Teams, by implementing new roles and ways of working. This is underpinned by the guiding principles of:

- Contact: accessible care for individuals and communities
- Comprehensiveness: holistic care of people – physical and mental health
- Continuity: long term continuity of care enabling an effective therapeutic relationship
- Co-ordination: overseeing care from a range of service providers

Care pathways are patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and the need to provide a wider range of services to people in their local communities and to develop greater local integration is being hampered by the accommodation available within the Lochgelly area. The effect of which is evidenced in the continued reliance upon the traditional medical model of relatively high acute hospital attendance and admission rates. Section 2.4.1.2 below highlights the patient journey using personas.

Local accessibility and improved joint working with other health and social care partners as part of a wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes. This will be underpinned by Practice multi-disciplinary team working, supported by responsive wider locality teams in reaching to deliver local care. This is further illustrated through the patient pathways in Section 2.4.1.3 below.

2.4.1.2 The Patient Perspective

It has been recognised for many years, service providers across Scotland and the UK have planned care separately in different parts of the system including primary, community, acute care and mental health. Services have often been planned around buildings, individual service providers or even clinicians.

What is now proposed is a shift toward an overarching whole systems model which focuses on the needs of people who use the different health and social care services within the Lochgelly Practice. This is described as a more holistic community health and wellbeing approach.

The central underlying principle of the development of the new centre is to focus on the patient outcomes, their journey and experience. This will help to identify where service improvements are necessary and involve a wide range of service users and providers in analysing and redesigning improved patient pathways to positively impact on outcomes. To support this work seven patient personas have been developed which serve to inform key

considerations when designing new pathways and the integration of services. Full details of this work is contained in the supplementary document, “The Patient perspective” (Appendix J).

2.4.1.3 Sustainable Workforce and Staff – Health & Wellbeing

Since the launch of Everyone Matters 2018-2020[10], key priorities and actions have been identified which are contributing greatly to achieving a healthy organisational culture. Everyone Matters Implementation Plan actions will be integrated into the new centre where appropriate – initial considerations include:

- Health & Wellbeing and Healthy Organisational Culture – take action to promote the health, wellbeing and resilience of the workforce. Create an environment which supports working across teams, open office space, bookable quiet space and hot-desks, collaborative spaces, wellbeing space, access to support services – these are considered vital to staff wellbeing and morale. Wellbeing Hubs have been established in various sites to support staff, particularly during the global pandemic. Bookable peaceful indoor and outdoor spaces could be established within the centre for both (practice-based and visiting) staff and community use. Providing opportunities for staff to take part in wellbeing-related sessions as appropriate including mindfulness, kindness, resilience and self-care related activities. Sessions are planned with the local Health Psychologist to provide some of these activities within GP clusters, Lunchtime Bytes, Community Health & Wellbeing Services (CHaWS) Subgroup and with practice staff. Other elements will include Staff Cycle to Work Scheme, bike racks, outdoor gym, community garden with covered area, showers and changing facilities etc.

- Sustainable workforce: over 35 clinical and non-clinical services engaged in relation to: requirement of space in the new centre, days of use, frequency, special requirements etc. A service schedule was developed from the feedback which formed the Schedules of Accommodation and this information was used to start the early design of the new building. This will ensure that local services can be planned, coordinated and delivered within the new centre as close to home for people as possible. The new centre will have the space to accommodate a wider range of services as per GMS (General Medical Services) contract and aforementioned drivers for change. There is ongoing engagement with the Lochgelly Practice and services throughout the process including via the CHaWS Subgroup, the Design Team meetings etc.

- Capable workforce:

    - NHS Fife and FHSCP offer a suite of development opportunities for their workforce. Educational support services include: Health Promotion, Organisational Development, Learning & Development and Practice & Professional Development (PPD). The PDD is embedded below and includes: managerial coaching, observational visits to support recruitment, clinical skills, leadership, dementia awareness, palliative and end of life care. PPD provision and training is offered to all staff including those working in residential, nursing

[10] Everyone matters: 2020 workforce vision implementation plan 2018-2020 - gov.scot (www.gov.scot)

and care homes in Fife. HR, Patient Relations, Infection Prevention & Control, Pastoral, Resuscitation and Manual Handling all offer training to NHS staff.

- Work across organisational and professional boundaries (i.e. between primary and secondary care, across sectors etc) to share good practice in Learning & Development (L&D), evidence-informed practice and organisational development. Facility available regarding L&D space e.g. face to face training or a computer room where staff can participate in virtual training, update their core skills, LearnPro, Turas etc. Engaging with the staff regarding what they would like and to ensure they feel included as part of the process in relation to the new building.

- Workforce to deliver integrated services: Working with partners to develop workforce planning capacity and capability in the integrated setting including ways of working – exploring opportunities to work differently before the building completion e.g. using the Patient Personas & Pathways in order to establish a service coordination approach and tests of change.

- Change management – ensuring change is managed appropriately and providing opportunities to keep all key staff and stakeholders informed, involved and engaged in the process where possible. The Staffside representative also attends Project Team meetings and has had input into these sections of the OBC. This will be organised through a range of methods such as Subgroup meetings, staff updates, Blink, websites, newsletters and ongoing communications with key stakeholders etc. It is important to give staff ownership particularly if the new building is to be their main base. How and when to ask staff for views is important - all views need to have equal importance.

- Longer opening hours – these will be considered as part of the new building where designated areas could potentially be 'locked-down' for out-of-hour use as a community asset.

- Health & Social Care and Design & Construction Career Pathways – work with L&D to ensure links with local schools and education providers are established to showcase Health & Social Care and Design & Construction as career pathways including options for apprenticeships, internships, student placements and work experience etc.

2.4.1.4 National and Local Strategies

Key national and local documents have influenced the development of our health and care model and thereby this proposal, although this is not an exhaustive list. It should be noted that along with Caithness and Ayrshire Fife's Community Health and Wellbeing Hub programme has been selected as a national pathfinder site to support a Once for Scotland approach to delivering the shift in the balance of care from hospital to community.

National

- Commission on the Future Delivery of Public Services (The Christie Report) (June 2011)

- 2020 Vision for Health and Social Care (September 2011)

- Healthcare Quality Strategy (2012)
- A National Clinical Strategy for Scotland (February 2016)
- Health and Social Care Delivery Plan (December 2016)
- Property Asset Management Strategy (2017)
- NHS in Scotland 2016 – Audit Scotland Report (October 2016)
- Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland (August 2017)
- General Medical Services Contract (2018)
- Health and Social Care Integration – Audit Scotland (November 2018)
- Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)

Local

- Health and Social Care Partnership Strategic Plan for Fife Plan (draft 2019-2022)
- NHS Fife Clinical Strategy (2016-21)
- NHS Fife Property and Asset Management Strategy (2022)
- NHS Fife Operational Delivery Plan (2018/19)
- Let's really raise the bar: Fife Mental Health Strategy (draft) (2019-2023)

This proposal interacts with these key local and national strategies in terms of:

Quality Strategy ambitions in relation to:

- Person centred care - through improving access to Primary Care and providing more care closer to home
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation
- Effective – bringing together a wider range of health and care services to make more effective use of resources

2020 Vision aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

Technology Enabled Care projects are being tested within the current service model to modernise primary care, support earlier identification and self management.

NHS Fife's Clinical Strategy and Operational Delivery Plan are focused on delivering person centred care, closer to home where possible. The proposed development will support the local provision of health and social care services within Lochgelly, facilitating person centred care and support.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general Practice requires collaborative working, with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP Practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:

- Maintaining and improving access
- Introducing a wider range of health professionals to support the expert medical generalist
- Enabling more time with the GP for patients when it is really needed
- Providing more information and support to patients

The **Public Bodies (Joint Working) (Scotland**) Act 2014[11] aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population. Fife's local Health and Social Care Strategy describes how the nine National Outcomes for Integration can be met through prevention, local earlier integrated working focused on peoples own outcomes.

Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway**[12] and the Named Person role conferred by the Children **and Young People (Scotland) Act** (2014)[13]. The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017)[14] sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. Within this framework redesign in community nursing is supporting the implementation of the Chief Nursing Officer Directorates paper on Practice and Community Nursing to integrate locally to support prevention and early intervention.

Fife Health and Social Care Partnership, established on 1 April 2016, is refreshing its strategic plan, this includes revised Vision, Mission and Values. The plan is focused on delivering proactive, integrated support and therefore will seek to secure an outcome focused model delivered locally aimed at securing improved outcomes through early identification and intervention:

[11] Public Bodies (Joint Working) (Scotland) Act 2014 (legislation.gov.uk)
[12] Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot (www.gov.scot)
[13] Children and Young People (Scotland) Act 2014: National Guidance on Part 12: Services in relation to Children at Risk of Becoming Looked After, etc - gov.scot (www.gov.scot)
[14] Nursing 2030 vision - gov.scot (www.gov.scot)

- ***The Vision is*** To enable the people of Fife to live independent and healthier lives.
- **The Mission is** "We will deliver this (vision) by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes."
- Our **Values** are: Person-focused - Integrity – Caring - Respectful - Inclusive - Empowering

2.4.2 Need for Change Summary

The following is a full list of the main drivers causing the need for change, the effect that these issues are having on the current service provision and an assessment of why it is believed action is required now.

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
The clinical and social care model have developed and implementation is being circumscribed.	Primary, Community and Voluntary sector services cannot provide the integrated model of care they and the community recognise is required now and for the future. Existing facilities lack the number and range of support areas necessary to deliver safe and effective services, the physical capacity of the building is 100% utilised and oversubscribed.	The model of integrated care is being undermined now: preventing locally based, proactive care. Lack of essential support areas (e.g. clean and dirty utility areas) represents a real and unacceptable risk to the Board in key areas such as Healthcare Associated Infections and patient safety that can only be addressed through significant investment. Time from Initial Agreement to occupation of a new facility could take circa 4 years.
	Services cannot be delivered locally for local patient need; existing physical capacity is unable to deliver essential baseline change and re-design.	Local health inequality issues will continue to be difficult to support. NHS Fife/Fife H&SCP will fail to deliver the GMS (2018) and the community health and wellbeing hub model within Lochgelly unless this is planned for.
	Pressure on existing staff, accommodation and services will inevitably increase.	Sustainability of primary care is a key priority for the Partnership and NHS Fife.

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
		There is a need to plan to provide a sustainable service for the future
Poor clinical and non-clinical functionality and space restrictions in existing accommodation (configuration)	Existing facilities fall far below the required standards in terms of how they are configured and laid out. The Equalities Act 2010 compliance within the building is poor.	Existing facility configuration and layout presents unacceptable risks, as well as poor local performance, functional in-efficiency and suboptimal patient experience. Wheelchairs, mobility scooters and double buggies cannot access parts of the building, including the waiting area. The waiting areas are too small.
	Premises are functionally inadequate and compromise pro-active, integrated care.	No scope exists to re-organise parts of the service to improve the experience.
	Some consulting rooms are very small and do not meet current standards. These are very restrictive / unsuitable for patients and staff.	Poor patient and staff experience. Does not meet current recommended standards.
Clinical and social care functionality (capacity) issues	Capacity is unable to cope with current, let alone future projections of need. Patients are required to make repeated appointment to meet with different members of their multi disciplinary team and to access healthcare out-with the local area.	Service sustainability and development is at risk and an increasing number of patients will travel to other venues for appointments.
	Facilities lack the number and range of support areas necessary to deliver modern, integrated, safe and effective services	There are no rooms available to deliver training, accommodate local multi disciplinary team meetings, etc. There is no accommodation to support local access to a wider range of visiting community services to support for example income maximisation.

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
Building issues (Including statutory compliance and backlog maintenance)	Existing facilities fall far below the required standards in terms of how they are configured and laid out. Physical characteristics of the building prevent safe and effective patient care: small treatment rooms below minimum standards. Increased safety risk from outstanding maintenance and inefficient service performance.	Building configuration and layout present unacceptable risks as well as poor performance and functional inefficiency. Redesign of building will allow for improved care, staff experience and financial performance. Building condition, performance and associated risks will continue to deteriorate if action is not taken now.

Table 15 - Need for Change

2.4.3 Investment Objectives

This section identified the 'business need' in relation to the current arrangements described in Section 2.1. These were discussed at the Architecture & Design Scotland (A&DS) facilitated workshop to develop the project design statement. A wide range of stakeholders including clinical and managerial staff along with community representatives were involved in a workshop to describe the difference between 'where we are now' and 'where we want to be'.

Effect of the need for change on the organisation:	Investment Objectives
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health

the parties to deliver the full range of integrated services locally.	and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity.
Existing configuration, as a result of a circa 1970's building, which has been modified and extended with a 'best fit' approach means poor accommodation e.g. service users who rely on wheelchair access or have a mobility problem have extreme difficulty in both accessing and traversing the facility.	Delivery of safe and effective care with dignity by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. Improved staff wellbeing.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

Table 16 - Investment Objectives

2.4.4 Proposed Benefits

There is a clear emphasis on General Practice provision and the development of the community health and wellbeing hub model within the Partnership's Strategic Plan and NHS Fife Clinical Strategy. The proposed investment in infrastructure will enable the Lochgelly Medical Practices to fully participate in the required programmes of care, enable full access to the Primary Care Improvement Plan and thereby improve outcomes for individuals, experience for staff and the reputation of the organisation.

Benefits for each of the investment objectives described in Section 2.4.3 above are mapped to the expected benefits in the context of the Scottish Government's five Strategic Investment Priorities (Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability).

To ensure that resources are effectively utilised and that any investment made provides agreed benefits a register has been developed. The benefits register (see Appendix E) identifies the expected benefits, indicates a baseline and target measurement and also gives a priority level to each benefit. The Benefits Realisation Plan demonstrating how the benefits can be secured is included at Appendix F.

Investment Objective	Benefit	Investment Priority
Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities.	GP Practice Multi-Disciplinary Team, wider community hub team and voluntary sector have access to accommodation to meet population needs locally.	Person-Centred Health of Population Integrated Care

Investment Objective	Benefit	Investment Priority
Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	Services delivered locally based on need.	Person Centred Efficient Effective Integrated Care
Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to maximise and improve people's health and wellbeing within the local community.	Higher staff retention levels. Higher staff morale/lower absence rates. Increased flexibility of roles. Career progression. Improved workforce planning across the health and social care pathway. Supports training, education and development. Improved patient centred communication within the wider team.	Person Centred Efficient Effective Value and Sustainability Integrated Care
Enable earlier access to proactive and anticipatory care through local delivery via integrated, seamless services across health and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity.	Access to wider staff skills, support and experience on one site. Reduces unnecessary hospital referrals and admissions. Reduces patient risk. Cost effectiveness of service provision – ensuring patients can access services as close to home as possible	Effective Quality of Care Person Centred Integrated Care
Delivery of safe and effective care with dignity – by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. This will improve the patient and staff experience.	Improves patient experience addressing privacy and dignity issues. Improves staff safety through provision of primary care and community services on one site allowing for available support for patients and staff.	Safe Person Centred Quality of Care Integrated Care

Investment Objective	Benefit	Investment Priority
	Ease of compliance with standards e.g. Equality Act (2010)[15], HAI Fit For Purpose, flexible accommodation meeting all guidelines e.g. room sizes.	
Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.	Increased local provision and access to treatment making best use of available resources by having the infrastructure to deliver more proactive, prevention and early intervention focused support; maximising MDT working to facilitate access for people and thereby reducing the call upon unscheduled care.	Effective Quality of Care Efficient: Value and Sustainability

Table 17 - Benefits

2.4.5 Risks

Risk is now covered within the Commercial Case (Section 4) and Management Case (Section 6). The project's Risk Register can be found at Appendix G.

2.4.6 Constraints and Dependencies

2.4.6.1 Constraints

Constraints are limitations on the investment proposal. Key constraints relating to this particular investment proposal are noted below:

- Financial – given the current climate it is recognised that the project is likely to be constrained financially. Once the project budget it is set, the project will require to be delivered within this.
- Programme – given the needs for change relating to the current arrangements, there is a need to deliver the project as quickly as possible.
- Quality – the project will require to comply with all applicable healthcare guidance and achieve the AEDET pre-defined target criteria across all categories. The project will also be subject to NDAP and Design Assure key stage reviews.
- Sustainability – as the preferred option is a new-build there will be a requirement to achieve and agreed BREEAM rating.

[15] https://www.gov.uk/guidance/equality-act-2010-guidance

- Site – site constraints have been investigated during the OBC and factored into the OBC cost projections. Planning constraints will be investigated during the FBC stage.

2.4.6.2 Dependencies

Dependencies are where action from others is required to ensure success of the investment proposal. Key dependencies include:

- Acquisition of the site for development. Discussions with Fife Council are ongoing in this regard, although initial indications are that Fife Council are supportive of the proposals. Engagement will continue through the FBC stage with a view to concluding a long lease arrangement at the end of this stage.
- Service re-design to maximise the opportunities of bookable spaces, agile working and service integration.
- E-health initiatives as outlined at Section 4.4.14.

2.4.6.3 Critical Success Factors

In addition to the Investment Objectives set out in Section 2.4.3, the stakeholders have identified several factors which, while not direct objectives of the investment, will be critical for the success of the project.

Requirement	Description	Critical Success Factor

Strategic fit	Meets agreed clinical and investment objectives, related business needs and service requirements	• Promotes sustainability of Primary Care provision and delivery of 2018 GMS Contract
		• Consistent with NHS Board's Clinical Strategy
		• Supports delivery of NHS Scotland Quality Strategy
		• Facilitates integration of health and social care services, delivered locally
		• From Patient perspective:
		  • a facility that is easily accessible, bright, friendly and airy.
		  • designed so that patients can be treated with dignity particularly in terms of confidentiality.

Value for money	Maximise the return on the required investment and minimise risks	• Service model maintains or reduces revenue costs in the longer term through earlier intervention • Service model enables effective decision making in allocation of resources • Building design maximises efficiency and sustainability
Potential achievability	Is likely to be delivered in relation to the required level of change Matches the available skills required for successful delivery	• The skills and resources are available to implement new ways of working • The H&SCP and the Practice are able to embed new ways of working • NHS Fife are able to deliver the programme to agreed budget and timescales • Technology enablers are available and utilised
Supply side capacity and capability	Matches the ability of service providers to deliver required services	• Service providers are available with skills, materials and knowledge • The project is likely to attract market interest from credible developers
Potential affordability	Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services	• Solution is affordable to all stakeholders

Table 18 - Critical Success Factors

3 Economic Case

3.1 Introduction

The purpose of the Economic Case is to undertake a detailed analysis of the costs and benefits of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic / service solution(s) identified within the IA.

The objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services.

3.2 Revisiting the Economic Case

Since the IA, the Economic Case has been updated to provide details of stakeholder engagement activity undertaken during the stage.

3.3 The Do Nothing/Do Minimum Option

It is not feasible to continue with the existing arrangements ('Do Nothing'), because the building is not fit for purpose. The backlog maintenance required while supporting minimum safety and the building to be water-tight will not make it fit for purpose. The do nothing option scored lowest throughout the option appraisal process. The building and footprint likewise mean that a do minimum option is not feasible.

Strategic Scope	Do Nothing / Do Minimum
Service Provision:	Primary Care services in Lochgelly are delivered from the existing Lochgelly Health Centre. The facility has previously been considerably modified and extended.
Service Arrangements:	Three separate Primary General Medical Services practices, Community Health and Voluntary Sector services
Service Provider and workforce arrangements (at the time of the Option Appraisal):	For the services detailed above at section 2 the workforce arrangements will continue with General Practitioner services Community Health and Social Care and Voluntary Sector services delivered in the building. The developing integrated multi disciplinary model will be circumscribed with inequity of access and travel implications for patients. Poor accommodation will continue to be managed as a risk in terms of staff health and safety.
Supporting assets:	The existing Lochgelly Health Centre has a baseline area of 760m^2 and features a mixture of traditional General Practitioner/consulting spaces that includes:4 x restricted separate reception and records areas at a total of 100m^2 (Associated with the 3 x separate Practices and NHS consulting elements) 2 x waiting areas (total 26 m^2) with inadequate space to meet even baseline needs and no age-specific provision 17 x (reasonably sized but poorly configured) consultant/treatment rooms located throughout the facility with little/no functional relationship to each other or the different patient groups they relate to 1 x interview room 1 x group room, although this is in effect a former waiting area with no windows that is far from fit for purpose and can consequently only be used for very short periods, therefore this has virtually no capacity for e.g. staff meetings, staff training and group work (e.g. breastfeeding support) 5 x small and disparate offices (total 74 m^2) 1 x staff room (23m m^2) servicing the whole facility and all staff groups

Strategic Scope	Do Nothing / Do Minimum
	Clinical Functionality Capacity issues have been identified as those problems associated with a lack of local space (area) that is essential to safe, effective and appropriately compliant service delivery. Areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. Whilst the facility technically has sufficient space to support baseline clinical activity, in reality it is unable to do this as a consequence of a chronic lack of storage, waiting, quiet / interview, phlebotomy, administrative and office space. In addition, the existing facility lacks any form of clean utility room, dirty utility room, disposal hold, Domestic Services Room (DSR) or clinical storage facilities. There is no dedicated teaching, group space nor consulting rooms capable of supporting a GP training function. There are no administration areas capable of supporting wider staff teaching and learning or undertaking on-line training and assessment packages. The facility has nowhere that a patient can be managed should their visit become protracted; they become unwell; and / or they require acute management prior to transfer out to another facility by ambulance. This results in delays to clinical activity as it means consultations being delayed or suspended and is compounded due to the extremely poor access to all existing clinical areas. (None of these can be accessed by a trolley through the main entrance should this be required, with the only other entrance – at the rear – only being accessible by a number of steps. This impacts poorly on patient dignity and confidentiality). The building configuration is poor from access, service configuration, safety and security perspectives.
Public & service user expectations:	Delivery of effective General Practitioner and Primary Care, physical and mental health services in Lochgelly from one building in a good central location which is all on one level. Services delivered by a wide range of professionals. Strong desire to increase ‘targeted’ delivery to address inequalities. Single shared staff room Access to adjacent car parking spaces in a free Council car park.

Table 19 - Do Nothing Option Summary

3.4 Stakeholder Engagement

3.4.1 Initial Agreement

It was important to have the support of key stakeholders from health and social care staff and leaders from the local community to define the change required and create the vision for change.

Stakeholders supported this through their participation in the Option Appraisal Exercises and Design Statement workshops. This ensured that the vision was shared and communicated to all who will be impacted by the change. It also encouraged support from those who have an emotional commitment to the services provided in their community.

3.4.2 Outline Business Case

This section focuses on the outcome of the initial engagement exercise undertaken with the people of Lochgelly in November to December 2020. In light of the restrictions, all engagement activities were planned mostly online or with appropriate measures such as social distancing in place. Key stakeholders were involved in developing a Covid-19 safe engagement approach including the Lochgelly Practices, Fife Young Carers, Fife Voluntary Action (FVA), Equality & Diversity, Participation & Engagement Team and their related networks.

The communication and engagement framework was approved by the Fife Partnership and Engagement Network: Advisory Group in October 2020. This plan sought to maximise engagement with local stakeholders via a range of networks to gather the citizen voice to inform the development of the Outline Business Case (OBC). Online materials were hosted by the NHS Fife website.

3.4.2.1 Key Communication and Engagement Activities

The main communication and engagement methods included:

- websites and social media
- press releases and posters
- cascading via local health care providers, schools, services and politician colleagues
- Peoples Panel
- Public Directory
- patient texting service
- online discussion forums, online and paper surveys

Activities included:

- Press releases were issued to initiate the engagement process through local newspapers and then an update partway through the engagement process
- The Localities Newsletter (December 2020) was sent across the seven localities (800+ members), SW Fife and Cowdenbeath Localities (189 members)
- Cowdenbeath Area Cluster

- Peoples Panel (1700 members)
- Public Directory (62 members)
- FVA Health & Social Care e-bulletin was sent to 653 members
- All communications included a link to the online survey and paper versions were made available in local sites
- Additional to this, the survey link and information was also sent out numerous times over the engagement period via social media by the NHS Fife and FHSCP Communication Teams as well as via local groups and organisations including Twitter, Facebook etc
- The patient texting service was utilised by the practices on a number of occasions and this proved to be the most successful method

3.4.2.2 Stakeholder Engagement and Surveys

Approximately 70 local groups and organisations were successfully engaged. This included:

- 12 schools in Cowdenbeath and Lochgelly
- Public Directory
- Fife Young Carers
- FVA
- Lochgelly Community Council
- NHS Fife and Equality Groups
- Cowdenbeath Cluster
- Centre for Equalities
- Carers Link
- Fife Carers Centre
- Dementia Friendly Fife (STAND Fife)
- HIS Community Engagement
- Disabled Persons Housing Association
- Benarty Response Team
- Lochgelly Beat Corona
- Lochgelly Community Development Forum
- Lochgelly Lunches
- Benarty Group

- Saje Scotland
- Community Teams
- Community Learning & Development
- Scottish Stammering Network

3.4.2.3 Survey Design

The survey was developed to provide participants with ample opportunity to share their thoughts and views in relation to their new Community Health & Wellbeing Centres. The following question ranges were outlined in the survey:

- health and wellbeing related services people would like to see in their new centre
- changes introduced since the pandemic would people like to keep
- changes introduced since the pandemic would people not like to keep
- order of importance e.g. support services, wellbeing services, increased opening times, outdoor gym, community spaces etc
- environmental factors to consider e.g. recycling, solar panels, electric car-charging points
- anything additional requirements or information not previously mentioned
- biographical information

This survey has been fully analysed and the information received from the engagement exercise has helped to support the OBC process, inform the options appraisal and building design processes, as well as help shape future service delivery in the new Lochgelly Community Health and Wellbeing Centre. Full details of the approach taken to the survey and this analysis are detailed in the supporting document Lochgelly Community Health and Wellbeing Centre Engagement Feedback Summary Report (available upon request).

3.4.2.4 Quick Wins

Using the thoughts, comments and ideas shared in the engagement feedback above, considerable work has taken place with the Lochgelly practice and other service providers to identify potential changes or improvements that can be put in place with immediate effect. Other longer term or more complex changes will be considered as the programme progresses with the development of the new centre.

These changes or improvements include:

- Ensuring a wide range of health and wellbeing services – the Clinical Services Subgroup was expanded further to include non-clinical services and renamed as the Community Health & Wellbeing Services (CHaWS) Subgroup
- Coordination and collaborative approach – working with the CHaWS Subgroup to test a coordination approach to improve patient pathways by ensuring people are accessing the most appropriate services when they need them most

- Mental Health Services – the engagement exercise highlighted a real need for mental health services, particularly during the pandemic. People will be better supported and enabled to access their local mental health services e.g. counselling, befriending, The Well etc

- Access to Carers Support – raising awareness of the needs of Carers of all ages and the appropriate support to access key services such as Fife Young Carers or Fife Carers Centre e.g. including benefits, short breaks (respite)

- Use of technology:

    - Encouraging or enabling people to access clinical and/or non-clinical appointments using technology where appropriate e.g. video calls/Whatsapp
    - Development and better use of practice websites where this isn't already available
    - Development and better use of the patient texting service
- Volunteering opportunities - public participation groups have been established to provide community representation to help shape the new centre

- Improved repeat prescription process – working with patients, carers and families, local pharmacists, doctors and administration staff are committed to ensuring easier access to safe, high quality repeat prescription systems

- Improved appointment systems – all the practices are considering how to best provide appointments, improve access and reduce waiting times for patients and will be taking the engagement feedback into consideration

3.4.3 Ongoing Stakeholder Engagement

The Project Team worked closely with practices and local organisations to identify members of the community who were interested in being involved in the development of their new centre. Local participation groups are set up and members of these groups feed into project meetings to share a representative view and feedback to the main group. There are also engagement events and activities being planned. Other options to increase community involvement and ownership will include the community/sensory garden and art work for the new centre.

The Stakeholder Engagement and Communication Plan is located at Appendix H.

3.5 Service Change Proposals

The initial scope for the Lochgelly Health Centre project was to explore design and scope options to provide a suitable health and social care facility in Lochgelly which was of a suitable size and condition to meet with the growing needs of the existing Practices, community health and social care team and voluntary sector services.

3.5.1 Long List of Options

The theoretical long list of options was initially generated by the NHS and Local Authority teams with the support of hubCo and its advisers and was reviewed throughout the process. This long-list was based on the cross-referencing of strategic theoretical service options available with local site / facility considerations.

Strategic theoretical option themes included:

Strategic Scope	Summary
1 Service Provision	• Do nothing (The status quo) • Build entirely new, minimise any use of existing buildings (full build)
2 Service Arrangements	• Don't have any specific GP / health facilities locally
3 Service provider/ workforce	• Utilise only 'operational' solutions to address existing problems
4 Supporting Assets	• Build new but also make use of existing facilities to support the overall model (reduced build) • Combine a new build or refurbishment proposal with other new / existing developments across the public sector • Use and/or refurbish one or more existing local buildings/facilities
5 User Expectations	• The expectations of the public and service users

Table 20 – Strategic Theoretical Service Options

The following core long-list of options, in addition to Option 1 do nothing/minimum described above at Section 3.3, was agreed:

Option	Description	Commentary
2	Don't have any Health Centre building – use existing available public sector estate.	This option was not short-listed as it was completely incapable of delivering the preferred service model, would not deliver the health & social care hub required and result in an even more fragmented service than at present. It was also reliant upon making use of existing spaces that lack both the capacity and functionality to deliver any of the services being delivered now and in the future.
3a	An operational solution utilising only the existing Health Centre	Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not mutually exclusive – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the

Option	Description	Commentary
		physical/facility issues identified. It was consequently not short-listed.
3a	An operational solution utilising only the existing Health Centre	Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not mutually exclusive – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the physical/facility issues identified. It was consequently not short-listed.
3b	An operational solution utilising the existing Health Centre plus space in the adjacent Lochgelly Centre	This option was assessed as a variation on option 3a), with space in the Lochgelly Centre providing potential additional scope to improve capacity concerns in the short-term. It was not short-listed for the same reasons.
4a	Refurbish & extend the existing Health Centre facility	This option was originally agreed for short-listing and was subsequently developed into drawings. Unfortunately this work-up highlighted that there was insufficient space to support the required extension (which would have to be on a single level on the adjacent car park site). It was consequently proven unfeasible and not short-listed.
4b	Refurbish the existing Jenny Grey facility	In contrast to the previous option, refurbishment of the Jenny Grey facility was not initially thought feasible, however architect work up developed a scheme that appeared credible with good use of space and only minimal compromise. This option was consequently short-listed.
5a	Reduced new build on existing Health Centre site (plus use of space in the existing health centre facility)	This option involved building a reduced new facility on the existing site that retained the existing facility. It was a theoretical option only and clearly not feasible as the existing Health Centre occupies its entire curtilage. The option was consequently not short-listed.

Option	Description	Commentary
5b	Reduced new build on existing Health Centre site (plus use of space in Lochgelly Centre)	This option involved building a reduced new facility on the existing site that also made use of space in the adjacent Lochgelly Centre. The option was not short-listed as it offered no benefits over a reduced new build on the adjacent car park site but introduced significant cost, disruption and operational challenges associated with de-cant to support demolition and re-building. The option was consequently not short-listed.
5c	Reduced new build on adjacent (car park) site (plus use of space in Lochgelly Centre)	This option involved a reduced new build on the adjacent car park site that made use of space (primarily group rooms) in the adjacent Lochgelly Centre. It was deemed feasible and consequently short-listed.
5d	Reduced new build on Lochgelly North School site (plus use of space in shared new development)	This option involved a reduced new build on the existing (disused) Lochgelly North School site that would be aligned to potential (very early stage) local authority proposals relating to the construction of a pre-school nursery on the site. It was deemed feasible and consequently short-listed.
5e	Reduced new build on Jenny Grey site (plus use of space in other facilities TBC)	This option involved building a reduced new facility on the existing Jenny Grey site that also made use of space in appropriate existing local facilities. In the event, no such facilities could be found and consequently the option was not short-listed.
6a	Full new build on existing site	This option involved a full new build on the existing site that was entirely self-contained. It was not short-listed as it offered no benefits over a full new build on the adjacent car park site but introduced significant cost, disruption and operational challenges associated with de-cant to support demolition and re-building.

Option	Description	Commentary
6b	Full new build on adjacent car park site	This option involved a full (self-contained) new build on the adjacent car park site. It was deemed feasible and consequently short-listed.
6c	Full new build at Lochgelly North School site	This option involved a full (self-contained) new build on the Lochgelly North School site. It was deemed feasible and consequently short-listed.
6d	Full new build at Jenny Grey	This option involved a full (self-contained) new build on the existing Jenny Grey site. It was deemed feasible and consequently short-listed.
6e	Full new build at Francis Street	This option involved a full (self-contained) new build on the Francis Street site. It was deemed feasible and consequently short-listed.

Table 21 - Long-list of Options

The benefits criteria against which the long list were assessed were initially drafted by the wider planning team in light of the strictures placed upon the clinical model by the facility associated challenges identified. These were refined during the option appraisal events into an agreed list based on global stakeholder opinion.

Importantly, this list was also developed with the support of the stakeholder group reviewing options related to a similar business case being developed for Kincardine in order to ensure that both projects, which have similar objectives and timescales, were able to benefit from each other's work through the development of an agreed list of benefits criteria that were weighted independently.

In summary, the benefits criteria reflected the ability of each identified option to, noted in order of highest to lowest weighting:

- Deliver an optimal physical environment
- Be readily accessible
- Support flexibility and sustainability
- Support local and national service strategies
- Deliver wider community & public benefits

The Partnership is committed to delivering services that are integrated and maximise opportunities for local delivery. It has been formally confirmed that there is an on-going requirement to continue to deliver GP, primary care and local clinical services from Lochgelly.

Specific site/facility considerations included:

- The existing NHS owned Health Centre site in Lochgelly
- The adjacent Local Authority owned (car park) site in Lochgelly
- A site at the Local Authority owned Lochgelly North School
- The Jenny Grey site (A Local Authority care home recently reprovided)
- A Local Authority owned site at Francis Street

Whilst a number of other potential sites were raised and considered, they were all excluded at this stage as they were either demonstrably too small and / or not in public sector ownership. On this latter point it was noted that a site that was not currently in the ownership of the public sector would only be considered if none of the public sector sites was deemed appropriate based on the appraisal process.

3.5.2 Short List of Options

The short list initially included Options 1, 4b, 5c, 5d, 6b, 6c, 6d and 6e. 4. In reflection of the complexity of the process and relatively early stage in the development it was however agreed to combine a number of these options. Specifically:

- Option 6b was combined with option 5c for evaluation purposes, with the amended option 5c becoming new build on adjacent (car park) site plus/minus use of space in Lochgelly Centre. This combined option referenced the fact that the required land take for both options was the same, with only the volume of accommodation required on a second floor different, whilst acknowledging the significant additional work still required to understand the actual opportunities and threats associated with potentially accessing the Lochgelly Centre.
- Option 6c was combined with option 5d for evaluation purposes, with the amended option 5d becoming new build on the Lochgelly North Schools site that 'had the potential to make use of space in a shared new development' if this is taken forward by the Local Authority. This combined option referenced the fact that the area available was capable of delivering both options whilst acknowledging that the nursery proposal was still only embryonic.

The short list options finally agreed and short-listed for scoring (by location) were:

Option	Description
1	1 – Current: Do Nothing (The Status Quo)
2	5c – Site/Adjacent Car Park Area: Build a new Health Centre on the adjacent (car park) site (plus/minus make use of space in Lochgelly Centre)
3	4b – Jenny Grey Site: Create a new Health Centre by refurbishing the existing Jenny Grey facility *Option no longer available as demolished*

4	6d – Jenny Grey Site: Build a new Health Centre on the Jenny Grey site by demolishing the existing facility
5	5d – Lochgelly North School Site: Build a new Health Centre on the Lochgelly North School site (with potential to make use of space in a shared new nursery development)
6	6e – Francis Street Site: Build a new Health Centre on the Francis Street site

3.5.3 Indicative Costs

Indicative costs for each of the options on the Short List have been prepared as per guidance in the Scottish Capital Investment Manual by hubCo. The non-preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m^2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020). Figures are calculated over a 60 year period.

Table 22 – Short-list of Options

	Description	Capital Costs (£) *	Whole Life Capital Costs (£)	Whole Life Operating Costs (£)	Est. NPV (£)	Est. EUV (£)
1	**Do Nothing/Base**	-	-	5,465,940	2,311,661	91,099
2	**(5c) Car park**	7,025,717	1,639,332	19,613,953	11,871,118	467,823
3	**(4b) Jenny Grey Refurb**	-	-	-	-	-
4	**(6d) Jenny Grey New Build**	6,959,207	1,623,802	19,526,538	11,799,393	464,996
5	**(5d) Lochgelly School New Build**	7,244,244	1,690,358	21,488,830	12,763,618	502,995
6	**(6e) Francis Street New Build**	6,835,692	1,594,962	19,364,198	11,666,192	459,747

Table 23 - Option Costs

3.5.4 Option Advantages and Disadvantages

The following table outlines how the advantages and disadvantages of the short list were assessed against the benefits criteria. This was undertaken through a process of discussion / debate within groups with the intention of seeking consensus agreement around the relative merits of each option and scores to be applied.

Option	Advantages: Strengths and Opportunities	Disadvantages: Weaknesses and Threats
1 Do Nothing/Base	Established location	Building and curtilage no longer fit for purpose Not suitable for further development
2 (5c) Car park	Central, established location Accessible site. Overlooked- supports security Visible site Community setting Improves town landscape Community setting	Two storey Further site investigations required due to mining Constrained town centre site Loss of car parking during construction Reduced car parking Access roads may be unsuitable for construction traffic Site ground conditions make development very expensive Infrastructure issues – sewers do not support new development /network issues
3 (4b) Jenny Grey Refurb	Relatively close to town centre Reuse of existing public sector estate Space for optimum parking / site servicing Good access Overlooked- supports security Potential capital savings Community setting Flexibility of expansion options on site Potential complimentary use of site	Decant costs Possibly too overlooked. Further site investigations required due to mining Access roads may be unsuitable for construction traffic Does not meet more detailed briefing requirements due to restrictions of existing structure

	Potential to have segregated staff access	
4 (6d) Jenny Grey New Build	Relatively close to town centre Large flat site, optimum parking/site servicing Good access. Overlooked- supports security Adjacent to open amenity site Community setting Flexibility of expansion options on site Potential complimentary use of site Potential to have segregated staff access	Overlooking could impact on patient privacy Further site investigations required due to mining Access roads may be unsuitable for construction traffic Perceived impact on local amenity space
5 (5d) Lochgelly School New Build	Relatively close to town centre Large flat site, optimum parking/site servicing Good access. Overlooked - supports security. Potential complimentary use of site Uses a site with established community function Uses infrastructure of potentially suitable capacity of site	Access roads may be unsuitable for construction traffic Site ground conditions make development very expensive Infrastructure issues – sewers do not support new development /network issues Hidden from primary routes Demolitions required on site Potential impact on programme/approvals from adjacent developments
6 (6e) Francis Street New Build	Central location Accessible, ample site Overlooked- supports security Visible site Community setting Increased flexibility	Possibly too overlooked Further site investigations required due to mining Access roads may be unsuitable for construction traffic Site ground conditions make development very expensive

	Enables segregated access	Infrastructure issues – sewers do not support new development /network issues

3.5.5 Does the Option meet the Investment Objectives?

The table below summarises the extent to which the shortlisted options meet the Investment Objectives.

Table 24 - Option Advantages and Disadvantages

Investment Objective	1 Do Nothing /Base	2 (5c) Car park	3 (4b) Jenny Grey Refurb	4 (6d) Jenny Grey New Build	5 (5d) Lochgelly School New Build	6 (6e) Francis Street New Build
Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	No	Yes	No	Yes	Yes	Yes
Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to maximise and improve people's health and wellbeing within the local community.	No	Yes	No	Yes	Yes	Yes
Enable earlier access to proactive and anticipatory care through local delivery via integrated, seamless services across health and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity.	No	Yes	No	Yes	Yes	Yes
Delivery of safe and effective care with dignity – by providing facilities which comply	No	Yes	No	Yes	Yes	Yes

Investment Objective	1 Do Nothing /Base	2 (5c) Car park	3 (4b) Jenny Grey Refurb	4 (6d) Jenny Grey New Build	5 (5d) Lochgelly School New Build	6 (6e) Francis Street New Build
with all legal standards and regulatory requirements and gives equality of access for all. This will improve the patient and staff experience.						
Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.	No	Yes	No	Yes	Yes	Yes
Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	No	Yes	No	Yes	Yes	Yes

Table 25 - Does the Option Meet the Investment Objectives?

3.5.6 Cost / Benefit

This section presents the case for the selection of the preferred option. In line with HM Treasury guidance, the NPC is divided by the WBP score to determine the cost per benefit point for each option. The lowest cost per benefit point is considered to be the most attractive option.

	1 Do Nothing/ Base	2 (5c) Car park	3 (4b) Jenny Grey Refurb	4 (6d) Jenny Grey New Build	5 (5d) Lochgelly School New Build	6 (6e) Francis Street New Build
Net present cost (NPC) - £m	2,311,661	11,871,118	-	11,799,393	12,763,618	11,666,192
Weighted benefit points (WBP)	256	431	435	632	431	879
BPC per WBP - £000	9,029	27,543	-	18,669	29,613	13,272

	1 Do Nothing/ Base	2 (5c) Car park	3 (4b) Jenny Grey Refurb	4 (6d) Jenny Grey New Build	5 (5d) Lochgelly School New Build	6 (6e) Francis Street New Build
	Reject	Possible	NA	Possible	Possible	Preferred

Table 26 - Option Benefit Scores

3.5.7 Preferred Option

From table 26 it can be seen that option 6 scores highest in respect to benefit points. Once the net present costs are factored in, option 1 is highlighted at the lowest cost per benefits point – this is purely because of low net present cost owing to the limited capital that could be invested in the existing facility. As option 1 does nothing to tackle the needs for change as demonstrated within the strategic case and benefits appraisal, it is not a legitimate option.

Given the balance of legitimate options, option 6 offers the highest benefits score and the lowest cost per benefits point, indicating that it is the strongest option. Option 6 is therefore the preferred option as favoured by all stakeholders (consensus).

The proposal has the support of representative service users, carers, staff, the GP Practice and all other key stakeholders.

4 Commercial Case

4.1 Introduction

This section outlines the commercial arrangements and implications for the Project. This is done by responding to the following points:

- The procurement strategy and appropriate procurement route for the Project
- The scope and content of the proposed commercial arrangement
- Risk allocation and apportionment between public and private sector
- The payment structure and how this will be made over the lifetime of the Project
- The contractual arrangements for the Project

4.2 Revisiting the Commercial Case

The commercial case has generally been updated and expanded since IA in accordance with SCIM OBC guidance. In particular, the design of the preferred option has been progressed allowing for a detailed overview on the status of the design to be provided.

4.3 Procurement Strategy

4.3.1 Procurement Route

NHS Fife will lead on the procurement whilst being supported by the Fife Health and Social Care Partnership.

The project is community focussed and more than £750k, therefore the Scottish Futures Trust hub initiative has been selected as the most appropriate route to deliver the project. The East Central hubCo have been appointed to deliver this public funded project under the design and build option.

The following further procurements have been undertaken to support the Board and these will be procured through Frameworks Scotland Lead Advisor lot.

Lead Advisor

- Project Manager services
- Cost Advisor services
- Technical Advisor services (M&E)
- Authority's Representative (for contract purposes)
- Clerk of Works

4.3.2 Procurement Rules and Regulations

As the proposed procurements have already been tendered they are in compliance with the procurement rules and regulations.

4.3.3 Procurement Plan

The summary table below provides an overview in respect to procurements to date:

Service	Appointment	Status
Contractor, Designers and Principal Designer	East Central hubCo	New Project Request (NPR) agreed. Stage 1 Approved.
Lead Advisor	Currie & Brown	Appointed

Table 27 - Procurements

4.4 Scope and Content of Proposed Commercial Arrangements

4.4.1 Overview

The project involves providing a new health and wellbeing centre within Lochgelly at the preferred Francis Street site. The new centre will replace the existing facility and will be developed further to accommodate future growth within the local area whilst taking cognisance of the Scottish General Medical Services (GMS) contract. The new facility will focus on providing core GP and other health services whilst offering broader flexibility for the promotion of interconnected health and wellbeing opportunities within the local community – this is in-keeping with NHS Fife's ambition to become an anchor institution within Fife.

4.4.2 Project Brief

The project brief is reflected within the following documents which can be provided upon request:

Document	Date	Revision
New Project request (including appendices)		4
Authority's Construction Requirements (ACR)	12.08.21	1

Table 28 - Project Brief

The brief for the design process is that the proposal must conform to all statutory requirements. In addition, the design proposals must meet all relevant Healthcare Guidance as published by HFS on their website.

The PSCP is required to schedule all relevant healthcare guidance and identify any associated derogations against that guidance. This process is ongoing in parallel with the development of the design and will be concluded and presented during the FBC stage of the project.

In respect to governance, the Project Team will be charged with reviewing and agreeing proposed derogations. Thereafter the Project Board have assumed responsibility for sanctioning any proposed derogations. This will be an iterative process culminating in formal acceptance of derogations in advance of contract execution. The Project Team will liaise with Health Facilities Scotland for support and guidance where necessary when contemplating derogations.

4.4.3 Current Design Status

The design has been completed to RIBA Stage 2 which aligns with OBC and NDAP requirements. The table referenced below provides an overview of how the project is performing against predefined OBC requirements.

OBC Design Requirements	Project Status
Concept Design incl. Arch, M&E, C&S, Fire, Landscape	Complete
Outline drawings (≥1:200, key ≥1: 50) & specifications	Complete
Outline sustainability strategy	BREEAM Pre-assessment completed
Outline construction strategy incl. HAI, CDM H&S Plan	Ongoing and will be continued into FBC
3D sketches of key Design Statement spaces	Complete
Completed Design Statement OBC self-assessment	Complete – assessed through AEDET workshop
Completed AEDET OBC self-assessment	Complete
Photographs of site showing broader context	Complete
Evidence of Local Authority Planning consultation and/or alignment with Local Development Plan.	Pre-planning engagement has been sought from Fife Council via a formal application and fee. Consultation and feedback will be received early within the FBC period.
Extract of draft OBC detailing benefits & risks analysis	Provided within this OBC.

OBC Design Requirements	Project Status
Evidence of HAI & CDM consultation	HAI SCRIBE Stage 1 has been completed
Evidence Sustainability commitments will be met. e.g. accurate & NCM models (DSM). BREEAM, .CAB files and BRUKL; show how design will be optimised	
Evidence Equality & access commitments will be met	Design development ongoing but briefing requirements set out in NPR and ACR
Evidence of VfM e.g. WLC on key design options	EQIA Stage 1 complete
Evidence Activity Data Base (ADB) use optimised	Ongoing process through design workshops
Evidence NHS guidance & technical standards will be met; list any derogations, with their technical reasons	Will be used at FBC. Standard HFS repeatable layouts will be utilised where appropriate
OBC design report evidencing all above & IA brief met ≥1:500, ≥1:200, key ≥1: 50; diagrams, sections plans, 3Ds, specs, comfort & energy DSMs, to RIBA Stage 2 Concept plus key elements developed to Stage 3	Ongoing – to be evidenced and concluded within the FBC stage

Table 29 - Design Status

4.4.4 Schedule of Accommodation (SoA) Development

A SoA was developed at the IA stage of the project. Whilst the schedule was tested with stakeholders at this stage to inform budgetary costings it was very much a working draft. The status of the SoA was offset by the optimism bias allocation factored into the Financial Case at IA.

The SoA was developed further at commencement of the OBC stage following a detailed review of health services to be accommodated within the building. When the IA was first developed, the GMS contract was in its infancy. Changes to the SoA largely relate to emerging requirements from the GMS contract.

The table below compares the IA SoA to the OBC “as drawn” outturn. As it can be seen there is an increase of 339m^2 overall.

IA SoA (m^2)	OBC "as drawn" (m^2)	FBC "as drawn" (m^2)	Difference (m^2)
1,478	1,817		339

Table 30 - Area (m^2) Summary

4.4.5 Flexible Space

Given the order of investment, it is important that use of the asset is maximised with rooms being utilised to their full potential. It is also important for the asset to be used successfully at the outset whilst being capable of withstanding future change with minimal disruption and cost. For these reasons the following themes and workstreams are being progressed.

- HFS standardised rooms are being incorporated wherever practicable
- The building configuration is being designed to withstand future changes in GP practice arrangements – i.e. consolidation of GP practices
- A bookable room system is being developed to support transient services
- The building layout and landscape is being designed to afford and promote "out of hours" use for health and wellbeing initiatives and community use
- An agile working policy is being developed to support agile workstations within open plan office areas
- The building design is being considerate to possible constraints caused by pandemics and how the building may cope with these temporary situations

4.4.6 Community Engagement

In December 2020 a community engagement exercise was undertaken to reach out to the local community to establish what was important for them within their new health and wellbeing centre over and beyond core requirements. Aspects relating to the physical building are listed below together with detail on how these themes will be taken forward and where applicable incorporated into the design. Feedback in respect to the community engagement exercise has been undertaken with the community separately.

Theme	Project Action
Flexible spaces to allow the provision of services and for community use out of hours	Carried forward into design proposals
Near-me booths to support accessibility and digital poverty	Being carried forward into design proposals
Community gym	No space allowance for an internal gym currently. External space is being incorporated for community use which could include provision for gym related equipment. Space allocation only at OBC.

Theme	Project Action
Needle exchange	Being considered within design proposals
Community garden	External space is being incorporated for community use which may include provision for a community garden. Space allocation only at OBC
Accessibility - space for external mobility scooter parking plus space for wheelchair and pram storage/parking internally	Being carried forward into design proposals
Covered external area	Being considered and where possible incorporated, but needs to be balanced with anti-social behaviour which covered areas can often attract
Community café	It is considered that the health centre is too small to benefit from a community café. This amenity is already provided locally
Community fridge	This amenity could/is be provided by the local community centre

Table 31 - Engagement Feedback

4.4.7 NHSScotland Design Assessment Process (NDAP)

The purpose of NDAP is to promote design quality and service. It does this by mapping design standards to the key investment deliverables, including Scottish Government objectives and expectations for public investment, then demonstrating their delivery via self, and independent assessments. NDAP is made up of personnel from Health Facilities Scotland (HFS) and Architecture Design Scotland (A&DS).

During the IA Stage, A&DS helped to facilitate a Design Statement workshop. This document forms part of the Project Brief, setting out design objectives for the Project Team. The project's design statement is located at Appendix B.

At commencement of OBC shortly after hubCo appointment, the Project Team met with HFS to discuss the project, principles and expectations. This helped to provide a framework for development of the design during the OBC Stage.

The OBC NDAP submission was issued on 23 December 2021. The review process is ongoing at the time of concluding this OBC for governance approvals, although it is anticipated that the NDAP report will be available in advance of the project being considered by the Scottish Capital Investment Group.

4.4.8 NHS Assure

NHS Assure is a technical key stage review process set up and administered by NHS NSS. Their remit is to provide knowledge and expertise through the lifecycle of projects to provide confidence within the public sector that projects are being procured, designed and delivered in a compliant manner ensuring operational safety for building users.

NHS Fife submitted their OBC key stage review pack to NHS Assure on 23 December 2021.The review process is ongoing at the time of concluding this OBC for governance approvals, although it is anticipated that the NDAP report will be available in advance of the project being considered by the Scottish Capital Investment Group.

4.4.9 Achieving Excellence Design Evaluation Toolkit (AEDET)

In accordance with SCIM guidance and the investment objectives, AEDET will be used throughout the development of the Project to help NHS Fife manage the design from initial proposals through to detailed design and will continue to do so through to Project Evaluation.

The AEDET toolkit has three key dimensions (functionality, build quality and impact) and outlines 10 assessment criteria. Each of the 10 areas is assessed using a series of questions which are scored on a scale of 1 - 6.

AEDET assessments are to be undertaken at predefined stages throughout the project's lifecycle. The stages are outlined in the table below together project progress against these to date.

Stage	Project Progress
Benchmark – assessment of current asset(s)	Completed at IA
Target – aspiration for project	Completed at IA
OBC – assessment of design proposals	Complete
FBC – assessment of design proposals	To be completed at FBC

Table 32 - AEDET Progress

On 8 December 2021, an AEDET workshop was held to review the OBC stage design against the agreed target scores. This workshop involved a wide range of participants including staff, service users and hubCo. The OBC AEDET scores are included in the table below together with the benchmark and target scores.

Category	Benchmark	Target	OBC	FBC
Use	1.4	4.5	3.8	
Access	1.1	4.4	3.1	
Space	1.0	4.2	3.1	
Performance	1.4	4.4	2.7	
Engineering	1.3	3.4	3.4	

Construction	0.0	4.0	0.0	
Character & Innovation	1.0	4.4	3.4	
Form & Materials	1.3	4.4	3.0	
Staff & Patient Environment	1.1	4.3	3.5	
Urban & Social Integration	1.3	4.5	3.4	

Table 33 - AEDET Scores

4.4.10 BREEAM

Projects requiring capital investment through the Scottish Government are required to demonstrate sustainable credentials to contribute towards the development of a sustainable NHS estate.

The project has been assessed using BREEAM UK New Construction 2018, sub-group healthcare. A target score of 45% was set at the briefing stage which equates to a BREEAM "good" rating. The project is currently targeting credits equating to 53.71% which is beyond the briefing target.

Note: the project commenced in advance of new sustainability guide being mandated / published so proceeded on the basis of mandated guidance at that point in time

4.4.11 Energy

Following a meeting with HFS, project specific energy targets were agreed. The energy targets took cognisance of project budgetary constraints set at IA (pre zero carbon policy) whilst still aiming to ensure that the facility will be very energy efficient. The following criteria was agreed:

- >59% emissions reduction against 2015 benchmarking to be sought
- Electricity target not more than 60 kWh/ m^2 pa; and max demand not to exceed 20 Watts/ m^2
- Thermal target not more than 120 kWh/ m^2 pa

The criteria will be achieved through the development of the design.

4.4.12 Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE)

HAI SCRIBE is a risk management process aiding the identification and mitigation of design and construction related infection risks within the built environment. There are four stages within the process – these are identified in the table below together with project progress against these stages to date.

Stage	Project Progress
Stage 1 – Site Selection	Complete

Stage	Project Progress
Stage 2 – Design	To be completed at FBC stage.
Stage 3 – Construction	To be completed at FBC stage.
Stage 4 – Occupation	To be completed post completion.

Table 34 - HAI SCRIBE Summary

4.4.13 Building Information Modelling (BIM)

BIM describes the process of designing and constructing a building collaboratively using one coherent system of digital models and linked non graphical data, as opposed to separate sets of drawings and documents. These models and data also incorporate information which will be carried over and used in the operational phase.

NHSScotland is supporting the adoption of Level 2 BIM maturity following the SG mandate in support of the recommendations of the "Review of Scottish Public Sector Procurement in Construction" which endorsed that "BIM will be introduced in central government with a view to encouraging adoption across the public sector. The objective states that, where appropriate, projects across the public sector adopt BIM level 2 by April 2017."

The NHSScotland BIM strategy is intended to ensure the creation of a digitised information management process which all Boards and teams working on NHSScotland programmes should follow to maintain consistency and facilitate collaborative working, which will in turn reduce waste and non-conformances.

The Project will use BIM as a key design tool during the design and construction phases of the project helping to facilitate coordination and mitigate risks. Another benefit of BIM is that NHS Fife will have true "as built" records along with the project specific asset tagging that will assist with the operation, maintenance and replacement of components.

An NHS Fife Employers Information Requirements (EIR) has been developed and offered hubCo as part of the Project Brief. The EIR in turn has helped to inform the BIM Execution Plan (BEP) which has been developed by the hubCo. These two documents control how BIM will be utilised on the project.

4.4.14 E-health

Consultation has been ongoing with eHealth during the OBC phase of the project. Initial efforts have focussed on ensuring the IT infrastructure meets e-health's standard requirements. E-health systems will be provided in line the department's wider strategy for GP premises. E-health suggestions flowing from the stakeholder consultation are as follows and these will be considered by the project team in further detail at the next stage of the process (**subject to separate funding and business cases where appropriate**).

- A patient appointment system
- A consultant room with near me facilities
- A GP text messaging system
- A self check-in facility

- Subject to security considerations, public access to IT equipment to combat digital poverty
- A room booking system

4.5 Risk Allocation

4.5.1 Key Principles

At conclusion of the FBC NHS Fife will enter a contract with hubCo to deliver the facility. The contract will be based on the Hub standard form Project Agreement (Design Build Direct Agreement) and will be subject to amendment through agreement between Legal Advisers.

Having worked through the pre-construction stage and mitigated the construction risks through surveys and investigations most of the residual construction risk is taken by hubCo.

The risk allocation table below is driven by the Design Build and Direct procurement methodology described above. Note: the percentage allocations are indicative of a project of this nature.

	Allocation of risk		
Risk Category	**Public**	**Private**	**Notes**
Title	100%	0%	
Design	0%	100%	
Development and Construction	5%	95%	√
Ground conditions below existing structures that could not be surveyed	100%	0%	There are no existing buildings on the proposed site.
Transition and implementation	100%	0%	Commissioning and migration Board responsibility
Operation of the facility	100%	0%	
Revenue	100%	0%	
Termination of Project	40%	60%	
Technology and obsolescence	100%	0%	√
Financing	100%	0%	Capital funding
Legislative	100%	0%	

Table 35 - Risk Allocation Summary

4.5.2 Key Risks

The key risks/issues currently encountered on the project are outlined in the table below. The risk register can be located at Appendix G.

Risk/issue	Mitigation
Brief inadequate/unreliable This issue relates to developments around the GMS contract and effect this has had on the area requirements for the building.	The required area increase from IA to OBC has been factored into the current design and corresponding cost plan.
Stop/start nature of the programme – keep people engaged through these periods.	Updates are being provided to community groups via newsletters and the public via press releases. NHS Fife's communication team are supporting this effort.
Project cost increases due to: ▪ Change in requirements ▪ Inflation / market conditions	This is a current issue where the cost increases have rose beyond the IA budget projection. Refer to Financial Case for further substantiation.
Programme delay The OBC programme has been affected because of COVID which has impacted resources, engagement activity and costs.	Potential to commence FBC activity in parallel with the OBC governance approval process. The project now has a full complement of resources to help drive the project forward.
Change of policy – NHS Assure Key Stage reviews Programme delays / cost increases arising	Key stage review process was implemented half-way through OBC and is required to achieve capital funding. Risk had to be accepted, but impact can be mitigated through collaboration.
Change of policy – SHTN 02-01 Sustainable Design and Construction Guide (SDaC) Programme delays / cost increases arising	Informed by HFS at OBC NDAP review that new guidance must be followed at FBC. Guidance is untested to impact is difficult to quantify. As such this risk has not currently been factored into OBC cost estimates.

Table 36 - Key Risk Summary

4.6 Payment Structure

During the pre-construction stage hubCo are paid on a monthly lump sum basis in line with an agreed drawdown schedule. At construction the Board will be obliged to pay hubCo a

lump sum one-off Development Fee for their services. Thereafter applications for payment will be processed and settled monthly in accordance with the form of contract.

Directly appointed consultants will be paid on a monthly basis in accordance with their agreed NEC4 Option A activity schedules.

4.6.1 Project Bank Account

The Project will operate a Project Bank Account (PBA), consistent with Scottish Government Guidance for public sector construction projects. A Project Bank Account is a ring-fenced bank account from which prompt payments are made directly and simultaneously to hubCo, the lead contractor and members of the supply chain. PBA's improve subcontractors' cashflow and ring-fence it from upstream insolvency.

The PBA will become operational during the construction stage of the project. The documentation and contractual arrangements associated with setting up the PBA will be developed during the FBC stage. Recent board experience in setting up a project bank account for a separate capital project will be beneficial for this project.

4.6.2 Risk Contingency Management

A project risk register was created at IA and this has since been developed further during OBC. It is used as an active management tool to identify and mitigate risks progressively as the design is developed. The risks have been fairly allocated to the party best able to manage them.

The risk register will continue to be used through FBC and the construction stage to enable risks to be identified and managed. From a commercial perspective hubCo risk is capped at 1% prior to entering the construction stage. Variations are managed in accordance with the terms of the contract. Although the opportunity for risk and variations is restricted during the construction stage, it is prudent for the NHS Fife to retain a reasonable contingency provision to cover this risk. The contingency provision will be developed and informed by the risk register during FBC but is likely to be in the order of 3-5%.

4.6.3 Contract Variations

Variations will be managed in accordance with the terms of the contract. The contract will be based on the standard SFT DBDA template with agreed amendments.

4.6.4 Disputed Payments

Disputed payments will be managed in accordance with the terms of the contract. The contract will be based on the standard SFT DBDA template with agreed amendments.

4.6.5 Inflation

Inflation will be taken account of when developing the price using the BCIS indices. HubCo and NHS Fife's Lead Advisor will ensure that the correct indices are utilised to identify the correct inflation to be applied to the project. Any deviation to the agreed inflation allowance rest with hubCo as an opportunity/risk.

4.6.6 Utilities and Service Connection Charges

Responsibility for utility and service connections charges will be identified and confirmed at Stage 2 (FBC).

4.6.7 Performance Incentives

No performance incentives will be utilised.

4.7 Contractual Arrangements

4.7.1 Type of Contract

The contract will be based on the standard SFT DBDA template with agreed amendments.

4.7.2 Key Contractual Issues

No key contractual issues have been identified at this stage, however should any arise through development and completion of the contract documentation, then these will be presented within the FBC.

4.7.3 Dispute Resolution and Termination

Procedures for contract administration, dispute resolution and termination are clearly set out within the proposed contract form.

4.7.4 Asset Ownership

In respect to asset ownership, the project is being procured using traditional capital funding. hubCo will be responsible for delivering the facilities. At Completion, NHS Fife will take possession of the building and will be responsible for the ongoing operation and maintenance of the facilities.

4.7.5 Land Ownership

The land is likely to be leased on a long-terms basis (100 years) from Fife Council. This is a similar arrangement to many of Fife's existing health centres and comparably demonstrates far greater value for money than purchasing the land outright. Initial discussions have already taken place with Fife Council and these will be advanced during the FBC stage of the project.

4.7.6 Personnel Implications

There are no employees who are wholly or substantially employed on services that will be transferred to the private sector under the proposals for this Project, and therefore the Transfer of Undertakings (Protection of Employment) Regulations 1981[16] (TUPE) will not apply.

[16] https://www.legislation.gov.uk/uksi/2006/246/contents/made

5 Financial Case

5.1 Introduction

The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on NHS Fife's and the FHSCP's finances. The affordability model assessment has been developed to cover all aspects of projected costs including estimates for:

- Capital costs for the option considered (including construction and equipment)
- Non-recurring revenue costs associated with the project
- Recurring revenue costs (pay and non-pay) for current model i.e. baseline
- Recurring revenue costs (pay and non-pay) for the preferred option

For clarity it should be noted that NHS Fife will take ownership and financial responsibility for all property related costs (capital and revenue). The FHSCP will be financial responsible for all service-related costs – i.e. costs to provide the required clinical services.

5.2 Revisiting the Financial Case

The IA was approved by Scottish Government Health and Social Care Department (SGHSCD) in November 2019 and no specific conditions were outlined in the approval letter in relation to the Financial Case.

NHS Fife have considered the affordability of this proposal by undertaking a review of the financial implications of investment, both capital and revenue.

5.3 Financial Model (costs and associated funding for the project)

5.3.1 Capital Costs

5.3.1.1 Capital Cost Summary

Capital costs have been produced by East Central hubCo and have been summarised in Table 37 below.

Description	IA Costs	OBC Costs	Difference
Design Fees	£285,522	£802,972	£517,450
Construction Price	£4,464,850	£7,496,286	£3,031,436
Surveys/Investigations	£20,000	£50,000	£30,000
Statutory Fees	£16,000	£75,000	£59,000
Contingency	£267,677	£363,124	£95,447
Inflation	£119,270	£209,907	£90,637
Optimism Bias	£1,241,597	£1,187,642	-£53,955
Client Consultants	£236,078	£139,788	-£96,290
Equipment	£144,037	£449,864	£305,827
Decant	£25,657	£25,657	£0
BIM Fees	£0	£0	£0
E-health	£15,004	£0	-£15,004
Direct Labour Costs	£0	£98,848	£98,848

Description	IA Costs	OBC Costs	Difference
Total ex. VAT	**£6,835,692**	**£10,899,088**	**£4,063,396**
VAT	**£1,319,923**	**£2,132,090**	**£812,168**
Total	**£8,155,615**	**£13,031,178**	**£4,875,563**

Table 37 - Capital Costs

The total updated cost of the preferred option, which is to develop Lochgelly Health Centre for NHS Fife is £13,031,178.

It is important to recognise that whilst the capital cost has increased since Initial Agreement, the other feasible options presented within the Economic Case would have increased in the same way given that the underlying factors driving cost would have been the same. This means that the preferred option, despite being subject to significant cost increase, remains the preferred option in respect to benefit realisation and cost.

5.3.1.2 Capital Cost Key Movements

Table 37 below provides a summary of key project cost adjustments. The adjustments are described further beneath the table from a budgetary perspective.

Description	IA Cost	OBC Cost	Difference	Notes
HubCo	£5,054,049	£8,787,381	£3,733,332	Area increase: 339m^2 Inflation: extraordinary conditions Site & design abnormals
Inflation	£119,270	£209,907	£90,637	Based on BCIS indices to construction
Optimism bias	£1,241,597	£1,187,642	-£53,955	Updated for OBC based on project maturity at this stage (13%)
Consultants	£236,078	£139,788	-£96,290	Contract now awarded – firm cost
Equipment	£144,037	£449,864	£305,827	Equipment allowance too low at IA – increased in consultation with HFS (5%)
Decant	£25,657	£25,657	£0	
E-health	£15,004	£0	-£15,004	Included in equipment line
Direct costs	£0	£98,848	£98,848	None allowed for at IA
Total ex. VAT	**£6,835,692**	**£10,899,088**	**£4,063,396**	
VAT	**£1,319,923**	**£2,132,090**	**£812,168**	
Total	**£8,155,615**	**£13,031,178**	**£4,875,563**	

Table 38 - Key Capital Cost Movements

In respect to the OBC cost plan, there is a difference amounting to £4,875,563 when compared to the agreed IA allocation (£8,155,615). This difference is primary attributed to the construction costs where increases have been realised through:

- Building area increase to take account of service and GMS contract evolving requirements – accounts for circa 41% of the construction cost increase
- Inflation and extraordinary market conditions considered to driven by the COVID-19 pandemic and the resulting global effect on supply chains – accounts for circa 20% of the construction cost increase
- Site and design abnormals: this relates to specific site conditions, more onerous energy requirements and creating a building that satisfies the conditions of the brief and design statement – accounts for circa 39% of the construction cost increase

It should be noted and acknowledged that the construction costs figures provided make allowance for realistic value engineering targets/savings within the FBC stage of the project – without this, the construction cost element and associated overall OBC budget cost estimate would have been higher.

Whilst our Lead Advisors have yet to formally report on hubCo's Stage 1 (OBC) report, they have been working hand in hand with hubCo and their Tier 1 contractor in recent weeks to agree the OBC costs. They concur with hubCo that given the current nature of the market and evolving more onerous briefing requirements the costs represent value for money.

The other costs movements are either percentage mark-ups based on the increased construction cost or adjusted/new provisions (equipment and direct costs) to take the opportunity to make the overall budget more deliverable and realistic.

In the OBC cost plan the inflation assumptions have been rebased to ensure they are as current as possible, and inflation relating to the period between IA and OBC is now historical, and therefore now included in the current construction costs. There is a forecast inflation allowance built in from the period January 2022 to construction. Inflationary forecasting is difficult during these current times so there is an inherent risk in respect to project inflation – that said, whilst inflation increases are still forecasts from 2022 to 2023, consultancy Cost Advisors generally believe that there should be some stabilisation given the significant movement in 2021.

5.3.1.3 Capital Clarification and Assumptions

The OBC capital cost estimate noted under Section 5.3.1.1 should be read with reference to the following assumptions.

Description	Note
Professional Fees	Professional services contract for Lead Advisor has been awarded
Equipment	Estimated 5% cost based on HFS advice. Transferable equipment will be moved to the new unit. Equipment budget only allows for items of equipment to be identified on the room layouts (conventional arrangement) and does not take account of any specialist equipment to be provided by the GP's or others

Contingency	Optimism bias at OBC stage has been calculated using a standard build template
Inflation	Based on Qtr 1 2022 Indices to construction
VAT	VAT has been applied where applicable. No VAT recovery estimates have been built into the cost plan for construction – this will to be confirmed with VAT Advisors and HMRC after contract is awarded
E-health	The project will cover the cost of e-health infrastructure within the building and key items of equipment as referenced on the room layouts. The budget does not allow for capital/revenue funded e-health projects.
Enhancements	Landscaping treatments around the health centre are currently quite standard. Any community garden, community gym or enhanced scheme is likely to require additional financial support.
Peppercorn Lease	The lease for the land is currently in discussion with Fife Council with the likely outcome that it will be considered a peppercorn rent. This will have an impact on leased depreciation figures under IFRS16 for right of use assets.

Table 39 - Capital Assumptions

5.3.2 Revenue Costs

5.3.2.1 Revenue Cost Summary

In order to confirm the revenue implications of the project the baseline costs (do nothing/minimum option) have been thoroughly reviewed and then compared to the projected costs of the preferred option to assess the financial implications. A summary of the revenue costs is provided in the table below.

Description	Baseline	Preferred Option	Difference
Property pays (NHSF)	£24,467	£75,566	£51,099
Property non-pays (NHSF)	£61,920	£178,330	£116,409
Property non-pays – GP offset (NHSF)	-£37,718	-£83,165	-£45,448
Net Increase (NHSF)	**£48,670**	**£170,731**	**£122,061**
Service model (FHSCP)		£724,500	-

Table 40 - Revenue Cost Summary

NHS Fife Revenue Costs

The OBC identifies overall net recurring revenue impact of £0.122m (excluding depreciation) for the preferred option against the baseline costs. Total revenue costs have been adjusted to reflect the GP rechargeable revenue costs associated with the health centre.

There are staff costs associated with this development - staffing, non-pay and consumable costs will continue to be reviewed as the FBC develops.

FHSCP Revenue Costs

The table below provides a breakdown of the FHSCP's anticipated revenue costs at OBC. The service model will evolve once decisions are received from Scottish Government on what the full implementation of MOU1/2 for urgent care and what MDT means for Fife.

All these costs will have a nil impact on the revenue outturn position as funding sources have been identified.

Staff group	WTE	Cost	Funding Source	Additional Information
Band 5	2.00	£86,000	This resource would be provided from the core vaccination workforce.	Rota across both Lochgelly and Kincardine HC
Band 3	4.00	£122,000	This resource would be provided from the core vaccination workforce.	Rota across both Lochgelly and Kincardine HC
Band 5 (Nurse)	3.00	£129,000	CTAC - funded through Primary Care Investment Fund	
Band 2 (phlebotomy)	1.70	£47,000	CTAC - funded through Primary Care Investment Fund	
Band 6 (Health Visitor)	1.00	£53,500	Funded through Primary Care Investment Fund	Per OBC
Band 7 (Primary Care Pharmacist	4.00	£252,000	Funded through Primary Care Investment Fund	Per OBC
Band 7 (First Contact Physiotherapist)	0.55	£35,000	Funded through Primary Care Investment Fund	Per OBC
Total	**16.25**	**£724,500**		

Table 41 - FHSCP Service Model Costs

5.3.2.2 Property non-pays breakdown

A breakdown of the property non-pays is provided in the table below for information.

Property Cost	Baseline	Preferred Option	Increase
Equipment	£309	£4,400	£4,091
Heating Fuel & Power	£18,019	£52,536	£34,517
Property Maintenance	£5,198	£27,562	£22,364
Property Rates	£27,278	£65,293	£38,015
Water Charges	£1,577	£6,209	£4,632
Bedding & Linen	£650	£1,516	£866
Cleaning	£57	£1,124	£1,067
General Services	£1,237	£2,125	£888
Surgical sundries	£504	£1,176	£672
GP Clinical Waste	£7,092	£16,389	£9,297
Net Cost Increase	**£61,920**	**£178,330**	**£116,409**

Table 42 - Property Non-pays Breakdown

5.3.2.3 Depreciation

An outline of the changes in both running costs and depreciation is summarised below:

Depreciation	Life	Value £000's	Proposed Dprchg £000's	Baseline Dprchg £000's	Net Increase Dprchg £000's
Buildings	60	£12,491,341	£208,189	£39,251	£168,938
Equipment	10	£539,837	£53,984	£0	£53,918
Total		**£13,031,178**	**£262,173**	**£39,251**	**£222,922**

Table 43 - Depreciation

The depreciation for the preferred option is £0.262m based on an asset building life of 60yrs and 10yrs for equipment on an overall capital cost of £13.031m. The overall increase in depreciation is £0.223m based on 21/22 full depreciation charges - which will be met from the current ring-fenced NHS Fife non-core depreciation budget. The buildings depreciation charge is pre any Valuation Office valuation being done after completion – there is an expectation that any non-value works will reduce the value held in the balance sheet once the valuation is carried out and therefore reduce the depreciation charge going forward.

5.3.2.4 Revenue Clarification and Assumptions

A number of assumptions have been made at the OBC stage which will be further evaluated and revised throughout the development of the FBC. These assumptions are as detailed in the table below.

Description	Note
Costs	Costs are calculated using 2020/21 prices and using 2020/21 budgetary information.
Pays (NHSF)	The support costs for the existing Kincardine Health Centre have been calculated as the baseline and then used as a benchmark against which any changes are considered. Estimated costs for the preferred option reflect forecast demand from 2024/25. Calculations include allowances for on-costs, enhancements, sick leave, public holidays and annual leave. Workforce increases are based on increased health centre sqm increase.
Non-Pay (NHSF)	Non-pay costs assumed to increase in line with increased health centre sqm.
Depreciation	Building – 60 years and equipment 10yrs.

Table 44 - Revenue Assumptions

5.4 Accounting Treatment

The traditional funding route for the project will impact on NHS Fife's Balance Sheet - both the capital cost of the development and the associated capital equipment will be added as non-current assets to the balance sheet and depreciated over the life of the assets in line with accounting policies.

5.5 Financial Situation and Statement of Affordability

NHS Fife confirm that this project remains affordable in both revenue and capital terms. The capital costs of the investment will be met through a capital contribution from the Scottish Government Health and Social Care Division capital budget.

Additional recurring revenue costs for Kincardine Health Centre will be incorporated into NHS Fife's Annual Operational Plan for future years.

FHSCP funding in respect to their service model is ongoing and will be articulated within the FBC stage.

5.6 Stakeholder Support

As the project will be delivered by NHS Fife for Fife, written agreement of Stakeholder support from other NHS Scotland / public sector organisations is not required in this instance.

5.7 Resources

The project is fully resourced from both NHS Fife and the FHSCP's perspective. Any associated costs have been built into the updated OBC budget. Further clarity on resourcing and project structure can be found at Section 6.3.

5.8 Capital and Revenue Constraints

NHS Fife's capital funding commitments mean that the project cannot exceed the available budget. Any additional revenue costs will be met within NHS Fife's overall revenue resource envelope.

Similarly, for the FHSCP, revenue implications will be funded from existing budgets.

5.9 Financial Contributions

Other than capital funding from the Scottish Government, there will be no financial contributions from external partners in respect to this project.

6 Management Case

6.1 Introduction

The main purpose of the Management Case is to demonstrate that NHS Fife is ready and capable of delivering the project successfully.

6.2 Revisiting the Management Case

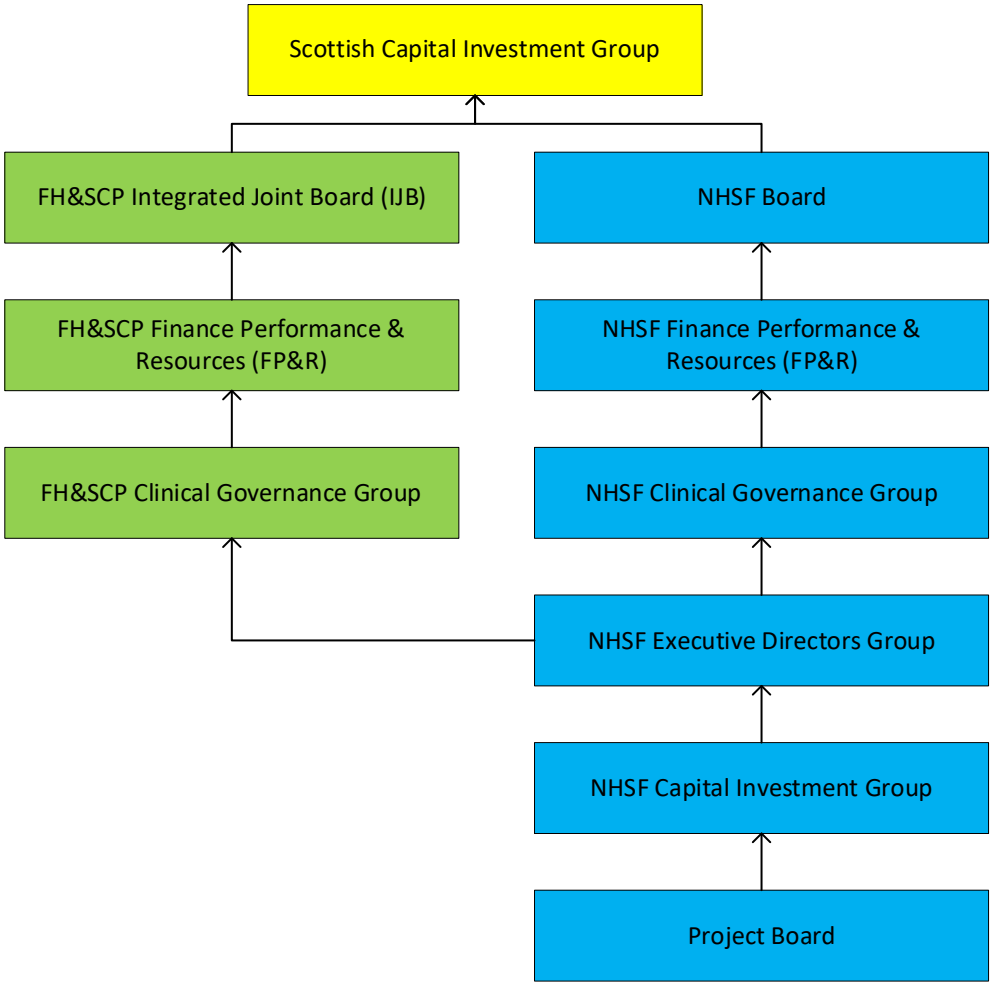
The management case has generally been updated and expanded since OBC in accordance with SCIM FBC guidance. The main sections remain the same and text has been updated where appropriate to reflect the current status of the project.

6.3 Reporting Structure and Governance Arrangements

To deliver the project successfully, good governance is required to monitor and direct it. An understanding of the structure and mechanisms for escalation and reporting is set out on the organograms below.

6.3.1 Governance

The strategic and business case governance controlling the project is set out below.



6.3.2 Project Structure

The project structure taking account of the Project Board, FHSCP and Capital Planning functions is set out below. NHS Fife are responsible to delivering the facilities whilst FHSCP are responsible for delivery of the services from the facilities.

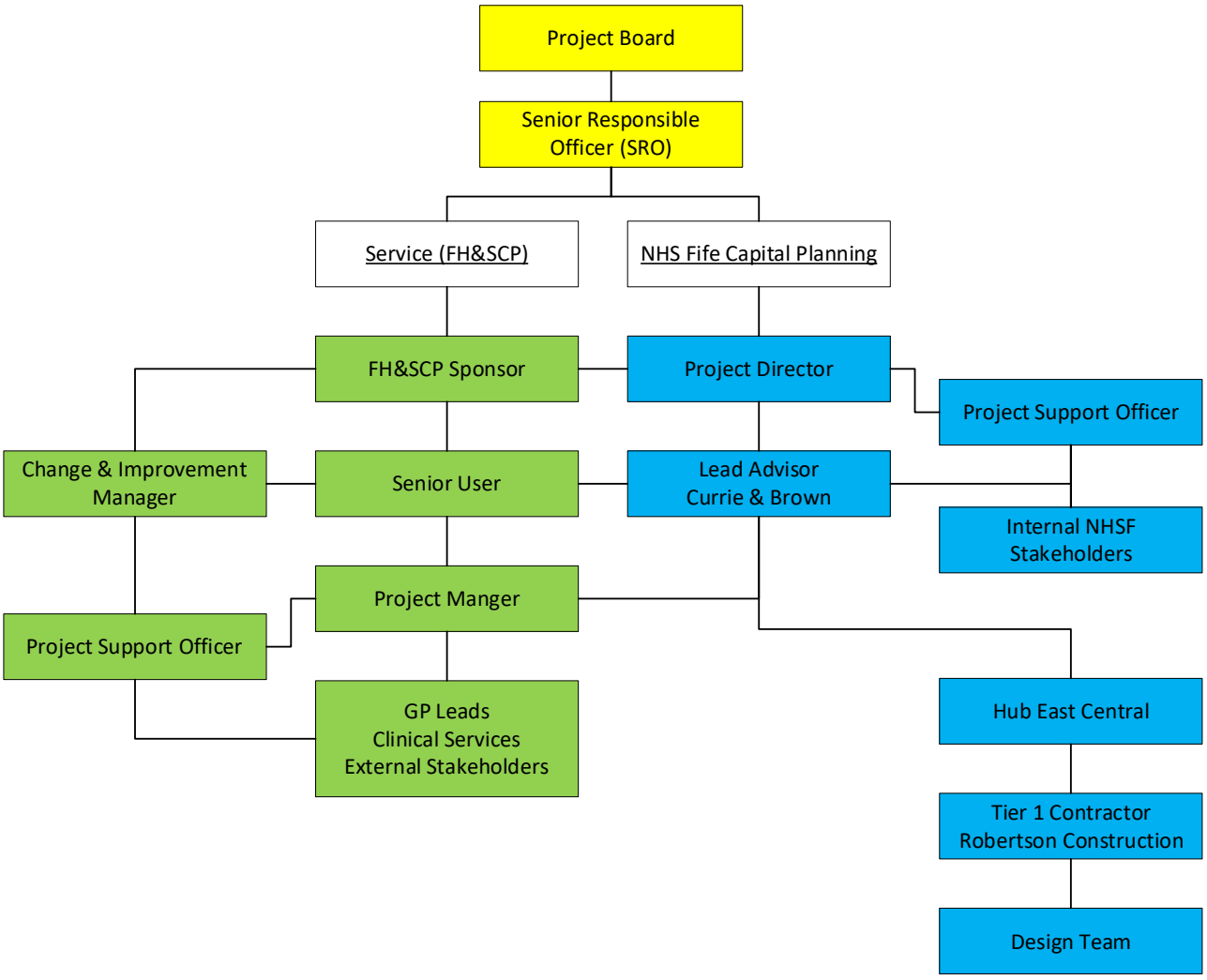


Figure 5 - Project Organisation

6.4 Project Board

A Project Board has been established to oversee the project. The Project Board was set up at commencement of the OBC and Terms of Reference have been agreed. The Project Board meets monthly where they receive a regular project update report from the FHSCP Sponsor and the Capital Planning Project Director. Necessary matters are escalated as required whilst the Project Board offers direction to the Project Team.

Project Board membership and experience is outlined in the table below:

Name/Role	Experience
Joy Tomlinson Director of Public Health Project role: Senior Responsible Officer (SRO) with overall responsibility and accountability for the project	Joy joined NHS Fife in May 2021, having worked within the NHS for 27 years. She has a clinical background, having trained in General Practice prior to working in Public Health. Prior to joining NHS Fife, she was joint Interim Director of Public Health in Ayrshire & Arran and has experience of departmental budgetary management with the additional complexities of rapid workforce and service development during the pandemic. She chairs the national 'place and wellbeing collaborative' which has

Name/Role	Experience
	developed Place & Wellbeing principles to support the refreshed National Planning Framework (NPF4).
Neil McCormick Director of Property and Asset Management Project role: responsible for contributing towards general governance.	Neil joins NHS Fife with over 30 years' experience of working at a senior level across the public and private sector. Neil's previous role was with Robertson Capital Projects, where he was Managing Director with specific responsibility for delivering infrastructure projects and joint ventures with the public sector including NHS Frameworks. Prior to this, Neil was Director of Strategic Projects & Property at NHS Forth Valley and Project Director for the £300m Forth Valley Royal Hospital.
Margo McGurk Director of Finance Project role: responsible for contributing towards general governance.	Margo joined NHS Fife as Director of Finance in February 2020. She is a CCAB qualified accountant, with a broad range of experience across the public sector but particularly within the NHS in Scotland. She has significant experience of decision-making at strategic and operational levels and has a strong personal focus on developing strategy, supporting culture, delivering sound financial control and best value from the allocation of resources. Very experienced in delivering professional leadership to the finance function, she has held a number of senior roles across a number of NHS Boards. She is particularly interested in working in partnership across organisations and leading on the development and delivery of financial strategies to support delivery against agreed priorities.
Nicky Conner Director of Health and Social Care Project role: responsible for contributing towards general governance.	Nicky has been Chief Officer and Director of Health and Social Care since 2019. Nicky offers 25 years' experience covering a diversity of public service roles including nursing, acute, specialist and community roles along with professional and clinical leadership to services within Fife's communities and leading on regional and national work. In her current role Nicky leads Health and Social Care Services for all of Fife including Community Care, Complex and Critical Care and Primary and Preventative Care. Nicky champions Integration, Partnership Working to deliver high quality services for the people of Fife.
Simon Fevre Staff Side Representation	Simon is the NHS Trade Union Co-Chair of the HSCP Local Partnership Forum. Simon was NHS Fife's Employee Director for 7 years and has worked on the

Name/Role	Experience
Project role: responsible for contributing towards general governance.	Board's Staff Governance agenda for 20 years. He was a clinician working in the Nutrition and Dietetic Department as Clinical lead for Older Peoples Services.
Ben Johnston Head of Capital Planning Project role: Capital Planning Project Director	Ben joined NHS Fife in January 2021 with over 15 years construction consultancy experience having worked in a diverse range of sectors. Working predominantly as a Project Manager, Ben has been responsible for delivering multiple projects diligently from inception to completion. Over recent years, Ben has spent most of time operating specifically within the healthcare sector, helping to positively contribute towards creating a sustainable healthcare estate for current and future generations. Ben has helped to deliver several projects for NHS Fife including Muirview and Hollyview at Stratheden Hospital and is currently helping to deliver the Fife Elective Orthopaedic Centre Project at Victoria Hospital.
Bryan Davies Head of Primary and Preventative Care Services Project role: FHSCP Project Sponsor	Bryan has worked within health and social care for over 25 years with experience in local area co-ordination, planning, performance, change management, commissioning, mental health, addictions, learning disability and advocacy. Bryan feels very passionate about health and social care integration and is excited to be working with colleagues and stakeholders to make a positive difference for individuals, families and communities in what are currently very challenging times.
Audrey Valente FHSCP Chief Financial Officer Project role: responsible for contributing towards general governance	Audrey has more than 30 years' experience working in local government holding senior finance positions. As a local lass, raised in Kirkcaldy, she went on to study accountancy at Napier University following her high school years at Kirkcaldy High. Audrey's experiences have combined strategic and operational financial management along with significant change management.
Helen Hellewell Associate Medical Director Project role: responsible for contributing towards general governance	Helen originated from Motherwell and moved to Fife after marrying. She finished her medical training at the Victoria in Kirkcaldy and took up a GP position in a local practice in Kirkcaldy. She then joined the Markinch medical practice, and currently still works one and half days per week there. Helen has been involved with the Partnership for a number of years

Name/Role	Experience
	having been the cluster lead for Glenrothes, working on a number of initiatives including quality improvement and integrated working and was the clinical lead on a leadership programme for integration with GP Scotland.
Benjamin Hannan Deputy Director of Pharmacy & Medicines Project role: represents the Area Clinical Forum as well as contributing to towards general governance.	Benjamin is an experienced pharmacy leader, with broad professional, managerial and leadership experience. Benjamin is a Fellow of the Institute of Leadership and Management and is currently Vice-Chair of Fife's Area Clinical Forum and represents this forum on the Project Board. The Area Clinical Forum allows NHS Fife to draw on the full range of professional skills and expertise that exists in all parts of the NHS system for advice on clinical and other professional matters. Benjamin's current role of Deputy Director of Pharmacy & Medicines is integrated across Health and Social Care, and all sectors and settings of care delivery. Prior to his current role, Benjamin was a GP Federation Director, responsible for 31 GP practices in the North East of England. This broad experience of primary care and community working will enable Benjamin to provide valuable insight to this project.
Tracy Gardiner Capital Accountant Project role: Capital Planning Accountant	Tracy has worked within NHS Fife for 26 years within the capital branch of the finance department. Tracy has a wide range of knowledge and experience in the delivery of capital projects within NHS Fife.
Ruth Lonie Communications Manager Project role: responsible for project communications	Ruth joined NHS Fife as Communications Manager in 2009. She has been involved in the communications aspects of a number of similar projects within NHS Fife.
Eugene Clark Non-executive Member *Dec. 20 – Jul. 21* Project role: responsible for contributing towards general governance	Eugene has spent the last 14 years working as a self-employed consultant helping businesses and public sector organisations in the fields of internal communication and employee engagement. Eugene's community interests have included being a former member of Largo Community Council and being involved in several action groups relating to sports in the Levenmouth area, most recently having helped establish the Fifers for the Community charity. Eugene is an active member of the Fife Children's Panel. He is also currently the Chair of the Levenmouth Rail Campaign, which seeks to

Name/Role	Experience
	regenerate the local community through the restoration of the direct rail link to Edinburgh.
Alistair Grant Non-executive Member *From Jan. 22* Project role: responsible for contributing towards general governance	Alastair Grant is a qualified accountant with more than 30 years' experience working both in Scotland and the Middle East. Most recently Alastair worked for Sodexo Justice Services, until his recent retirement. Alastair brings to the Board proven commercial acumen, combined with good people management, team building, development, and mentoring skills.

Table 45 - Project Board Experience

6.5 Project Team

The project team sits below the Project Board and are responsible for delivering the project on a day-to-day basis. Responsibilities include:

- Facility design development
- Service change re-design
- Business case development
- Stakeholder communications and engagement
- Management of risks and issues
- Management of cost
- Construction and handover of the facilities

To discharge these responsibilities, there are a wide range of roles. These are outlined within the Project's Project Execution Plan.

6.5.1 External Advisors

Where necessary independent consultants have been procured by the Board to help with the management of the project. Consultants procured to date include:

Project Role	Organisation
Lead Advisor	Currie & Brown
▪ Project Manager	Currie & Brown
▪ Cost Advisor	Currie & Brown
▪ M&E Technical Advisor	Hulley & Kirkwood (sub-consulted)
▪ Clerk of Works	Currie & Brown + Hulley & Kirkwood
▪ Authority's Representative (contract)	Currie & Brown

Table 46 - External Advisors

6.5.2 Project Recruitment Needs

No additional recruitment needs are envisaged at this time, however this will be re-considered during the FBC phase of the project.

6.6 Project Plan and Key Milestones

The project plan and key milestones are set out in the table below.

Description / activity	Date
Full Business Case	
Commencement	February 2022
Completion	January 2023
Governance Approvals	April 2023
Construction & Handover	
Commencement	May 2023
Completion	June 2024
Operational	August 2024

Table 47 - Key Milestone Summary

6.7 Change Management Arrangements

6.7.1 Operational and Service Change Plan

The operational and service change plan proposals are outlined under Section 2.4.1.3. This work will continue through FBC and Construction in parallel with the soft landings process to ensure that the services are prepared to adopt new ways of working in advance of the facilities being made available for use. The FHSCP will ultimately assume responsibility for progressing this dependant workstream.

6.7.2 Facilities Change Plan

The new facility will be serviced by NHS Fife's in-house Facilities and Estates team in a similar way to the existing arrangements. Costs relating to the increase in area have been factored into the GP allocations. NHS Fife resource projections to maintain and upkeep the building have been taken account of in revenue projections (see the Financial Case).

6.7.3 Stakeholder Engagement and Communication Plan

A Stakeholder Engagement and Communication Plan has been developed and endorsed by the Project Board. The plan will continue to be developed and updated as the project progresses. A copy of the plan can be located at Appendix H.

In addition, an update in respect to stakeholder engagement during the OBC stage is outlined at Section 3.4.2.

6.8 Benefits Realisation

6.8.1 Benefits Register

The rationale for an investment needs to be reflected in the realisation of demonstrable benefits, as this will provide the evidence base that the proposal is worthwhile and that a successful outcome is achievable. The benefits to be achieved are discussed in the Strategic Case and have resulted in the creation of a Benefits Register and Benefit Realisation Plan for the Project. The Benefits Register is located at Appendix E.

The Benefits Register includes a range of benefits to be realised by the development. Each benefit includes a target that will be used to indicate the measure of success during the Post Project Evaluation (PPE).

Benefits are either assessed in a quantitative or qualitative manner.

For the quantitative benefits, the register indicates the baseline (current position) at the start of the project including the source. This will be compared with the same data source when the PPE is completed.

For benefits that are qualitative in nature, questionnaires will be developed, and a mix of patient and staff surveys/interviews will be undertaken to outline the baseline for these benefits. The same survey tools will be used during the PPE to examine to what degree the improvements sought were achieved.

Additionally, a Red, Amber, Green (RAG) score highlighting the relative importance of each benefit is indicated using the scale outlined below in the table below.

Scale / RAG	Relative importance
1	Fairly insignificant
2	↕
3	Moderately important
4	↕
5	Vital

Table 48 - Benefit Importance

6.8.2 Benefits Realisation Plan

A Benefits Realisation Plan has been produced to support the achievement of the benefits outlined in the Benefits Register, and it is included as Appendix F.

The benefits realisation process is a planned and systematic process consisting of four defined stages outlined below. The implementation of this plan will be reviewed regularly by the Project Board.

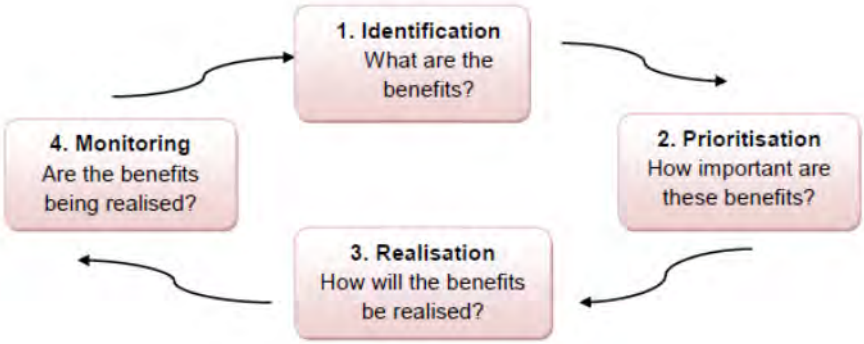


Figure 6 - Benefit Realisation Process

The Benefits Realisation Plan outlines:

- Which Investment Objective the benefit addresses
- Who will receive the benefit
- Who is responsible for delivering the benefit
- Any dependencies that could affect delivery of the benefit
- Any support needed from other agencies etc. to realise the benefit

Benefits monitoring will be ongoing over the life of the Project through the planning, procurement and implementation phases. Progress will be reported to the Project Board at regular intervals and will culminate in the Project Evaluation Report.

6.9 Risk Management

Risk management is a structured approach to identifying, assessing and controlling risks that emerge during the project lifecycle. It is a critical and continuous process throughout the planning, procurement and implementation journey of a project.

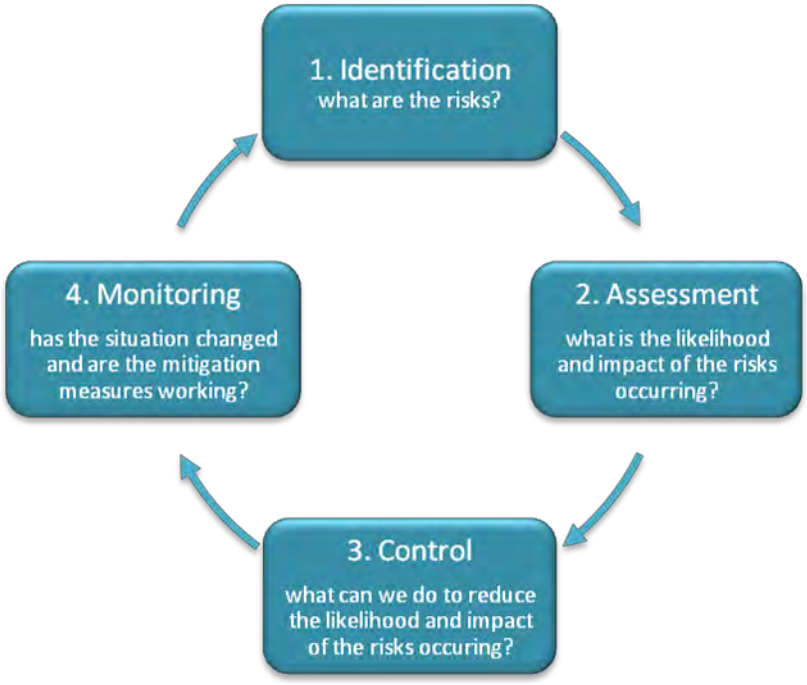


Figure 7 - Risk Management Process

6.9.1 Updated Risk Register

The Project Team have continued to develop the Risk Register provided at IA. The current FBC risk register can be located at Appendix G. The Risk Register is up to date and representative of the residual risks that may be encountered during the balance of the project. The headline items noted below, demonstrate how the risk register has been developed since IA.

- New risks have been identified and added to the register, whilst other risk have been closed
- Probability, impact and risk ratings have been updated progressively at risk workshops
- Mitigation measures have been agreed and updated
- Risk owners and managers have been allocated (a risk owner has overall responsibility for the risk, whilst a manager is responsible for helping to mitigate the risk)

The commercial arrangements associated with the Risk Register are set out within the Commercial Case.

6.9.2 Governance

The Project Board will assume overall responsibility for the risk register, however the Capital Planning Project Director will be responsible for ensuring it is maintained and updated regularly in line with the agreed project controls.

The risk register is updated and provided to the Project Board on a monthly basis as an appendix to the Capital Planning Project Manager's monthly progress report. Key risks are extracted from the risk register and highlighted within the Project Manager's monthly report for ease of reference. The Project Board provide direction to the Project Director and capital Planning Project Manager on risk matters as necessary.

6.10 Commissioning

The importance of the commissioning process cannot be underestimated, as failure to adequately consider this process is likely to cause increases to project costs and failure to deliver agreed service benefits and project outcomes. The Project Board and Capital Planning Director are fully committed to implementing a robust commissioning process, ensuring that the facilities are safe to use and operate from the outset.

The commissioning process will be treated as a distinct workstream, but fully integrated into the overall project to enable a smooth transition to the new working arrangements and realisation of the anticipated benefits. Workstreams will include Technical Commissioning and Operational Commissioning and these will be supported by BIM and Soft Landing processes.

Technical Commissioning concentrates on the readiness of the facility to support operational activity. As such the mechanical and electrical systems all need to be operating satisfactorily at handover of the facility and beyond. Operational Commissioning on the other hand is involved with getting the clinical services transferred into the facility with minimal disruption to business continuity. Given these separate requirements requiring different expertise, it is

considered that there is value in assigning these roles to separate individuals with the necessary knowledge and expertise – these roles will be confirmed during the FBC stage.

The Commissioning Managers will report to the Capital Planning Project Manager on a day to day basis but will maintain lines of communication with the wider team to deliver against the agreed plans.

A Commissioning Strategy and detailed commissioning programme will be developed during the FBC stage of the project.

6.11 Post Project Evaluation

The arrangements for post implementation review and project evaluation reviews have been established in accordance with best practice. These reviews will determine whether the anticipated benefits identified at the outset have been delivered. The project will be evaluated in stages:

Stage 1 – Procurement Process Evaluation

An evaluation of the procurement process will be undertaken following the signing of the contract to assess the effectiveness of the procurement process in meeting the project objectives. This will identify any issues and lessons to be learned that will benefit future projects. This evaluation can take place shortly after commencement of the construction phase.

Stage 2 – Monitoring Construction

During the construction period progress will be monitored to ensure delivery of the project to time, cost, and quality to identify issues and actions arising. On completion of the construction phase the actual project outputs achieved will be reviewed and assessed against requirements, to ensure these match the project's intended outputs and deliver its objectives.

Following completion, the Project Manager's and Supervisor's monthly reports will be reviewed and summarised to represent a holistic view of how the project performed during the construction period.

Stage 3 – Initial Project Evaluation of the Service Outcomes

This will be undertaken 6 to 12 months after the new facility has been commissioned. The objective is to determine the success of the commissioning phase and the transfer of services into the new facilities and what lessons may be learned from the process.

Stage 4 – Follow-up Project Evaluation

This will be undertaken 2 years into the operational phase by the Evaluation Team to assess the longer-term service outcomes and ensure that the project's objectives continue to be delivered.

The following questions will be asked at each stage:

- Have relevant project objectives been achieved?
- Has the project progressed as planned?

- If the plan was not followed, why did this occur?
- If appropriate, how should plans for future projects be amended?

The process will be led by evaluators, independent of the delivery team, who will meet with representatives of the user groups and other key stakeholders. The Project Sponsor, on behalf of the Project Board, will receive reports at each stage of the evaluation process.

Appendix A - Strategic Assessment

Appendix B – Design Statement

Appendix C – Design Pack

Appendix D – Benefits Register

Appendix E – Benefits Realisation Plan

Appendix F – Risk Register

Appendix G – Stakeholder Engagement & Communication Plan

Appendix H – The Patient Perspective

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**31 May 2022**
Title:	**NTC – Fife Orthopaedics: Status Update**
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

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 National Treatment Centre.

2.2 Background

The project involves providing a new National Treatment Centre for orthopaedics at the Victoria Hospital in Kirkcaldy, Fife. The accommodation generally comprises of 3 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 par 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 January 2023.

The project has been procured through Health Facilities Scotland, Frameworks Scotland 2 and is being delivered by Graham Construction.

2.3 Assessment

The project continues to make good progress despite ongoing turbulence in the global market, national changes in law and changes in health guidance/policy.

The project is still targeting an October 2022 completion date, but this under strain given these external pressures. Progress will continue to be monitored and reported regularly to the Project Board.

2.3.1 Quality/Patient Care

<u>Construction</u>

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 expect 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 continues to 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
- Participation in the NSS Design Assure Key Stage Reviews (construction)
- Planning for a Soft-Landing post-handover (equipment, staffing, training, patient awareness)

Service

A sub-group is in place to design and agree a service model. This workstream is being led by Pauline Hope, Clinical Nurse Manager.

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

Patient & Staff Experience

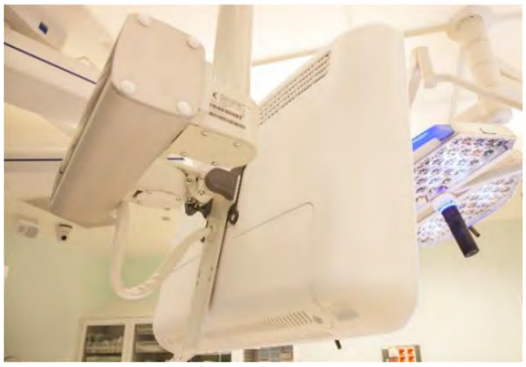
It is also important to note that the project has engaged with the Fife Health Charity to identify and agree funding to support a number of patient and staff enhancements. These include:

- Art Enhancements
  - Landscaping upgrades
  - Children's wall
  - Diorama (mini worlds) installation for children's waiting area
  - Staff balcony enhancements
  - Full wall artistic vinyl's (images of Fife by staff)
  - LED ceiling tiles for anaesthetic and recovery areas

Indicative images below:

- Theatre AV solution – benefits
  - Enhanced surgical experience and surgical ergonomics
  - Teaching and training - enhancing ability to visualise the surgery
  - Patient safety – by minimising theatre footfall and reducing infection risks
  - Future proof the building to adopt new technologies (robotic)
  - Maximises the flexibility in how the theatres are used

  Indicative images below



2.3.2 Workforce

The workforce establishment has been revised and agreed with the National NTC Programme together with the requested funding allocation.

Recruitment is underway – three consultants have successfully been appointed and work to appoint a fourth plus a consultant anaesthetist is progressing well.

A Gantt chart demonstrating the timeline from recruitment through to education and training to commissioning is being updated and should be in place by the end of April.

2.3.3 Financial

The financial allocation approved by the Scottish Government is £33.2m. In addition to this funding has been granted by Fife Health Charity for art enhancements and an AV theatre solution.

The project continues to operate with a healthy contingency, although the effects of War, BREXIT, COVID and changes in law need to be carefully administered and managed to completion of the project.

2.3.4 Risk Assessment/Management

The current key risks and issues to note are outlined in the table 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.
BREXIT: impact on material cost and availability	As above.
War: impact on material cost and availability	As above.
Rebated Fuel Change in Legislation: Change in law that no longer permits rebated (known as red diesel) fuel being used for construction purposes. There is a significant cost difference from rebated fuel which was previously used to run generators, plant etc., to diesel or biofuel which will now have to used.	A change in law is a compensation event under the contract, so requires to be assessed and settled.
Availability of workforce	Prepare plan and aim to recruit in accordance with plan. Funding has been agreed with the NTC National Programme regarding the requested posts.

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.

As part of the Fife Health Charity art enhancement allocation, one of the initiatives is to provide large vinyl wall images in selected areas throughout the building. The Project Team have extended an invitation to staff to submit images of Fife for consideration. So far, the request has been well received with some excellent images supplied by staff.

In respect to community benefits the Contractor (Graham Construction) is delivering against a wide range of targets – some key highlights to date include:

- 70% of the construction workforce has been sourced from the local supply chain
- 7 new apprenticeships, 9 graduate starts, work experience and educational visits offered through the project

2.3.8 Route to the Meeting

Information contained in SBAR, discussed at Project Board meeting. The paper was also considered at the Executive Directors Group on 21 April 2022 and Finance, Performance and Resources Committee on 10 May 2022.

2.4 Recommendation

This paper seeks to provide a project update and general awareness. The Board is asked to note the status of the project and take reassurance from the current position. The project is being delivered in a challenging environment and notwithstanding some ongoing pressures in respect to cost and time, continues to generally perform well. Ongoing risks and issues will be managed at Project Board level but escalated to EDG where necessary.

3 List of appendices

None

Report Contact
Ben Johnston

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NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**31 May 2022**
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:

- Assurance

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 30 November 2021 on the BAF components as reported through the governance committees in April and May 2022.

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.

Since the last report to the Board, there has been a focus on reviewing the effectiveness of our current risk management arrangements, including the processes for providing assurance through our governance framework. The Board considered these at its Development Session in December 2021.

Following the development session and the Board's endorsement of the principles and approach, a paper, including an overview of a plan for a Risk Management Framework Refresh was presented to EDG on 17 February 2022 and approved by the Board on 29 March 2022.

Details of progress to date are outlined later in this paper under Next Steps.

2.3 Assessment

The BAF has 7 components.

- Financial Sustainability
- Environmental Sustainability
- Workforce Sustainability
- Quality & Safety
- Strategic Planning
- Integration Joint Board (IJB)
- Digital and Information

During 2021/22, the high level risks under the above categories identified as having the potential to impact on the delivery of NHS Fife's strategic priorities, and related operational high level risks, were reported bi-monthly through the BAF to the governance committees, and subsequently to the Audit & Risk Committee and Fife NHS Board.

The exceptions were reports on the BAF to the governance committees scheduled for January 2022. Due to the emerging Omicron wave of COVID-19 infection and resultant system pressures, the governance committees took place with condensed agendas prioritised to reflect COVID-related business, which did not include the BAF. Regular assurance reports recommenced as scheduled to the committees in March 2022.

The current BAF risk levels and ratings are summarised in Table 1 below.

Table 1 - Risk Level and Rating over time

Risk ID	Risk Title	Initial Risk Level & Rating LxC	Likelihood (L)	Consequence (C)	Current Level & Rating Aug/ Sep 2021	Current Level & Rating Oct / Nov 2021	Current Level & Rating Jan / Feb 2022	Current Level & Rating Mar /Apr 2022
1671	**Financial Sustainability**	High 16	Likely 4	Major 4	16 (4x 4) High	16 (4x 4) High	9 (3x3) Mod	9 (3x3) Mod
1672	**Environmental Sustainability**	High 20	Likely 4	Extreme 5	20 (4x 5) High	20 (4x 5) High	20 (4x5) High	20 (4x5) High
1673	**Workforce Sustainability**	High 20	Almost certain 5	Major 4	16 (4x 4) High	16 (4x 4) High	16 (4x4) High	16 (4x4) High
1674	**Quality & Safety**	High 20	Likely 4	Extreme 5	15 (3x 5) High	15 (3x 5) High	15 (3x5) High	15 (3x5) High
1675	**Strategic Planning**	High 16	Likely 4	Major 4	16 (4 x 4) High	16 (4 x 4) High	12 (3x4) Mod	12 (3x4) Mod
1676	**Integration Joint Board**	High 16	Likely 4	Major 4	12 (3x4)) Mod	12 (3x4)) Mod	12 (3x4) Mod	12 (3x4) Mod
1677	**Digital and Information**	High 20	Likely 4	Extreme 5	15 (3x5) High	15 (3x5) High	15 (3x5) High	15 (3x5) High

The BAF components are provided separately in Appendices 1-7.

Points of Note

Financial Sustainability BAF

The Director of Finance & Strategy reported on the financial sustainability component of the BAF to the Finance, Performance & Resources Committee (F, P&RC) on 10 May 2022. Assurance was provided to the committee that there is mitigation in place for related risks.

Since the last update to the Board, the BAF current risk level has been reviewed and reduced from **High** to **Moderate.**

The risk level reflects the current position where, following the Quarter 3 reporting submission, and a follow up meeting with Scottish Government (SG), non-repayable funding support to allow the Board to break even this financial year has been received. In addition, full funding of COVID-19 costs has been received for this financial year. Although SG support for our financial gap is confirmed, our BAF risk remains at a moderate risk level reflecting the underlying financial gap the board has going into the financial year 2022/23.

Of note, the organisation has launched a Financial Improvement / Sustainability (FIS) Programme. This programme will report through the Portfolio Board and aligns firmly with the strategic priority to “Drive Value and Sustainability”. This is a key enabling programme

to support the delivery of our 2022/23 corporate objectives and longer-term strategy development.

Environmental Sustainability BAF
The Director of Property & Asset Management reported on the Environmental Sustainability component of the BAF to the F, P&RC on 10 May 2022. Assurance was provided that there is mitigation in place for related risks.

Since the last update to the Board, the BAF current risk level has been reviewed and it remains at **High**.

The Internal Audit Internal Control Evaluation report (ICE B08/22), recommended that the risks to the delivery of the Property & Asset Management Strategy (PAMS) and the Capital Programme should be articulated to aid and support the delivery of the future Health and Wellbeing Strategy. The Director of Property & Asset Management has drafted pertinent risks and is consulting on same. The risks will initially be presented to EDG.

Additionally, at the Board on 29 March 2022, members asked that the strategic risk associated with climate change should be assessed. The Director of Property & Asset Management is leading on this piece of work.

Workforce Sustainability BAF
The Director of Workforce reported on the Workforce Sustainability component of the BAF to the Staff Governance (SG) Committee on 12 May 2022. The committee was asked to take assurance that there is mitigation in place for related risks.

There have been minor changes to the BAF content in relation to enhanced controls and mitigations associated with workforce capacity. For ease, these are highlighted in Appendix 3.

Since the last update to the Board, the BAF current risk level has been reviewed and it remains at **High**.

Quality and Safety BAF
The Medical Director and the Director of Nursing reported on the Quality and Safety component of the BAF to the Clinical Governance Committee (CGC) on 29 April 2022. The committee was asked to take assurance that there is mitigation in place for related risks.

At the CGC on 10 March, members approved revisions to the BAF description which were intended to better capture the risk to safe, quality and effective care. The new 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. Additionally, there is a risk that the effects of the COVID - 19 pandemic, including restricted capacity, reduced elective & non urgent

services, and workforce pressures, will impact on the quality & safety of patient care and service delivery."

This current iteration of the BAF reflects the updated description. See Appendix 4.

Since the last report to the Board, the risk associated with Cancer Waiting Times Access Standards against the Cancer Waiting Times 62-day target has been updated.

Following discussion at CGC in March 2022, in view of the impact on quality and patient safety, the risk associated with Nursing and Midwifery Staffing Levels which was previously linked to the Workforce Sustainability BAF has also been linked to the Quality & Safety BAF.

Additionally, following discussion at the CGC in March 2022 and subsequently with the Director of Public Health, the risks associated with Coronavirus Disease 2019 (COVID -19), and Public Health Oversight of COVID -19 in Care Homes, have been linked to the Quality & Safety BAF.

The CGC previously considered recommendations on the need for a risk associated with Unscheduled Care. A draft risk is being consulted upon with key stakeholders.

Since the last update to the Board, the BAF current risk level has been reviewed and it remains at **High**.

Additionally, at the Board on 29 March 2022, members asked that the strategic risk associated with health inequalities should be assessed. The Director of Public Health is leading on this piece of work.

Strategic Planning BAF
The Director of Finance & Strategy reported on the Strategic Planning component of the BAF to the F, P&R C on 10 May 2022. Assurance was provided to the committee that there is mitigation in place for related risks.

Since the last report to the Board, the BAF risk level has been reviewed and reduced from **High** to **Moderate**.

It is expected, that as we progress through the milestones, plan activity in terms of the new strategy development and, as the additional PMO capacity embeds, the risk level should reduce.

The current version of this component of the BAF describes how:

- The Strategic Priorities form the focus of strategic planning direction for NHS Fife.

- Work is progressing in the development of the Population Health and Wellbeing Strategy with revised timescales. The analysis from the public and staff survey will

inform the production of a broader engagement proposal for consideration at the Portfolio Board and the Public Health and Wellbeing Committee in May 2022. Engagement planning is ongoing and will continue over the next few months. A Milestone plan to December 2022 has been produced.

- The process for SPRA for 2022/23 has concluded with the production of a transitional organisational 1-year plan and financial plan. Corporate objectives are due to be signed off by the Board in May 2022. The actions from SPRA will form the basis of the Annual Delivery Plan 2022/23.

- An update on RMP4 was submitted at the end of April for the year 2021/22. Any undelivered actions will be carried over to the Annual Delivery Plan 2022/23.

The committee was asked to note the current risk level against progress made in the development of the Population Health and Wellbeing Strategy and the robust planning through SPRA.

Integration Joint Board (IJB) BAF
The Director of Health and Social Care provides the following update to the Board.

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. Scottish Ministers granted approval in March 2022.

Following the approval of the revised Scheme, it is necessary 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 a review of the IJB Governance Manual, and of the risk management arrangements within NHS Fife and the IJB.

The BAF current risk level remains at **Moderate**. Now that Ministerial approval of the Scheme has been received, the risk level will be revised.

Digital and Information BAF
The Associate Director, Digital and Information, reported on the Digital and Information component of the BAF to the CGC on 29 April 2022. The committee was asked to take assurance that there is mitigation in place for related risks.

The committee was updated on the risk of increased cyber attack. This risk which was formerly assessed as high with a rating of 20 - Likelihood (5) almost certain x Consequence (4) major, has been raised to very high 25.Thisreflects an increase in the consequence rating to (5) - extreme, and is in accordance with the risk alert recently issued by the National Cyber Security Centre (NCSC). The raised consequence is due to geo-political activities related to the Russia / Ukraine conflict and an associated heightened risk of malicious cyber incidents.

The committee was assured that enhanced mitigations have been introduced at local and national levels; these include patching, verification of access controls, and reviews of resilience, communications, supply chain awareness, and monitoring of legacy systems.

Since the last update, the BAF current risk level has been reviewed and remains at **High**.

Next Steps

In accordance with the paper presented to the Board on 29 March 2022 which outlined the Risk Management Framework Refresh, we are working towards making the transition from the BAF to a Corporate Risk Register (CRR).

The composition of the corporate risk register is under development.

Risks will be categorised under the headings:

- Clinical Quality & Safety
- Workforce
- Property & Infrastructure (including Digital & Information)
- Finance

Each risk category will be assigned to a governance committee; this will be noted on the risk register. Some risks may need to be assigned to more than one committee.

The proposed assigned risks will be presented to the respective governance committees in July 2022 for approval.

As previously reported, to allow for regular scrutiny of risks and provide assurance on their management, a risk dashboard will be introduced to the renewed Integrated Performance & Quality Report (IPQR).The dashboard will provide a simple, visual, high level overview for assurance; risk narrative will be weaved into the component parts of the report and in this way integrate with business as usual.

To ensure that continuity and assurance are maintained during the transition from the BAF to the Corporate Risk Register, it is proposed that the final BAF reports will be submitted to the July 2022 governance committees, with formal reporting on corporate risks to the committees and the Board commencing during the September 2022 meeting cycle.

An update on the plan to refresh the Risk Management Framework has been presented to the governance committees during April and May 2022.

Further detail on the proposed implementation of the changes outlined above will be provided to the next meeting of the Board on 28 June 2022.

2.3.1 Quality/ Patient Care

The strategic risk associated with quality and safety is detailed in Appendix 4.

2.3.2 Workforce

The strategic risk associated with workforce sustainability is detailed in Appendix 3.

2.3.3 Financial

The strategic risk associated with financial sustainability is 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 the strategic risks associated with Environmental Sustainability, Strategic Planning, the 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 17 May 2022

2.4 Recommendation

The Board is invited to **note** the update and approve this update of the Board Assurance Framework.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife BAF Financial Sustainability for FP& RC on 100522
- Appendix 2, NHS Fife BAF Environmental Sustainability for FP& RC on 100522
- Appendix 3, NHS Fife BAF Workforce Sustainability for SGC on 120522
- Appendix 4, NHS Fife BAF Quality & Safety for CGC on 290422
- Appendix 5, NHS Fife BAF Strategic Planning for CGC on 100522
- Appendix 6, NHS Fife BAF Integration Joint Board (IJB) as at 160322
- Appendix 7, NHS Fife BAF Digital and Information for CGC on 290422

Report Contact
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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) - Financial Sustainability																											
1671	Sustainable	30/03/2022	30 April 2022	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.	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	3 – Possible – May occur occasionally – reasonable chance	3 – Moderate	9	Moderate Risk	SG have confirmed they will provide funding support to Breakeven in 2021/22 however a number of actions must be completed by the board including minimising the requirement for support as much as possible. Funding has been received from SG to enable to board to Breakeven at 31.03.2022 and the actions requested by SG have been completed. However underlying financial gap remains going into 2022/23	Margo McGurk Director of Finance and Strategy	Finance, Performance & Resources (F,P&R) Rona Laing	*Ongoing actions designed to mitigate the risk including:* 30 March 2022 Funding has been received from Scottish government to support Covid expenditure in 2021/2022 and to support the board deliver a break even position at the financial year end. Savings in excess of the original level of savings planned for 2021/22 have been achieved albeit a number on a non recurring basis. The actions requested by Scottish Government in November to support the provision of funding support are complete. The level of savings plans required to achieve recurring financial balance is reflected in the risk level remaining at moderate. 14 Feb 2022 We have submitted our Quarter 3 reporting to SG indicating our 21/22 Covid-19 funding requirements across HB retained and HSCP; and have signposted the level of financial support to deliver a break even RRL position for 21/22. Whilst formal funding notification has yet to be received, indications at our Q3 review meeting with SG suggest funding support, following our significant efforts reported each month, will be forthcoming. Hence the risk level is updated to moderate risk. 14 Jan 2022 Monthly reporting returns to SG indicate improvement in delivery of in year savings targets indicating the target will be achieved. Draft financial gap for 2022/23 and savings plans for 50% of the gap have been identified as per the instructions received from SG. Recruitment to PMO continues to enhance capacity within the team and the Portfolio board has been established including the Financial improvement and sustainability programme	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value. Responsible Person: Director of Finance / Director of Acute Services / Director of Health & Social Care Timescale: Ongoing 2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations. 3. Continue to scrutinise and review any potential financial flexibility. 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 Responsible Person: Director of Finance Timescale: Ongoing	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. 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.	1. Internal audit reviews on controls and process; including Departmental reviews. 2. External audit review of year end accounts and governance framework.	1. Enhanced reporting on various metrics in relation to supplementary staffing. 2. Confirmation via the Director of Health & Social Care on the social care forecasts and the likely outturn at year end.	SG has provided COVID 19 non recurring funding for finance year 2021/22 which includes funding required to support the board achieve a balanced position at 31.03.2022. SG has confirmed COVID-19 funding will be received in line with the LMP submissions. Current performance indicates the board is in line with the submission provided to SG at time of Quarter 2. This will be reviewed for Q3 before onward submission to SG Covid funding has been received following each of our quarterly returns in 2021/22; and we anticipate a further allocation following our Q3 return. Full funding is anticipated, although not yet confirmed. 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.	3 – Possible – May occur occasionally – reasonable chance	3 – Moderate	9	Moderate Risk	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.

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: 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	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Environmental Sustainability																											
1672	Clinically Excellent, Sustainable	09/03/2022	31 March 2022	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	1_HIGH	4 – Likely – Strong possibility this could occur	5 - Extreme	20	1_HIGH	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.	*Ongoing actions designed to mitigate the risk including:* 1. Operational Planned Preventative Maintenance (PPM) systems in place 2. Systems in place to comply with NHS Estates 3. 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. 4. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance. 5. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually. 6. 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	1. 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 2. Increase number of site audits Responsible person: Estates Compliance Manager Timescale: Ongoing	1. Capital Investment delivered in line with budgets 2. Sustainability Group minutes. 3. Estates & Facilities risk registers. 4. SCART & EAMS. 5. Adverse Event reports..	1. Internal audits 2. External audits by Authorising Engineers 3. 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	3_LOW/	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..

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: 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	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Workforce Sustainability																											
1673	Exemplar Employer	11/03/2022	13 May 2022	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.	5 – Almost Certain – Expected to occur frequently – more likely than not	4 – Major	20	1_HIGH	4 – Likely – Strong possibility this could occur	4 – Major	16	1_HIGH	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. The current scores reflect the existing controls and mitigating actions in place.	Linda Douglas Director of Workforce Staff Governance	Sinead Braiden	WORKFORCE – GENERAL • 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. • Work towards implementation of the National Workforce Strategy for Health & Social Care. WORKFORCE CAPACITY • Current resourcing actions include: active local and international recruitment campaigns and continued 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. First International Nurse recruits will take up post in February 2022. • 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 Care and Treatment, Vaccination Transformation and Implementation of the General Medical Services contract. • Planning to meet future service needs, applying workforce planning and 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 on redesign of services to mitigate shortfalls in staff availability. • The first 14 young people will take up a paid placement on our Kickstart Programme at the end of March 2022. WORKFORCE CAPABILITY • 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 resources 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. WORKFORCE ENGAGEMENT • 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. WORKFORCE SUPPORT & WELLBEING • 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 and Staff Listening Services.	Nil	WORKFORCE – GENERAL • 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. WORKFORCE CAPACITY • 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 targetted 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 to support service delivery and the commitments within the Recovery Plan / Clinical Strategy, for example within Laboratory Services, to compensate for shortfalls in current staff / future pipeline and complement recruitment and the introduction of advanced practice. • Create a pathway for young people with barriers to employment to gain paid work experience with us, with the aim of securing future employment via the Kickstart and Long Term Unemployed Programme. • Continue with plans to develop and implement an Apprenticeship programme to support the development and progression into high demand roles. WORKFORCE CAPABILITY • 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. WORKFORCE ENGAGEMENT • 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. WORKFORCE SUPPORT & WELLBEING • Review of Staff Health & Wellbeing Framework 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.	1. Regular performance monitoring and reports to Executive Directors Group, Area Partnership Forum, Local Partnership Fora and Staff Governance Committee 2. Staff Governance activities are reported to EDG, APF, LPFs and Staff Governance Committee	1. Use of national data for comparative purposes 2. Internal Audit reports 3. Audit Scotland reports 4. Bench - marking against other NHS Boards	Full implementation 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.	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 and use of eESS, should provide appropriate levels of control.	2 – Unlikely – Not expected to happen – potential exists	4 – Major	8	2_MOD/	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.

															• Integration of Mindfulness, Good Conversations and Our Space support and Outdoor sessions 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.		• Continue to hold Gold HWL Award status and deliver on Health Promoting Health Service commitments. • Consideration of support for the ageing workforce and other disadvantaged groups and opportunities for job redesign. Responsible Person/s: Director of Workforce									

NHS Fife Board Assurance Framework (BAF)

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Board Assurance Framework (BAF) - Quality & Safety																											
1674	Clinically Excellent, Person Centred	10 March 2022	29 April 2022	There is a risk that due to failure of clinical governance, performance and management systems (incluing information and information systems), NHS Fife may be unable to provide safe,effective, person centred care. Additionally, there is a risk that the effects of the COVID - 19 pandemic, including restricted capacity, reduced elective & non urgent services, and workforce pressures, will impact on the quality & safety of patient care and service delivery.	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' 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.	Christopher McKenna Medical Director	Clinical Governance Christina Cooper	*Ongoing actions designed to mitigate the risk including:* Oversight and monitoring of strategy / framework / policy and procedure implementation and impact including: 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 3/4 These are supported by the following: 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 30.Organisational Learning Group established in August 2021	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. Adverse Event improvement Programme now underway. 3.Weaknesses in related oversight and monitoring processes at operational level 4. Risk Management Framework requires review, update & plan for implementation Risk Management Framework eview and improvement programme now underway. Review and update of Clinical and Care Governance Framework is now underway.	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 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 Fife governance and reporting structure for the review of deaths of children 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.	1. Assurance statements from clinical & clinical & care governance groups and committees 2. Assurances obtained from all groups and committees that: 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	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	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 – Unlikely – Not expected to happen – potential exists	5 - Extreme	10	Moderate Risk	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: 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	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Strategic Planning																											
1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	30/03/2022	25 May 2022	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. Key Risks from previous BAFs will remain until committees are content they are covered in renewed PHW Strategy. 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB 2. Governance remains between IJB and NHS Fife. 3. Regional Planning - risks around alignment with regional plans 4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	3 – Moderate	Following period of COVID-19, portfolio management is being put in place. Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.	Director of Finance and Strategy Margo McGurk	Clinical Governance. Christina Cooper.	*Ongoing actions designed to mitigate the risk including:* 30/03/22 1. PHW Portfolio Board meeting regularly and working well 2. Plan for delivery of PHW strategy to be agreed including analysis of Public and Staff Survey that will be used to inform strategy and public engagement work going forward. 3. SPRA 22/23 almost complete with draft Corporate Objectives for 22/23 still to be finalised	EDG Portfolio Board will provide the required leadership and executive support to enable strategy development - now in place.	PHW Portfolio Board is now meeting monthly. TOR signed off. Governance route will be Public Health and Wellbeing Committee Time period for Strategy has been amended to start from 23/24 rather than 22/23. Annual Delivery Plan for 22/23 providing interim strategic direction. Work will continue during 2022 to ensure delivery of Strategy for 23/24. Responsible Person: Director of Finance Timescale: 31/03/2022	1. Minutes of meetings record attendance, agenda and outcomes. 2. Reporting of key priorities to governance groups from the SPRA process. .	1. Internal Audit Report on Strategic Planning (no. B10/17) 2. Governance committee scrutiny and reporting. .	Governance of new arrangements will be agreed to deliver the required assurance. This gap have now been closed..	Corporate Objectives in draft for 22/23. SPRA 2022/23 will inform the Annual Delivery Plan due in July 22 and corporate objectives for 22/23. RMP4 Q3 update on deliverables was submitted in February 22 with Q4 update due in April 22.	2 – Unlikely – Not expected to happen – potential exists	4 – Major	8	3 – Moderate	Position is improving as Portfolio Board and Public Health and Wellbeing Committee is in place.

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: 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	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Integration Joint Board																											
1676	Sustainable	11/03/2022	13 May 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	1_HIGH	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	2_MOD/	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.	*Ongoing actions designed to mitigate the risk including:* Mar 22 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. 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. 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. 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. 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. 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 which was received on 9 March 2022. The revised IS will now be submitted to NHS Fife, Fife Council and the IJB for formal sign off. 7. Following the approval of the revised Integration Scheme work has begun 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.	Nil	Nothing more to be done than the ongoing actions set out. Responsible Person: Director of Health & Social Care	1. Through regular updates to SLT and EDG about the progress of the reviews. 2. Updates to Audit & Risk Committees, the Integration Joint Board (IJB) and NHS Fife. .	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. 2. • Scottish Government will also provide useful advice and an independent perspective on the work to be carried out.	None.	The problem should be largely resolved with the action taken.	1 – Remote – Can't believe this event would happen	4 – Major	4	3_LOW/	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..

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: 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	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Digital & Information																											
1677	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	11/03/2022	20 May 2022	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	1_HIGH	3 – Possible – May occur occasionally – reasonable chance	5 - Extreme	15	1_HIGH	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)	*Ongoing actions designed to mitigate the risk including:* 1. Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy 2. Digital & Information Board Governance improvement with ongoing review 3. Information Governance & Security Governance improvement with assurance activity plans reviewed by Steering Group and Improvement measures agreed 4. Caldicott - register maintained and reviewed 5. Review of financial impact of D&I Strategy as part of annual deliver planning and areas of exposure quantified and presented via SPRA process 6. Operational governance lead through SLT focusing on operation controls (finance & resource), lifecycle management, policy/procedure implementation a workforce development 7. 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. 8. 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 9. Additional resilience planning and disaster recovery work underway to update alignment to current operating priorities 10. FOI, records management, DPA improvements being lead through IG&S Steering and Operational Groups 11. Senior Management Team consideration of policy and procedure impact and associated implementation 12. Monthly risk reviews with Operational Leads and escalation/reporting to Governance Groups as necessary 13. Performance Review 14. Participation in national and local audit e.g. NISD Audit 15. Commitment to ensure appropriate implementation of Cyber Defence Measures, including support of national centralised cyber incident reporting and coordination protocols. 16. Staff Learning & Development, both Digital staff and the wider organisation including leadership skills. 17. Business Case development to include costed resilience by design and ongoing support activities. 18. 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	1. 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 Agreed - Phase 2 underway) 2. Organisation to consider the gaps in current operating financial commitments and assessment of financial implementation of Digital Strategy presented through SPRA process. 3. Develop long term financial, lifecycle and workforce planning - plan to address is in development (Completed - October 2021) 4. Work to become fully compliant with GDPR, DPA 2018, NIS Directive, Information Security Policy Framework and thereafter maintain compliance. (Target completion February 2022)	Second line of Assurance: 1. Reporting to D&I SLT, D&I Board, Information Governance & Security Steering Group (IG&SG), EDG & Clinical Governance groups and committees. 2. Annual Assurance Statements for the D&I Board and IG&S Steering Group. 3. Locally designed subject specific audits. 4. Compliance and monitoring of policies & procedures to ensure these are up to date via D&I Senior Management Team. 5. Reporting bi annually on adequacy of risk management systems and processes to Audit & Risk Committee. 6. Monthly SIRO report 7. SGHSCD Annual review 8. SG Resilience Group Annual report on NIS & Cyber compliance 9. Quarterly performance report. 10. External Assurance on Delivery Plan by Scottish Government 12. Update to Assessment following June 2019- Digital Maturity Assessment 13 Periodic Benchmarking for areas of focus	Third line of Assurance : 1. Internal Audit reviews and reports on controls and process; including annual assurance and governance review / departmental reviews. 2. External Audit reviews. 3. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans. 4. Cyber Essentials/Plus Assessments. 5. NISD Audit Commissioned by the Competent Authority for Health. 6. Benchmarking with NHS Scotland's Boards	1. The D&I Strategy has not undergone a financial assessment against delivery. This work is now complete (October 2021) Findings presented via SPRA 2. Continual development of data assured performance is ongoing across all D&I Domains. Development of workplans aligned to risk continue to be developed. 3. 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). 4. Implementation of improvements as recommended in Internal and external Audit ongoing. Adverse Events review to be included 5. Improvements to SLA's (in line with 'affordable performance')is that output still awaited from 4 to provide assurance or otherwise 6. Assurance on patients' readiness/equality impact in the adopt ion of digital care provision 6. Assurance on organisational readiness for further Digital Adoption	Overall, NHS Fife Digital has in place a sound systems of 1. Governance - agreed ToR and reporting 2. Improving security defences and risk management as evidenced by Internal Audit and External Audit reports 3. Attainment of the ISO27001 standard in the recent past and the Statement of Annual Assurance to the Board. 4. Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network. 5. Clear articulation of digital aspiration via the Digital Strategy 2019-2024 5. Extended corporate governance including EDG attendance 6. Meeting visibility through provision of minutes and delivery plans to EDG/CGC	2 – Unlikely – Not expected to happen – potential exists	5 - Extreme	10	2_MOD/	1. Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles. 2. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures. 3. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness. 4. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place. 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.

NHS Fife DRAFT

Meeting:	**Fife NHS Board**
Meeting date:	**31 May 2022**
Title:	**Risk Management Improvement Programme Update**
Responsible Executive:	**Margo McGurk, Director of Finance and Strategy**
Report Author:	**Pauline Cumming, Risk Manager**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the progress made since the risk management improvement programme was approved by the NHS Fife Board in March 2022.

2.2 Background

NHS Fife is committed to delivering this risk management improvement programme.

2.3 Assessment

Strategic and operational risks are an inherent part of healthcare delivery. An effective risk management structure and approach are paramount in supporting the organisation to achieve its strategic priorities. As previously reported, the current Risk Management Framework will be replaced with the following structure:

A summary of progress is provided below:

Board Strategic Risk Profile

This contains the risks to achieving our strategic priorities that may impact the longer term ambitions of the organisation. Risk identification for the Profile will be facilitated through twice yearly review and horizon scanning sessions by EDG, or as otherwise required.

Initial feedback has indicated the requirement to include risks related to the following:

i. environmental sustainability, specifically climate change

ii. health inequalities

The Director of Property and Asset Management and the Director of Public Health are working to develop the respective risks.

Corporate Risk Register (CRR)

A Corporate Risk Register (CRR) contains the highest scoring risks from across the organisation that have the potential to affect the whole organisation, or operational risks which have been escalated i.e. can no longer be managed by a service or require senior ownership and support to mitigate. It has been agreed that register will comprise risks under the following categories:

1. Clinical Quality and Safety
2. Property and Infrastructure (including Digital and Information)
3. Workforce
4. Finance

Table 1 provides indicative areas of risk to be considered for inclusion.

Table 1

CLINICAL QUALITY & SAFETY	WORKFORCE
• Cancer Waiting Times / Waiting Times & Referral to Treatment • Coronavirus Disease 2019 (COVID-19) Pandemic • Public Health Oversight of COVID-19 in Care Homes • Psychiatric Assessment / Care for Children & Young People • Unscheduled Care • Patient Relations - National Targets • Public Protection • Reputation & Regulatory Compliance	• Staff Governance -Sickness Absence • Nursing Workforce availability • Midwifery Workforce availability • Allied Health Professional (AHP) Workforce availability • Medical Workforce availability
PROPERTY & INFRASTRUCTURE (incl Digital & Information)	**FINANCE**
• Prioritisation & Management of Capital funding to deliver Property & Asset Management Strategy (PAMS) • Emergency Evacuation, VHK Phase 2 Tower Block • Cyber Resilience	• Delivering financial sustainability over th medium-term •

The proposed risks will initially be presented to EDG for consideration prior to wider consultation.

Risk Dashboard

Effective risk management is critical to organisational performance. The review of the IPQR, determined that a risk component should be developed for inclusion. The key areas for development are: (1) risk dashboard, (2) narrative for risk component and (3) committee links.

The dashboard will provide a simple, visual, high level overview of the risk level of corporate risks, and assurance that adequate controls are in place to proactively manage risks, align to improvement actions contained within the IPQR and integrate with Key Performance Indicators and Quality Performance Indicators. The risks will be captured under the risk categories mentioned above. A dashboard mock up is shown below in Table 2.

Table 2

Category	Risk ID	Risk Title	Initial Risk Level	Previous Month Risk Level	Current Risk Level	Risk Trend	Target Risk Level	Assurance Committee	Linked KPI/QPI
Clinical Quality and Safety	2297	Cancer Waiting Times Access Standards	15	15	15	⟺	12	CGC	Cancer 62-Day RTT
Workforce	2214	Nursing and Midwifery Staffing	20	20	20	⟺	9	SGC	Sickness Absence (TBC)

Narrative for Risk

The IPQR will contain high level narrative. The IPQR Review Group agreed that this will be woven into the component parts of the IPQR and be signed off by the respective director.

Committee Links

Each risk category will be aligned to a governance committee; this will be noted on the risk register and referenced in the IPQR. Some risks may need to be assigned to more than one committee.

Risk Appetite

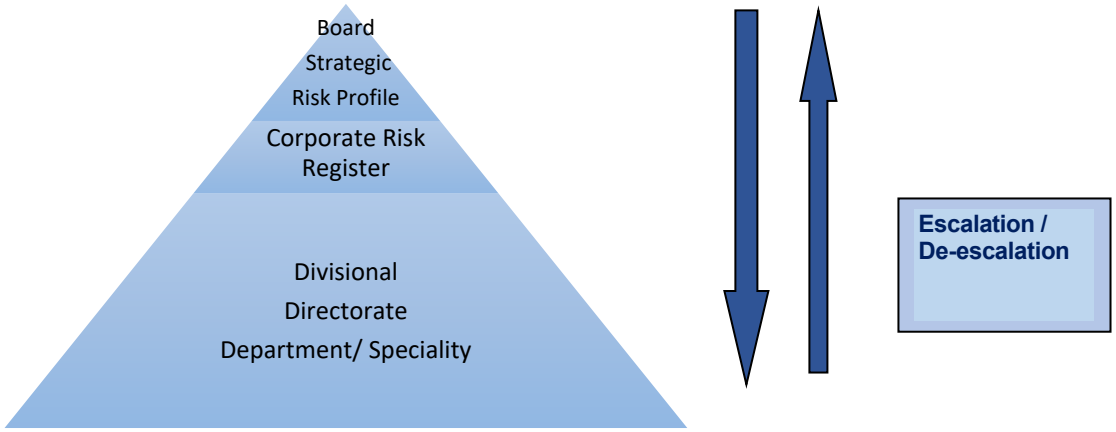
The update of the Board risk appetite will be taken forward in consultation with EDG and the Board in June 2022. Key considerations will include the following:

- What is our learning from experience during the past 2 years?
- What have been the key risks and opportunities over this period? Will they continue to present in the future?
- Are there additional risks we are willing to take as we consider the development of the new strategy?

Risk Architecture

Defining a consistent approach to how and where risk information is communicated is essential to creating a positive risk culture and to ensuring effective organisational risk management. Risks, once identified, will be captured on risk registers. Overall there will be five levels of risk register with an escalation route for risks that cannot be fully mitigated at the Department / Speciality level. The proposed hierarchy is outlined below:

Risk Registers



Risk Escalation

As above, the risk escalation process is under development. In summary:

All staff have a responsibility for identifying risk. To ensure that risks are managed effectively, they must be escalated to the appropriate levels in the organisation, and to external stakeholders where necessary in accordance with the hierarchy and line management arrangements.

Directors will have overall responsibility for establishing effective risk escalation supported by:

- Risk reviews
- Governance group risk reviews
- Operational Risk Leads who chair the Management Groups and provide advice on risk
- EDG will review risks and escalate any significant risks to the Board

The risk score and organisational risk appetite will be key considerations when recommending risks for escalation.

The escalation process will include the requirement to have Director sign off for any risks escalating or de-escalating from the CRR. In addition, when risks are escalated to CRR, the Director will recommend the committee to which the risk should be assigned.

Risks & Opportunities Group

A Risks and Opportunities Group will be established. This will be chaired by the Associate Director of Quality and Clinical Governance, with membership likely to include Associate and Deputy Directors and the Risk Manager. Governance lines are to be confirmed but the group is likely to report into EDG. Draft Terms of Reference are being developed and it is anticipated that the group will meet for the first time in August 2022.

Engagement with Senior Leadership Teams

To be effective, risk management must be consistently embedded into all core processes. It should add value by being integral to daily work and support activities rather than be seen as a separate, self-contained process.

To ensure that the refreshed framework achieves this goal, it was agreed that there should be engagement with Senior Leadership Teams (SLT) to:

- set in context the Framework refresh and discuss the proposed way forward
- encourage teams to reflect on their risks and consider if these reflect their risk landscape

The methods of engagement are:

- meetings with SLTs via MS TEAMs
- a FORMS Survey

Engagement sessions were held during April and May 2022.The following themes emerged:

- **Timeliness of Framework refresh** - in the aftermath of the past 2 years of the pandemic
- **Transition from BAF to Corporate Risk Register** - will simplify and increase risk visibility
- **Risk Coverage** - do these link to strategic priorities and objectives - SPRA?
- **Operational Focus** - need to prioritise risk as part of BAU and effective management
  Risk versus Issue - recognising the difference, and how to address both
- **Retention of Risks** - necessary to explore factors underlying reluctance in places to close
- **Risk Appetite** - understanding the concept and how to use it in day to day work
- **Risk Categorisation** - streamlining will make it easier to identify and report consistently
  Risk Control & Containment - need to recognise importance of consensus on risks
- **Risk Dashboard** - welcome- simple visual way to present key risk metrics & performance
- **Board SBAR Template** - could it be modified to ask about risk and the subject of report?
- **DATIX Risk Register Module** - a more user friendly system is required
- **Risk Description** - introduce a form of words to help staff to clearly articulate a risk
- **Risk Assessment** - collaboration and consensus important when calibrating risks
- **Risks & Opportunities Group** - welcomed - will provide dedicated leadership and focus

FORMS Survey
EDG members were asked to complete the survey on behalf of their SLTs. This covered the focus of team discussions on risk, how risk information is used and the support that teams need to manage risk. Responses align with feedback from the engagement sessions; teams use risk information to improve patient safety, prioritise the use of resources, support business cases and plan services. Feedback will be used to design a framework that is used from ward to board.

2.3.1 Quality/ Patient Care
Elevating risk management in NHS Fife will support the delivery of the quality and patient safety ambitions through improved operational governance and strategic planning.

2.3.2 Workforce
Arrangements to ensure that the appropriate workforce is in place to support the changes to the framework are being explored.

2.3.3 Financial
Once the workforce arrangements to support this change are confirmed, an update to summarise any financial impact will be provided.

2.3.4 Risk Assessment/Management
The refreshed risk management framework will support delivery of the strategic priorities.

2.3.5 Equality and Diversity, including health inequalities
An impact assessment has not been conducted.

2.3.6 Other impact
None

2.3.7 Communication, involvement, engagement and consultation
This paper has been developed in discussion with key stakeholders.

2.3.8 Route to the Meeting
Earlier versions of this paper were considered and supported by:

- EDG on 21 April 2022.
- Clinical Governance Committee on 29 April 2022.
- Finance and Performance Committee on 10 May 2022.
- Staff Governance Committee on 12 May 2022.
- Public Health and Wellbeing Committee on 16 May 2022.
- APF on 25 May 2022.

2.4 Recommendation
The Board is invited to **take assurance** from this update.

Report Contact
Pauline Cumming
Risk Manager
Email pauline.cumming@nhs.scot

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**31 May 2022**
Title:	**Population Health and Wellbeing Strategy - Public and Staff Engagement**
Responsible Executive:	**Janette Owens, Director of Nursing**
Report Author:	**Susan Fraser Associate Director of Planning and Performance** **Kirsty MacGregor, Head of Communications** **Fay Richmond, Executive Officer**

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

A key part of the development of the NHS Fife Population Health and Wellbeing Strategy is having as wide engagement with the citizens of Fife, our workforce, and partners as is possible, whilst recognising that in some cases they are one and the same.

The start of our engagement process started in December 2021, with our "Community Conversation" and "Colleague Conversation" surveys. The results of this initial engagement phase have been used to inform the plan for the next phase of more in-depth and focused conversations, based on the emerging themes identified in the survey results.

We are now planning to deliver a second phase of focussed conversations over a 12-week period from July – September 2022 with evaluation in October 2022.

It is important to add that our engagement process will be carried out with Fife Integration Joint Board, as a collaboration between the bodies with responsibility for the planning, commissioning and delivery of health and care services in Fife. Health and social care services must be connected seamlessly, wrapping around the citizen in their home as we improve performance across our system, with better experiences for citizens and those who work for and with us. As NHS Fife develops its Population Health and Wellbeing Strategy, the IJB will complete the development of their Strategic Plan, a statutory duty.

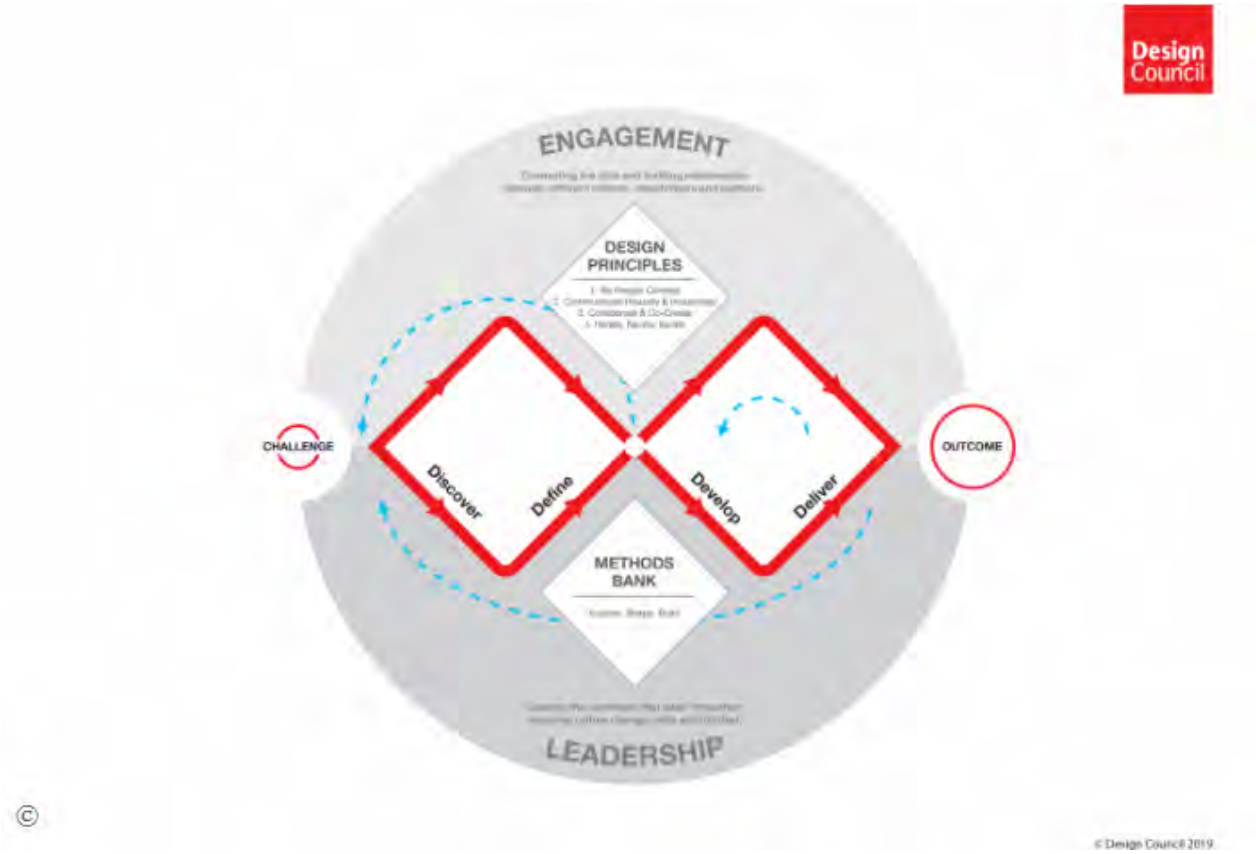
2.2 Background

NHS Fife recognises that quality and meaningful engagement is a key component of the development of strategy. Healthcare Improvement Scotland (HIS) published the draft *The Quality Framework for Community Engagement and Participation* (HIS Framework), to support NHS Boards, local authorities and IJBs to carry out effective community engagement. The framework also allows for self-evaluation, allowing bodies to demonstrate how they are meeting their statutory duties for public involvement.

HIS have a number of other tools that support appropriate and meaningful engagement, supporting teams and Boards in these activities. We have examined and considered the following:

- VOICE toolkit- (https://www.voicescotland.org.uk/voice/): an online resource to support planning, delivery, and review of engagement.
- HIS Engage- Engaging People and Communities: (https://www.hisengage.scot/equipping-professionals/how-to-engage/)

NHS Fife recognises that a framework and tools on their own can't deliver quality and meaningful engagement. There are multiple models for strategic development, and we have adopted the Double Diamond (The Scottish Approach to Service Design SAtSD) (Scottish approach to Service Design) approach that is thread throughout the work to date and outlined in this paper.



The five stages are:

1. Discover/ Research – gaining insight into themes and recurring issues
2. Define/ Synthesis – the area/s to focus on and prioritise
3. Develop/ Identify – potential solutions
4. Deliver/ Implementation – solutions that work
5. Refine/Review – with regular progress updates

The public and staff engagement in NHS Fife has been planned using the 5 stages in the Double Diamond model – currently we are going into Phase 2. A short life working group has been established, with representatives from NHS Fife and Fife HSCP, to ensure that all engagement avenues are explored and that we work jointly to deliver the best outcomes for the citizens of Fife.

Phase 1: Discover (October 2021-March 2022)

Phase one of our approach, discover/ research, was the community conversations held in the later part of 2021. A questionnaire approach was used, and the results are informing the second phase (define/ synthesis) allowing us to both gain additional information but also test our understanding (develop/ identify) and potential solutions. Together this will allow us to deliver, implement and refine the Population Health and Wellbeing Strategy over its lifetime

COMPLETED

Phase 2: Define (March-May 2022)

More in depth conversations with Fife citizens and staff based on the analysis from the Community and Staff conversation.

Phase 3: Develop

We will be working to develop the conversation questions and the model for the conversations e.g. existing groups, workplaces, etc.

Phase 4: Deliver (July 2022-Sept 2022)

We will have the conversations with staff and citizens. We will be refining as we go, from the feedback we get

Phase 5: Refine (January 2023 onwards)

We will use the knowledge and feedback we have gained to write the strategy and associated workplan.

2.3 Assessment

NHS Fife worked with Progressive Partnership (a market research company) for phase one of the Community and Colleague surveys. Progressive developed, co-ordinated, and independently evaluated the surveys, with **587** citizen and **368** staff responses received. Analysis showed that the number of responses received were not from a representative sample of the local Fife population and NHS Fife workforce, but the response rate was not statistically significant. However, the responses and feedback along with recurring themes provided valuable insight to inform the second phase of our more in-depth engagement conversations

In developing stage *Define* more focused conversations will be required with citizens and colleagues. In order to develop this next phase of engagement, NHS Fife has sought advice from the following groups and bodies to ensure best practice and to provide a benchmark for this stage 2 planning and evaluation:

- Public Engagement Network (PEN)
- Healthcare Improvement Scotland (HIS) – Community Engagement Planning with People guidance document and tool kit and regular liaison with Rachel Lee HIS Engagement Officer for Fife
- Other Boards undertaking similar work – NHS Lothian and NHS Grampian
- NHS Fife workforce and staff side via EDG

Stage 2 - Engagement Plan

Using the HIS framework of Preparation, Inform, Engage and Review, a draft plan for phase two – focussed conversations is outlined for approval in this paper.

As in stage 1 we will continue with the two parallel streams of activity – Community and Colleague acknowledging that there will be synergy across the core themes explored as part of these facilitated focus group discussions.

It is proposed that independently facilitated focus groups for our local communities and colleagues will run for a period of 3 months from 1st July – 30th September.

A range of facilitated focus groups sessions will be run online and in person over a range of times and dates – including evenings and some weekends to maximise reach and opportunities for participation. We anticipate these focus groups being run for a maximum of 20-25 participants and lasting around 1 hour.

These groups will be based around the 7 Fife Localities, and the Locality Officers, and will include representation from a range of community groups operating in the following localities as well as individual citizens:

- Cardenden (including Lochgelly, Kelty and Cardenden)
- City of Dunfermline
- Glenrothes (includes Thornton, Kinglassie and Leslie)
- Kirkcaldy (includes Burntisland and Kinghorn)
- Levenmouth (includes West Wemyss, Buckhaven, Methil, Methilhaven, Kennoway and Leven)
- North East Fife (takes in Auchtermuchty, Cupar, Taybridgehead, Crail and Anstruther)

Individuals or representatives of groups will self-select and complete an online booking form. Booking and session information will be shared as widely as possible, making use of local media, social media, PEN, elected members and other contacts to encourage sign-up and participation.

Initially 2 sessions per locality will be offered, depending on take-up and engagement or any identified potential gaps, additional sessions will be offered.

Planning and delivering an engagement programme of this scale is resource intensive. There is a need for skilled facilitation, both in planning and delivering the sessions, admin support pre, during and post sessions. There is no identified resource within NHS Fife staff with the skills and capacity to undertake these roles.

On this basis we are recommending that NHS Fife appoints independent facilitators to run the community and larger staff focus group sessions, ensuring no unconscious bias in relation to how the questions are posed, discussion is stimulated, captured, and reported. We are actively procuring these services.

Smaller team specific, ad hoc staff groups would be facilitated by internal colleagues.

We intend to pose 6 key questions to both the community and colleague focus groups with 4 general questions/topic areas and the 2 questions specific to either community or colleague attendees.

These proposed questions have been developed from:

- Stage 1 survey feedback
- Other NHS Fife engagement work (National Treatment Centre and Lochgelly/Kincardine Health Centres),
- i-Matter staff survey
- Patient Relations feedback
- NHS Fife Director of Public Health Annual Report 2022/23
- Experience of other boards in engagement work
- NHSScotland strategy

Proposed Questions

Staying Healthy and Well

1. When asked about maintaining good mental health, our survey results, were varied with around 1/3 of respondents finding it quite or very easy but 1/3 saying it was quite or very difficult.

Proactive and Preventative Care

2. The responses to the survey question were inconclusive. We are still keen to hear about your experience of using NHS services to support you staying well, and how you rate them.

3. Following the survey, the majority of respondents agreed that proactive and preventative care should be a key focus for NHS Fife. Do you agree and how should we do this?

Improving Quality of Health Services

4. We want to know about your experience with NHS appointments. How easy have you found it to access appointments and how did you find the appointment (s) experience. (This will include both Mental Health and physical health)

5. The majority of survey respondents agreed that getting a quick appointment was more important than being able to access the care locally. Do you agree?

Delivering Value and Sustainability

6. The results from our survey indicated that many residents limited information about how NHS Fife uses their allocated resources and funding. How can we make this information more accessible?

Staff Wellbeing

7. From our survey results around 4 in 10 respondents said staying healthy or well was quite or very easy. Our staff were more likely than residents to describe it as quite difficult.

8. When we asked about support for your health and wellbeing, we had a very mixed response. We would like to ask again about what we can do to support you to maintain good health and wellbeing.

Community Conversation - Citizens

We recognise that we have a duty to ensure that we make every reasonable effort to include seldom heard groups and those with protected characteristics (age, disability, sex, sexual orientation, gender reassignment, race, gypsies and travellers, religion or belief, marriage and civil partnership) in our planned engagement. An EQIA Stage 1 assessment was completed for stage 1 and stage 2 is being completed in tandem with this next phase of engagement planning.

It is important that we aim to have engagement with groups and individuals that are as representative of communities and citizens of Fife as possible. To meet this aim, we will have to plan more active target approaches for some groups or individuals.

We have had clear guidance from HIS community Engagement that we should make use of existing groups, places and people. We propose focus sessions with the community is delivered through virtual and in person sessions recognising limitations of citizens to online resources.

Staff Conversations

We recognise that many staff are also resident in Fife and may choose to engage through those mechanisms. We also understand that staff will also be members of seldom heard groups and have protected characteristics and will consider them when finalising plans.

However, we do want to continue our conversation with our workforce through staff focus groups. These are proposed to be delivered through virtual and in person sessions recognising that not all staff groups have access to virtual platforms like Teams. These

sessions will be limited delivered over 60 minutes recognising the reality of releasing staff from their posts. Again, we would ask staff to register to allow us to be sure that we have both representation from all areas of the Board, as well as all job families. If required, we would have additional sessions for staff groups or geographic areas.

It is our intention to have sessions at all the main hospital bases in Fife, trying to minimise travel and time away from work for staff. These are: Queen Margaret Hospital: Lynebank Hospital: Victoria Hospital, Kirkcaldy: Whyteman's Brae Hospital: Glenrothes Hospital: Cameron Hospital: Randolph Wemyss Hospital: Adamson Hospital: St Andrews Community Hospital.

EQIA

In developing the plan for engagement, a key activity has been the completing of the full Equality Impact Assessment (EQIA) which is attached as a draft in Appendix A. Using the expertise of our colleagues in HIS Community Engagement, NHS Fife key staff and reviewing other completed EQIAs, we have completed the paperwork. We will move onto the stage once the draft EQIA has been signed off by the Senior Responsible Officer. The next stage will be to share the draft with the PEN Advisory Group, seeking their input. In particular we will be looking to their collective expertise to ensure we have identified proportionate plans to engage with all the citizens of Fife, having particularly considered those whose protected characteristics could be impacted by the Strategy, and those from seldom heard groups. We are aware that for many if they have no underlying conditions or need to access health services, there will be little incentive to engage.

In completing the EQIA (stage 2), a strong message from others with experience in this field, was that we should make efforts to go to pre-existing groups or areas that individuals routinely visit.

2.3.1 Quality/ Patient Care

The Population Health and Wellbeing Strategy will have an impact on all care and services that NHS Fife delivers. It is anticipated that by engaging with citizens and staff we develop a strategy that positively impacts on health and wellbeing.

2.3.2 Workforce

Engagement with our workforce and actively listening as we develop the strategy is positive for all. In recognising and asking specifically for their ideas on how we deliver within our resources and against the known pressures.

2.3.3 Financial

There will be a cost for external, independent facilitation but funding has been identified to support the strategy development. Long term there could be savings to be made from implementing the strategy and how we deliver future care/ services.

The Portfolio Board will have oversight of all financial matters.

2.3.4 Risk Assessment/Management

A risk register will be developed for the engagement plan. This will be overseen by the Portfolio Board. The Engagement Plan will also use the national "Voice Tool" based around the 7 national standards for engagement to help plan, review and evaluate our engagement activity in support of our strategy development.

2.3.5 Equality and Diversity, including health inequalities

In developing the plan, cognisance has been given to both protected characteristics and seldom heard groups.

An Impact assessment is in draft form.

2.3.6 Communication, involvement, engagement and consultation

This plan has been discussed with the Healthcare Improvement Scotland- Community Engagement local engagement officer and their guidance used.

2.3.7 Route to the Meeting

- Portfolio Board 12 May 2022
- Public Health & Wellbeing Committee 16 May 2022

2.4 Recommendation

This is submitted to the Board for:

- **Approval** – Note the public and staff engagement plan for the Population Health and Wellbeing Strategy and progress made.
- **Approval** – Support is requested to engage an external facilitator to deliver the engagement plan

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 Draft EQIA

Report Contact
Susan Fraser
Associate Director of Planning and Performance
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Equality Impact Assessment
Full Impact Assessment
(Form 2)

EQIA Document Control

Date started	Feb 2022
Date completed	
Date published	
EQIA approved	

Full Equality Impact Assessment Form 2

You have by this stage identified an adverse impact for a protected characteristic group including any cross cutting issues or where a potential impact for those affected by economic disadvantage or poverty is apparent.

The Equality Impact Assessment (full) picks up from the Standard Impact Assessment (Stage 1) process, where the proposal has been identified or highlighted as having a potential negative impact.

It is now that you need to move onto a full Equality Impact Assessment.

This is more of a **detailed examination** of what you have identified at stage 1-Form 1.

Included here – see below- is the EQIA template to complete with your service, group, participation and engagement forum/involvement and partners etc. This will help to set you to set out who is affected, what the impacts are and what we are going to do about them.

The EQIA can be as part of your overall document (policies always have these attached) or you can keep this separately (i.e. if you are using it to work on as part of your bigger plans) as long as it evidences your ongoing actions to remedy the concerns, and remains linked to the plan etc so we can see that you are reducing the negative impacts.

The aims of an EQIA are to support your thinking in all your processes, so we ensure we are not being discriminatory towards any group. It is our legal duty to do this and to ensure we make a reasonable adjustment.

The EQIA must also demonstrate and record where we have eliminated discrimination, advanced opportunity or fostered good relations between those with a protected characteristic and those who haven't.

NHS Fife is mindful of these three needs of the Public Sector Equality Duty (PSED) - eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not - and recognises while the measures may positively impact on one or more of the protected characteristics, also recognises that the introduction of the measures may have a disproportionate negative impact on one or more of the protected characteristics. Where any negative impacts have been identified, we have sought to mitigate/eliminate these. We are also mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have

a positive duty to promote equality. This can be documented as you go along-some things you will highlight may be helping us to do one or all three of these duties, not all the content of an EQIA is negative, as our plans and developments are aimed to improve our services.

The EQIA must be published in full along with your plan or policy etc and signed off by the lead officer responsible. A copy should be then sent to Equality and Human Rights lead officer to publish and to quality assure.

1. Rational and aims

The last two years of the Covid – 19 pandemic has impacted significantly on individuals and the delivery of health and social care. In parallel with the direct harms, death and serious long-term sequalae, there have been the unintentional harms. These unintentional harms have affected in a multitude of ways but include, individual health and wellbeing, delays in treatment for existing conditions, delays in screening.

Prior to the pandemic NHS Fife had a Clinical Strategy 2016-2021 and the Board have recognised that a different approach would be needed. We are currently undertaking the work to develop a Population Health and Wellbeing Strategy.

2. Who will be affected by this?

All existing and future patients of NHS Fife services, staff and the general population. This includes those who access services across primary and secondary care, independent practitioners e.g., dentists and screening.

3. What do we know from our evidence base?

4. Who is present at this EQIA?

Name

5. Consulted at Stage 1 standard impact Assessment

Population groups and factors contributing to poorer health/health inequality	Potential Impacts and explanation why	Recommendations to reduce or enhance such impacts
Issues that apply to everyone Transport Income Air quality Transmission of infection Education Community space and leisure Housing Low pay Unemployment	Access to good health and wellbeing is impacted by all of the factors/ issues noted. In order to have good health individuals, families and communities need to be able to access and use the "building blocks" of good health. Money is a key determinant – affecting the ability to: • have good, sound, accessible housing • access their local community and families for support • access to nutritious food • know what to do with fresh produce (cooking) but also what to buy, storage and reduction in food waste • ability to buy fuel to heat homes and cook nutritious fresh produce • access transport to move between communities and access work Air quality affects health both as a risk factor to lung and other disease but also impacts general wellbeing and mental health. During the pandemic and as we recover and redesign services there has been and will remain an increasing digital access footprint. Not all citizens have access to hardware to facilitate this methodology and there is recognised data poverty in some. This includes health literacy as well as comprehension and language difficulties.	Actions taken NHS Fife is an Anchor Institution within Fife both as an employer and as a procurer of services and goods. Using initiatives such as Kickstart, NHS Fife is supporting young people to access employment and gain valuable experience in the workplace preparing them for lifelong employment not unemployment Applying fair work/ pay principles allows NHS fife to support individuals and communities in the widest sense. As a planning partner, and through wider Public Health role, NHS Fife can support the planning of communities and services e.g., health and wellbeing hubs, transport links, etc. Work with partners to explore appropriate delivery models e.g., health hubs with secure and private access for video calls Ensure that models of care reflect that not all patients/ service users can

Digital access. Communication and understanding Access to Interpreting and Translations		access a non- patient facing model. There is access to 24/7 interpreting and translation services using a suite of options including language line, mobile interpreting on iPads, etc. Health information can be translated into all community languages and easy read.
Issues that apply to all the population groups mentioned in the table below that are linked to the COVID-19 pandemic BAME staff and population. Older people and those who care for them at home	This proposed strategy will specifically work to lessen the consequences of the pandemic on all and in doing so will identify and address the specific issues of groups and individuals. Recognising that our BAME population (staff and patients) have been more affected by Covid- 19 at times. Many have become carers during the pandemic because of changes in their or their cared for persons circumstances. The strategy will support them to manage their own health as well as the cared for persons.	Actions taken/ planned Awareness when planning services and care models within the strategy that there have been specific health risks and consequences for our BAME population and that these are still a “live” issue. E.g, screening uptake low in some populations before the pandemic and targeted action will be needed to increase these levels post pandemic The strategy focus is health and wellbeing, supporting individuals to identify their own health needs and use skills to manage these

Care Homes residents and staff People vulnerable to this virus such as those with additional or lifelong conditions, such as those with a learning disability.	Care homes are the home setting for the individuals living in them. All identified actions will apply to this population and their carers, paid and family, kin and friends. People with an existing medical condition were identified as at greater risk from Covid. They were collectively known as “shielders”. This has had an impact on their general health and considerations. Managing risk may well have been a part of their daily life, and for many there will an ongoing need to be aware of risks. The strategy will support individuals, regardless of their needs to identify need, manage their health needs and risks.	effectively. This is supported by the knowledge of how to be healthy and maintain good health and wellbeing This is the same for all citizens regardless of their home setting. With a focus on health and wellbeing the strategy will support these individuals to have the knowledge to both manage their personal circumstance but understand the range of supports e.g., peer support groups
Population groups and factors contributing to poorer health	**Potential Impacts and explanation why** **THINK Access to services, health differences or inequality, communication barriers, trust, knowledge, cost, social norms and attitudes, cultures.**	**Recommendations to reduce or enhance such impacts**
Age: older people; middle years; early years; children and young people.	This strategy will be relevant to all of the population of Fife directly and indirectly. The expectation is that this will be positive as individuals are encouraged and supported to manage their own health and wellbeing as well as have access when needed, to services. This will be a range of services and not those traditionally used. E.g., minor ailments support from a local, community pharmacy, different members of the multi-disciplinary team in a GP Practice, community-based peer support. Clarity about the exact changes and impacts cannot be realised at this time.	Actions taken/ planned Engaging with a range of groups and individuals across the age continuum will ensure that individual impacts are identified, and appropriate/ reasonable mitigations considered. We will work with our partners in this. We will be actively ensuring that we have representation from all age groups and if necessary, will arrange specific sessions for some age groups. We will be using existing groups and some of these will be age based.

	It is a clear objective of the strategy development team that we ensure we engage with younger people as they begin their life journey and develop good foundations of health, wellbeing, and self-care. We are also cognisant of the different health and wellbeing needs of different age and stage groups and will work to ensure we have representation from all.	
Children and Young People's rights and wellbeing is available- see under LAC looked after children and seek support from Children's services to complete this.	To be completed will need support/ advice from Public Health Lead	Actions taken/ planned
Disability: physical, sensory and learning impairment; mental health conditions; long-term medical conditions.	A key aim/ objective of the strategy is to support individuals to have access to services, supports and skills to allow them to manage their own health and wellbeing. In delivering the strategy cognisance will be made of the need to reach those with all disabilities including those that are hidden and ensure all materials are accessible in the necessary formats. Using existing networks and supports will also allow us to access these individuals/ groups.	Actions taken/ planned When undertaken the next stage of engagement there will be care taken to ensure that individuals from multiple disability groups including hidden disability are considered and able to engage. Care and any additional actions will be taken to liaise with partner and speciality staff and groups We will be actively ensuring that we have representation from across a range of disabilities including hidden, and if necessary will arrange specific sessions for some groups.

Gender Reassignment: people undergoing gender reassignment	In supporting individuals with a range of health and wellbeing needs, individuals in this group will have/ learn skills to manage their own needs as well as an understanding of wider service provision that is available to meet their individual health and wellbeing needs.	Actions taken/ planned Covered by the over arching approach of engagement and using the PEN Advisory as expert group.
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.	It is not anticipated that an individual's marital status will be impacted by or have an impact on the strategy.	Actions taken/ planned Covered by the overarching approach of engagement and using the PEN Advisory as expert group.
Pregnancy and Maternity: women before and after childbirth; breastfeeding.	The strategy will support women to identify and manage their individual health and wellbeing needs during before, during and after pregnancy in the widest sense.	Actions taken/ planned We will be engaging with appropriate groups/ services including our staff within this group We will be actively ensuring that we have representation from all groups and if necessary, will arrange specific sessions for groups.
Patients/staff who return to work	With a focus on health and wellbeing the strategy will support individuals returning to work after any period of absence for whatever reason. This will include periods of ill health, caring responsibilities, etc. By identifying, and managing their individual health and wellbeing needs they can be supported to return to the most appropriate work for them. This applies to all citizens, and NHS Fife staff. There are individuals who have been impacted by long Covid and they will continue to be supported to be as healthy as possible, including their mental health and wellbeing.	Actions taken/ planned We have identified mental and physical health groups to engage with as well as specific disability groups We will be actively ensuring that we have representation from all staff groups and if necessary, will arrange specific sessions for some staff groups.
Race and ethnicity: minority ethnic people; speakers of community languages; Gypsy/Travellers; migrant workers.	With a focus on health and wellbeing the strategy will support all individuals. Materials will be available in different formats. There is access to interpretation services 24/7 via our interpreting apps. Face to face interpreters can be arranged for specific appointments/ consultations.	Actions taken/ planned These groups have been identified as part of the engagement strategy. We recognise that we will need to seek specialist input to support us to engage meaningfully. We will be actively ensuring that we have representation from all race and

		ethnicity groups that are representative of our staff and citizens and if necessary, will arrange specific sessions for groups. Interpretation will be available as required.
Religion and belief: people with a religion or belief, or none. Spiritual consideration.	There is not expected to be any impact from the strategy	Actions taken/ planned Covered by the overarching approach of engagement and using the PEN Advisory as expert group.
Sex: men; women; experience of gender-based violence. Sex workers	The strategy aims to support individuals to have access to services and skills to support their own health and wellbeing. In delivering the strategy cognisance will be made of the particular needs of the different groups	Actions taken/ planned We will be actively ensuring that we have representation from all groups and if necessary, will arrange specific sessions for groups.
Sexual orientation: lesbian; gay; bisexual; homosexual, transgender, heterosexual	The strategy aims to support individuals to have access to services and skills to support their own health and wellbeing. Sexual orientation will not have a negative impact.	Actions taken/ planned We will be actively ensuring that we have representation from all groups and if necessary, will arrange specific sessions for groups.
Looked after (incl. accommodated) children and young people	To be completed will need support/ advice from Public Health Lead	

Carers: paid/unpaid, family members.	In supporting individuals with a range of health and wellbeing needs, this group will have access to skills to manage their own needs and an understanding of wider service provision to meet their health and wellbeing needs and those of the individuals they provide care to. (We recognise that this can be direct and indirect care and will vary overtime.)	Actions taken/ planned Some carers will themselves have health conditions and all will be part of the general community giving multiple opportunities for engagement. We will be actively ensuring that we have representation from all groups and if necessary, will arrange specific sessions for groups.
Homelessness: people living on the street; staying temporarily with friends/family; in hostels, B&Bs. Do they have a permanent address or temporary address? Is their address recognised by our systems for data collection?	It is recognised that this population have less access to routine healthcare for a number of reasons. This includes individuals who are couch surfing, in insecure accommodation, etc.	Actions taken/ planned In planning for the strategy to be meaningful and engagement fruitful we will liaise with services to gain support to engage. We will be actively ensuring that we have representation from all groups and if necessary, will arrange specific sessions for groups.

Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders. Those released and locating back into Fife.	It is recognised that this population have less access to routine healthcare for a number of reasons.	Actions taken/ planned In planning for the strategy to be meaningful and engagement fruitful we will liaise with services / experts in this field to gain support to engage.
Those affected by addictions substance misuse; alcohol, drugs, gambling, food/eating disorders	It is recognised that this population have less access to routine healthcare for a number of reasons.	Actions taken/ planned In planning for the strategy to be meaningful and engagement fruitful we will liaise with services to gain support to engage.

		We will be actively ensuring that we have representation from all groups and if necessary, will arrange specific sessions for groups.
Staff: full/part time; voluntary;	Staff are also potential patients for the services provided in and by NHS Fife.	Actions taken/ planned Staff have been identified as a target group within the engagement plan. Some staff, will themselves have health conditions, some will be carers, and all will be part of the general community giving multiple opportunities for engagement. We will be actively ensuring that we have representation from all groups and if necessary, will arrange specific sessions for groups. This may be due to job family or location. A mixed model of sessions will also be offered.
Low income/poverty/Low pay/benefits/	These all have an impact on an individual's health and wellbeing. This affects their opportunities and abilities to follow healthy lifestyle guidance e.g., cost of fresh food as well as being a risk factor for the development of diseases e.g., Type 2 diabetes. In developing the strategy in partnership consideration, we are looking from both the service and individual viewpoint	Actions taken/ planned Engagement activity is planned for both general community and focussed in our recognised areas of deprivation, etc. We will be actively ensuring that we have representation from all groups and if necessary, will arrange specific sessions for groups.
Low literacy / Health Literacy: Includes poor understanding of health and health services as well as written language skills.	Both of these can reduce the ability of individuals to understand and use effectively, the messages that they are given. This impacts on general and condition specific health information and also the ability to understand and use general health messages	Actions taken/ planned We will be actively ensuring that we have representation from all groups and if necessary, will arrange specific sessions for groups.

	including screening information	We will be using mixed mediums to advertise the sessions and will be guided by the PEN Advisory Group.
Living in deprived areas	Living in an area of deprivation can have a negative impact on an individual's health (physical and mental) and wellbeing. This impacts opportunities to follow healthy lifestyle guidance e.g., cost and access to cheap, healthy food. In developing the strategy in partnership consideration, we are looking from both the service and individual viewpoint	Actions taken/ planned Engagement activity is planned for both general community and focussed in our recognised areas of deprivation, etc. We will be actively ensuring that we have representation from all areas and if necessary, will arrange specific sessions for areas.
Living in remote or rural areas West and NEF	Living in an area of remoteness or rurality can have a negative impact on an individual's health (physical and mental) and wellbeing. Limited access to public transport, community services e.g., bank, library, alongside access to goods e.g., healthy food. In developing the strategy in partnership consideration, we are looking from both the service and individual viewpoint	Actions taken/ planned Engagement activity is planned for both general community and based on the seven localities. These recognise and identify areas of remoteness and rurality. We will be actively ensuring that we have representation from all areas and if necessary, will arrange specific sessions for areas.
Discrimination/stigma Mental Health	This is a complex and large group. Many of our citizens and staff have seen a deterioration in their mental health or have developed new mental health needs as a result of the recent pandemic.	Actions taken/ planned We will be actively ensuring that we have representation from all protected characteristics and identified seldom heard groups. If necessary, will arrange specific sessions to meet the needs.

Disability Hidden disability Impairment Speech impairment Neurological condition	A number of people have been left with ongoing, significant disability and impairment post Covid infection. This is known as long Covid. As a new disorder there is limited knowledge or understanding of treatments and support needs. Much of this is hidden disability e.g., fatigue – physical and mental, breathlessness, etc. Our strategy is focussing on not just the delivery of services but on ensuring that individuals, the population, have the skills or access to support, to be able to manage their own health and wellbeing regardless of the level of their need through disease, disability, age or impairment.	
Age Cognitive impairment	Our strategy is focussing on not just the delivery of services but on ensuring that individuals, the population, have the skills or access to support, to be able to manage their own health and wellbeing regardless of the level of their need through age or impairment.	Actions taken/ planned We will be actively ensuring that we have representation from all protected characteristics and identified seldom heard groups. If necessary, will arrange specific sessions to meet the needs
Refugees and asylum seekers All refugee resettlement programmes e.g, Syrian, Afghan and Ukraine	Our strategy is focussing on not just the delivery of services but on ensuring that individuals, the population, have the skills or access to support, to be able to manage their own health and wellbeing regardless of their previous country of residence.	Actions taken/ planned We will be actively ensuring that we have representation from all protected characteristics and identified seldom heard groups. If necessary, will arrange specific sessions to meet the needs

NHS Fife considers Human Rights in all our actions and evidence what we do to ensure we improve our Human rights focus and outcomes.

Children and Young People Rights impact assessment must be completed when children and young people are affected by change- this may occur when the policy is aimed at adults but will indirectly affect CYP.

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to life (absolute right)	The planned strategy and engagement does not negatively impact on this right. Giving individuals the skills and knowledge to manage their individual health and wellbeing will enhance this. We aim for people to live the best life they can regardless of circumstance.	By the planned focussed conversations, we will be addressing any impacts
The right not to be tortured or treated in an inhuman or degrading way (absolute right)	The planned strategy and engagement does not negatively impact on this right. Giving individuals the skills and knowledge to manage their individual health and wellbeing will enhance this. By giving them the skills and knowledge, they will be able to have realistic, good conversations about their health and treatment plan with clinicians. NHS Fife in providing safe, quality driven services ensures our service users are not treated negatively.	Our continued support of patient education programmes e.g,. diabetes, Step on stress, etc equip individuals with the necessary skills. Our ongoing CPD programme supports our staff to both give patients the information they need but also engage in realistic conversations about health care options.
The right to liberty (limited right)	NHS Fife does not limit the liberty of individuals except when they are subject to a court order e.g., section	
The right to a fair trial (limited right)	NHS Fife undertakes its legal duty in both providing information for courts and supporting legal requests. This is co-ordinated by the legal services department.	

The right to respect for private and family life, home and correspondence (qualified right)	NHS Fife takes it responsibilities under data protection and Caldicott legislation seriously and has appointed responsible officers. Many of our staff undertake their care in an individuals' home or homely setting. All staff are respectful of a patient's home circumstance/ life, their home and any correspondence. Within NHS Fife premises these are also respected.	
The right to freedom of thought, belief and religion (qualified right)	NHS Fife recognises that individuals have the right to freedom of thought, belief and religion. Individuals are actively invited to make their preferences known and our Spiritual Care support and liaise with all faiths and beliefs.	
The right to freedom of expression (qualified right)	NHS Fife recognises that individuals have the right to freedom of freedom of expression. However, we will support staff not to be verbally abused and ask that differing points of view are respected.	
The right not to be discriminated against	By ensuring that we consider citizens as individual and actively identify potential discrimination because of a protected characteristic, NHS Fife supports this right.	
Any other rights relevant to this policy.		

Will there be any cumulative impacts as a result of the relationship between this policy/plan and others? Are there any overlapping or cross cutting services etc that may be affected?

This strategy will cut across all work that NHS Fife delivers. There will be a need to consider how the policies and procedures in place are aligned to the strategy.

What sources of evidence have informed your impact assessment? Evidence can be local enquiry, research, evaluation or data etc and can come from patient feedback or complaints.

We have considered other EQIA's completed recently, local knowledge and expertise from individuals e.g, PEN. The knowledge from the health assessment completed for the strategy has also been used.

Discussions with HiS- Community Engagement and offer for local officer to be a critical friend during this process.

Summary of key impacts, research questions and evidence sources-please bullet point the key findings such as i.e,, communication /transport/

National policies and toolkits have also helped inform/ been used as evidence sources:

VOICE toolkit- https://www.voicescotland.org.uk/voice/

HIS Engage – Participation Toolkit (https://www.hisengage.scot/equipping-professionals/participation-toolkit/)

HIS Engage – Engaging people and communities (https://www.hisengage.scot/equipping-professionals/how-to-engage/)

The Promise – The Promise

Scottish Government Children's Rights Policy - Children's Rights

Document Control

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NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**31 May 2022**
Title:	**Director of Public Health Annual Report 2020 and 2021**
Responsible Executive:	**Joy Tomlinson, DPH**
Report Main Authors:	**Catherine Jeffery Chudleigh CPH, Mhairi Gilmour, Clare Campbell**

1 Purpose

This is presented to the NHS Board for:

- Discussion

This report relates to a:

- Legal requirement
- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Director of Public Health annual report provides a mechanism to present the key issues relating to health and wellbeing for local areas and enable more targeted local responses to be developed. The most recently published DPH annual report for Fife covered the time period 2018/2019. This new report covers a longer time period, the calendar years 2020 and 2021 as the normal cycle of reporting was interrupted by the pandemic.

2.2 Background

This Director of Public Health Annual report is structured around the six Public Health priorities for Scotland. The Public Health Priorities were published in 2018 as part of the Public Health reform process which also established the new national body, Public Health Scotland. The priorities were jointly supported by Scottish Government and COSLA and have a 10 year lifespan. They were created to help focus effort around key areas of population health following an extensive consultation process. The priorities were created in recognition that the health of the population in

Scotland was lagging behind the health of similar countries in Europe. The aim of setting these nationally agreed priorities was to build momentum addressing the risk factors which result in poor health in the population.

The Fife Director of Public Health annual report published in 2018/19 was structured around the six priority areas, setting out the key issues for the population of Fife. This new report follows the same outline approach as in 2018/19 and incorporates data relating to COVID19 where this is available.

2.3 Assessment

The report provides an overview of the demographic changes across the population of Fife along with updates across each of the six public health priority areas.

Key findings include:

Demographic Changes
The total population grew during 2020, one of only 12 local authority areas in Scotland to do so. There was very little change in published life-expectancy data for Fife during the time period 2018-2020 in contrast with Scotland, which saw a measurable fall in life-expectancy. Inequalities are detectable across Fife. There is a difference of 10 years in life-expectancy between men from communities most affected by deprivation and those least affected. For women a difference of 8 years was found.

COVID in brief
The pandemic saw collaboration across agencies and within communities which together provided support for different settings and for individuals required to isolate. Figures up to and including 30th April 2022 show a cumulative total of 127,094 confirmed positive COVID-19 cases among Fife residents since the first positive case in March 2020. Although case-rates of infection were lower among those aged >65yrs, those who were older than 65 experienced higher death rates and more severe illness. There were inequalities in COVID-19 mortality observed between the most and least deprived areas of Fife. Dedicated COVID19 services were established including contact tracing, testing and vaccination. Since the start of the vaccination campaign more than 830,000 vaccinations were carried out (as at 7th April 2022).

Public Health Priorities
For each of the Public Health Priorities, the report provides an overview of the key issues and areas of progress. At the end of each chapter are listed our ambitions and future opportunities, which includes opportunities for public health, NHS and other partners.

2.3.1 Quality/ Patient Care
The Director of Public Health report provides a focus on areas of population health and wellbeing that would benefit from strengthening. The Health and Wellbeing review which was completed to support the DPH report will also support the development of the Population Health and Wellbeing strategy.

2.3.2 Workforce
There is no direct impact on workforce from this report. However, it could only be produced through collaboration and support from staff working in Public health, Health Promotion, Fife Council and wider partners. It is a tribute to their commitment that the report has been produced during the pandemic.

2.3.3 Financial
There are no direct financial impacts from this report.

2.3.4 Risk Assessment/Management
The risks to health which are described within this report are part of existing programmes of work and services.

2.3.5 Equality and Diversity, including health inequalities
This report considers the health of the population of Fife overall. It therefore contributes towards NHS Fife's duty to the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes. An impact assessment has not been completed because this is a descriptive report, covering the whole of the population.

2.3.6 Communication, involvement, engagement and consultation
The report has been developed in collaboration with a range of partners including NHS Fife Public Health, Fife Health and Social Care Partnership, Fife Council and other partners. The key points will be embedded in the wider engagement work carried out in advance of the NHS Fife Health and Wellbeing strategy.

2.3.7 Route to the Meeting
The text of the report was shared with EDG at their meeting on 21st April and finalised version with infographics shared by email on 5th May. The report was tabled with the Population Health and Wellbeing Committee at their meeting on 16th May and endorsed. Committee members were thoughtful about the wider impact of the COVID-19 pandemic on health services and the anticipated future impacts of worsening economic conditions on health and wellbeing. An additional recommendation was made to consider highlighting areas of improvement or deterioration within future reports.

2.4 Recommendation

The Board are asked to consider the emerging issues set out within the Director of Public Health annual report and to endorse the future opportunities listed for each priority.

- **Discussion** – Examine and consider the implications of a matter.

2 List of appendices

The following appendices are included with this report:

- **Appendix No 1.** DPH Annual report 2020 and 2021: Health and Wellbeing in Fife

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NHS Fife

Director of Public Health Annual Report

Health and Wellbeing in Fife

2020 - 2021





Acknowledgments

I am grateful to my colleagues within our Public Health Department and from our colleagues and partners within Health Promotion Service, Fife Health and Social Care Partnership, Fife Council and the third sector for their significant contributions to this report. We are all part of the Fife public health team, and it is good to see examples of this work throughout the report.

Published May 2022

www.nhsfife.org

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Foreword

Welcome to the 2020/21 Director of Public Health Annual Report for Fife. This is my first report since coming to Fife as Director of Public Health and the timing is significant. This report comes with an invitation to pause and reflect on the health and wellbeing of the population after two very difficult years of living through the COVID-19[i] pandemic. While it feels in some ways that everything changed during the pandemic, fundamentally many of the same underlying challenges to health and wellbeing remain. With that in mind, this report is set out with the same chapter structure as the 2018/19 Director of Public Health Annual report presented by my predecessor Dona Milne and is focused around the Public Health priorities for Scotland. The report captures the key issues impacting on health and wellbeing in Fife and highlights ambitions for the future and areas where there are concerns emerging.

It will be some years in the future before the legacy of the COVID-19 pandemic is fully understood and the data within this report does not cover the entirety of the pandemic. Some of the direct impacts on health are clear, and where this is the case, we have included comment within the report. Amongst very difficult times, the response of communities and agencies across Fife has been incredible. Some of that response is described within the report. The rapid establishment of support for people so they could isolate safely and protect the wider community demonstrates to all the importance of looking after each other. Entirely new services were established to test for the virus and take every opportunity to interrupt transmission as well as setting up a vaccination programme.

I would like to thank everyone who has contributed to the different chapters of this report, together these provide an updated perspective of progress across the different Public Health priorities. One of the recurring themes through the report is the widening in health inequalities which was apparent even before the onset of the pandemic. This can be seen in a number of statistics, including a widening of the gap in life-expectancy between those who are most affected by deprivation and those who are least affected. This is important because these differences are avoidable.

Dr Joy Tomlinson
Director of Public Health,
NHS Fife

i COVID-19: Coronavirus disease is an infectious disease caused by the SARS-CoV-2 virus

Public Health Priorities and Ambitions

In Fife we have adopted the Scottish Government Public Health priorities which reflect the most pressing health and wellbeing concerns for Fife, which we should focus on over the next decade to improve the health and wellbeing of the population[1]. They focus on the upstream determinants of health which are shared 'risk factors' for many of the leading causes of poor health and wellbeing in Fife.

We want to see:

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

Responding to and supporting recovery from the COVID-19 pandemic has since been identified as a clear additional priority for public health in Fife.

This report describes why each priority is important for Fife and sets out our ambitions for each priority[ii]. It also describes some of the wide-ranging activities undertaken across Fife focused on these priorities in 2020 and 2021 and discusses the impact of the COVID-19 pandemic on this work.

Population health in Fife is influenced by the actions and efforts of many organisations within the public and third sector as well as private sector organisations and community groups, and this is reflected across the report.

The Public Health priorities are clearly aligned with several national and local strategies and plans including the Plan for Fife Recovery and Renewal Priorities, Fife's Health and Social

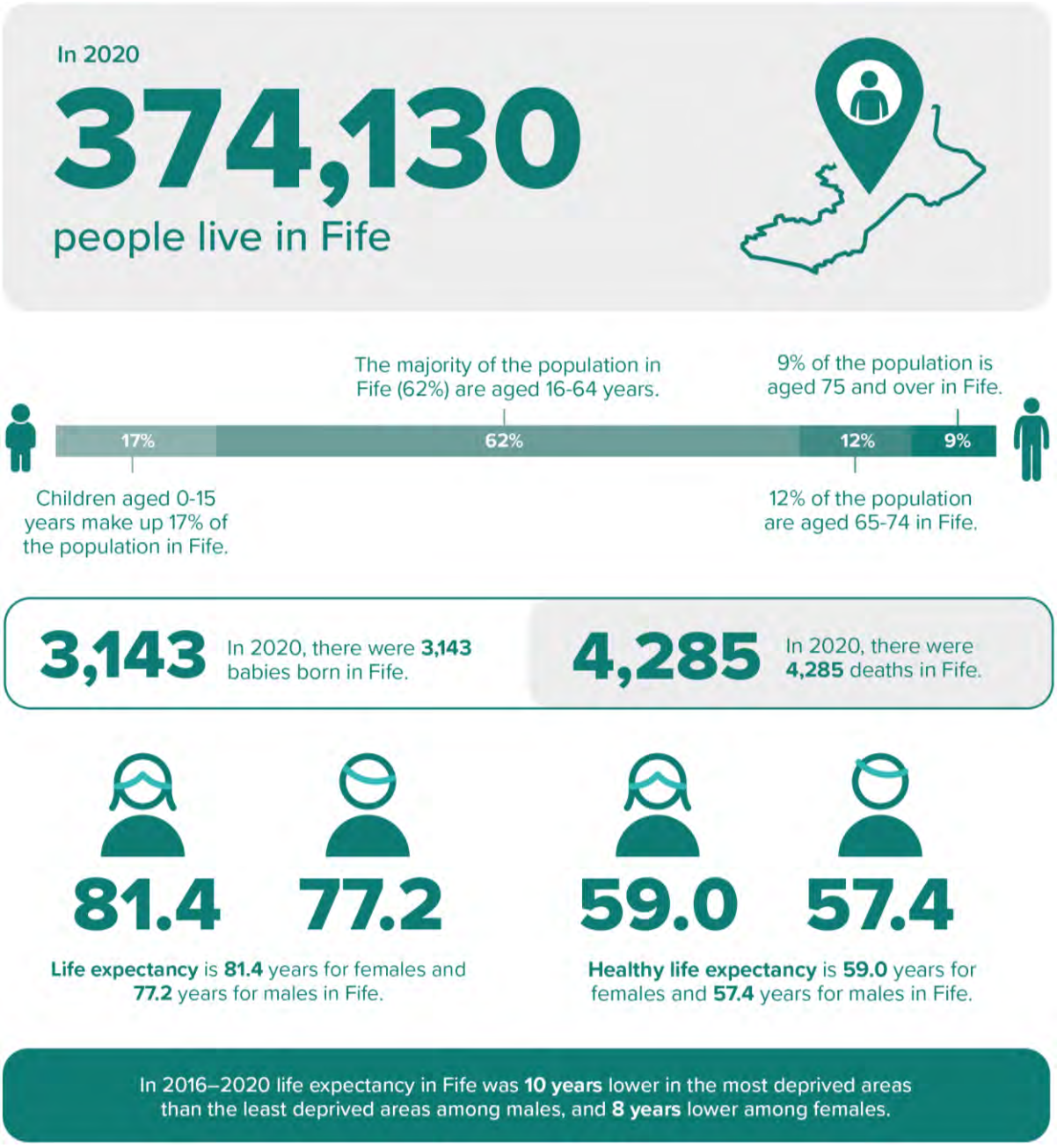
ii For each of our Public Health priorities, NHS Fife together with Health and Social Care Partnership (HSCP) have developed ambitions for improving the health and wellbeing of our population. These were developed in 2019, prior to the start of the COVID-19 pandemic

Care Partnership's (HSCP) Strategic Plan and Scottish Government's Coronavirus (COVID-19) Recovery Plan.[2,3,4] The report also therefore reflects on potential opportunities for public health and our partners for the coming years to contribute together to further improving the health and wellbeing of people in Fife.

Public health activities often intersect across multiple priorities. For the purposes of this report, we have attempted to avoid duplication by describing our activities under a single priority respectively.

Fife – In brief

In this chapter we look at the size and structure of the current population of Fife, births, deaths and diseases.



Why this is important

It is important that we regularly review what we know about the population of Fife, examine differences within Fife and look at changes in Fife over time. Understanding our population helps us understand their needs which helps us, together with our partners, prioritise actions and interventions that can improve population health and reduce inequalities and ensure existing and new services meet population needs.

In each Director of Public Health Report, we look at the size and structure of the current and future population of Fife, births, deaths and diseases, but also look at other factors that are important for creating and maintaining health and wellbeing, such as our education, employment, income, social networks, housing and broader socio-economic, cultural and environmental factors. These determinants are experienced unequally in our society with correspondingly worse health outcomes and life expectancy experienced by people living in the most deprived areas of Fife. People from other diverse or vulnerable groups also unjustly experience inequalities and can experience less good health and wellbeing as a consequence.

As such, although Fife is made up of different areas such as electoral wards, localities, or area committees, the main focus of this report is the health and wellbeing of the population of Fife and inequalities throughout Fife as a whole. In this chapter we provide an overview of the population of Fife and births, deaths and diseases of Fife residents using the most current figures available and drawing on national trends where appropriate.

The remaining chapters contain key information about the health and wellbeing and its determinants of the Fife population, relating to each of our public health priorities. Where known, we reflect upon the impact of COVID-19 on our population, however our understanding of the impact of COVID-19 upon population health is still developing.

Due to the pandemic, some data was not collected in 2020 and therefore some of the data used in this report predates the pandemic. Where we do have more recent data, much of this is for the early phase of the pandemic, limiting our impact to draw firm conclusions on the impact of COVID-19 for population health over the full course of the pandemic, and/or may not be from the usual routine health information sources which limits comparability with pre-pandemic data.

Further information about Fife and its residents, including those living in different areas, can be found from a number of sources including KnowFife (https://know.fife.scot), Our Fife (https://our.fife.scot) and ScotPHO Profiles (https://scotpho.org.uk).

Population

The population of Fife grew in 2020, one of only 12 council areas in Scotland to see growth. At June 2020, an estimated 374,130 persons lived in Fife, 580 more people than in 2019, resulting in an annual growth rate of 0.2%, higher than the national growth rate of 0.05%, which was the lowest growth since 2003.[5]

Children aged 0-15 years make up 17% of the population with 64,152 children living in Fife. The majority of the population in Fife (62%) are aged 16-64 years, whilst 12% of the population are aged 65-74 and 9% aged 75 and over. [5]

Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid-2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.[6]

At the 2011 Census the population of Fife was predominantly of white ethnicity (97.6%), with 1.6% Asian ethnicity and 0.8% of people being from minority ethnic groups. [7] We know that there is diversity within the population of Fife (in terms of ethnic group, gender identity and sexual orientation) and findings from the recently held 2022 Census will provide us with a greater insight into this diversity to better understand the future needs of our communities and reduce inequalities in population health between groups.

Births

In 2020 there was a 6% reduction in the number of babies born in Fife compared to in 2019, with 3,143 babies born.[8] This continues a reducing trend of births in the last ten years and is the lowest annual number of births since 1991. Fertility rates in Fife, although falling, continue to be higher than the rates for Scotland, 47.1 per 1000 women aged 15-44 years compared with a national rate of 45.5.[8]

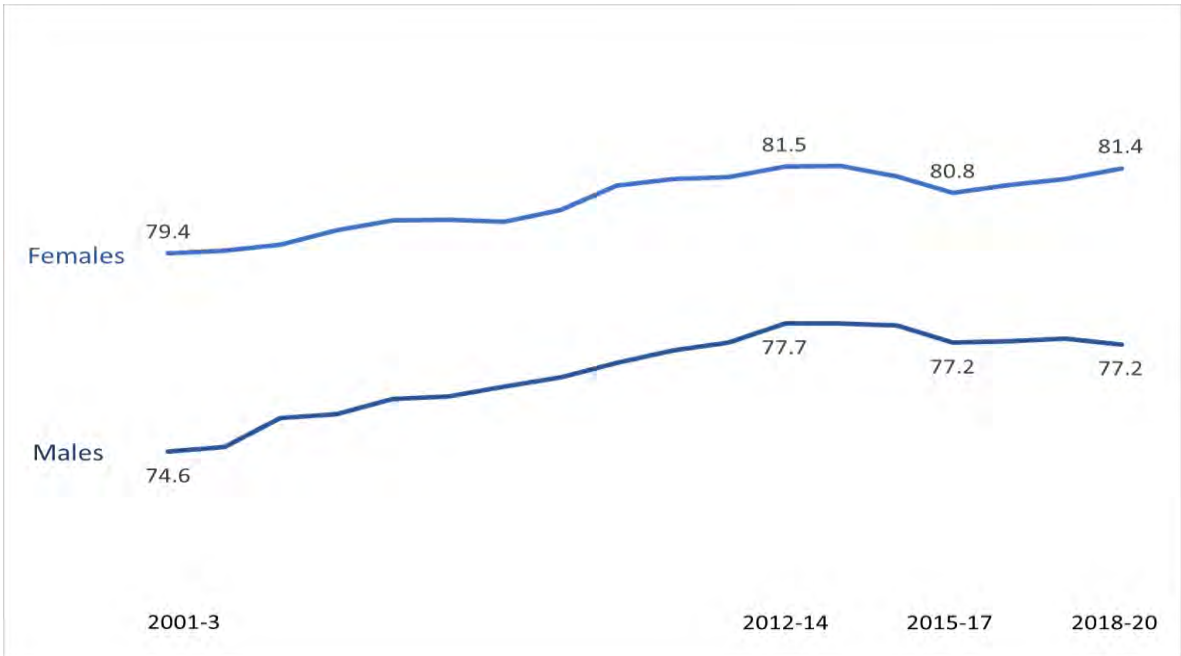
Of the 3,143 babies born in Fife over half (59%) were born to mothers aged 25-34 years, 5% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2000 the number of births to mother aged 19 and under has decreased by 61% whilst births to mothers aged over 40 have more than doubled.[8]

Life expectancy

Life expectancy at birth in Fife was 77.2 years for males and 81.4 years for females in 2018-2020.[9] This was a small annual fall in life expectancy in males and a small rise in females since the last estimates of 77.3 and 81.2 years respectively in 2017-2019 (Figure 1). Nationally during the same time-period life expectancy fell by the largest annual amount since these statistics began, to 76.8 years for males and 81 years for females.[9]

This large annual fall was mainly driven by COVID-19 deaths, but drug-related deaths and deaths from external causes (including accidents and suicides) also contributed to the fall in male life expectancy. The full impact of COVID-19 on life expectancy will be clearer in future estimates that cover the whole period of the pandemic as current estimates only include 2020.[9]

Figure 1: Life Expectancy in Fife; Males and Females 2001-2003 to 2018-2020



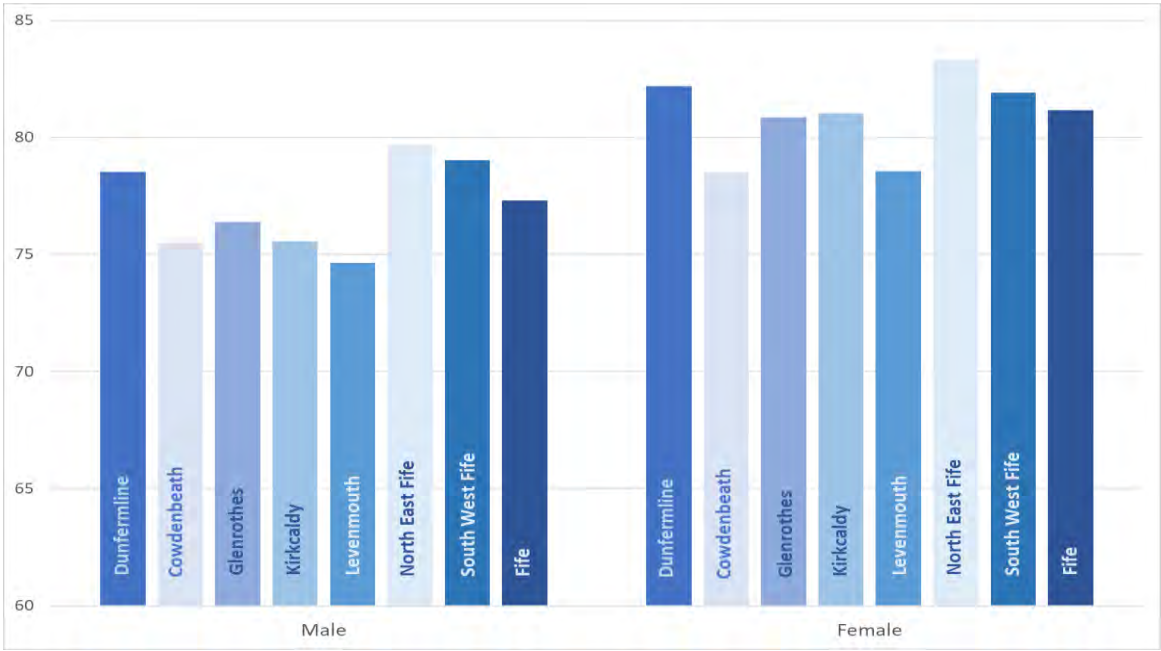
Source: NRS

Although recent changes in life expectancy in Fife have been small, more significant changes have been seen since 2012-14, the point at which Scotland and other countries experienced an unprecedented slowing of life expectancy growth. Female life expectancy fell in Fife from 2012-14 to 2015-17 but has increased a little each year since this point (Figure 1). This has resulted in a much lower rate of growth from 2012-14 to present compared to between 2001-3 and 2012-14. Among males in Fife life expectancy decreased between 2012-14 to present compared to growth from 2001-3 to 2012-14.[9]

The trends in life expectancy are of public health importance and a programme of work to understand the cause of these trends is being coordinated by Directors of Public Health, with findings expected to be published later in 2022.

There is variation in male and female life expectancy within Fife, which is illustrated by the 2016-20 figures for the seven HSCP localities/Area Committees in Figure 2.[10] Both male and female life expectancy were higher than the Fife average in Dunfermline, North East Fife and South West Fife areas and lower than average in the other four areas.

Figure 2: Male and Female Life Expectancy; HSCP Locality/Area Committee 2016-20



Source: PHS

However, the full extent of inequality in life expectancy across Fife is most apparent when you look at the differences between the life expectancies of the populations living in most and least deprived areas (quintiles) in Fife.[iii] In 2016-20 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females. Wide inequalities were seen across Scotland with life expectancy in the 10% most deprived areas 13.5 years lower among males and 10.5 years lower among females than in the 10% least deprived areas in 2018-20. These differences in national life expectancy have widened since 2013-15.[9]

iii Most and least deprived areas are used in the report to refer to the most deprived and least deprived Fife SIMD 2020 population quintiles as measured by the Scottish Index of Multiple Deprivation. These are derived by ranking the datazones in Fife based on their SIMD score from most to least deprived and then splitting them into five groups (quintiles) based on their level of deprivation with each group representing roughly a fifth (20%) of the population. This approach is also used nationally and can be split into ten groups (deciles or 10%) if appropriate.

Deaths

There were 4,285 deaths in Fife in 2020, an increase of 130 (3%) on 2019.[11] Rates of all-cause mortality in Fife in 2020 were below the Scottish average, 1118 per 100,000 population compared to 1212.[iv] 36% of these or 1,529 deaths were in people aged under 75s, which equates to a rate of 421.8 per 100,000 population. In line with deaths at all ages, mortality rates in the under 75s increased from 2019 but remain below the Scottish average of 457 per 100,000 population.

There are significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than in the least deprived areas, and the current rate is currently sitting at 2.9 times higher.[10]

Even greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Rates of death in this age group have risen for Fife as a whole since 2013-15, with rates rising from 98.2 per 100,000 population in 2013-15 to 115 in 2020, slightly below the Scottish average of 116 per 100,000 population.[10] During this time rates in the least deprived areas decreased whilst rates in the most deprived areas increased, widening the absolute gap between them. In 2013-15 rates in the most deprived areas were 3.9 times greater than rates in the least deprived areas which rose to 6.7 times greater in 2018-20.[10]

Causes of death

Grouped together cancers were the most common cause of death in Fife (and Scotland) with 1,112 deaths being attributed to malignant neoplasms in 2020, 26% of all deaths.[11] The most common cancer death was lung cancer which accounted for almost a quarter (23%) of all cancer deaths and 6% of all deaths.

Heart disease, the majority of which were ischaemic heart disease, was the next most common cause of death accounting for 13% of deaths followed by dementia and Alzheimer's disease (11%) and cerebrovascular diseases (7%). Mortality rates among the under 75s for both cancer and heart disease have fallen in Fife in the last 10 years, but inequalities are evident in both these causes of death.[10] The most deprived areas experienced 44% more early deaths from cancer than the Fife average in 2017-19, and rates in the most deprived areas were twice those in the least deprived areas. There were greater inequalities in early deaths from ischaemic heart disease, with the most deprived areas experiencing 69% more early deaths than the Fife average and rates in these areas being 3.1 times greater than in the least deprived areas in 2018-20.[10]

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iv In the report where rates are provided, unless stated otherwise, they are standardised for age and sex. Age-standardised rates account for population size and age structure and provide more reliable comparisons between groups or over time. Fertility rates and crude rates are not age-standardised.

Up to the 31st March 2022 there have been 791 deaths recorded in Fife where confirmed or suspected COVID-19 was mentioned on the death certificate.[11] This equates to a rate of 98 per 100,000 population which was lower than the Scottish average of 127 per 100,000 population. Most COVID-19 deaths were to persons aged 75 and over. Latest data available at the time of writing showed that across Scotland, between February 2020 and August 2021, 72% of COVID-19 deaths were in this age group. During this time rates of death involving COVID-19 were 2.4 times higher in the most deprived areas than in the least deprived. This is wider than the gap (1.9 times) seen for all causes of death and has widened since the early stages of the pandemic.[12]

Healthy life expectancy

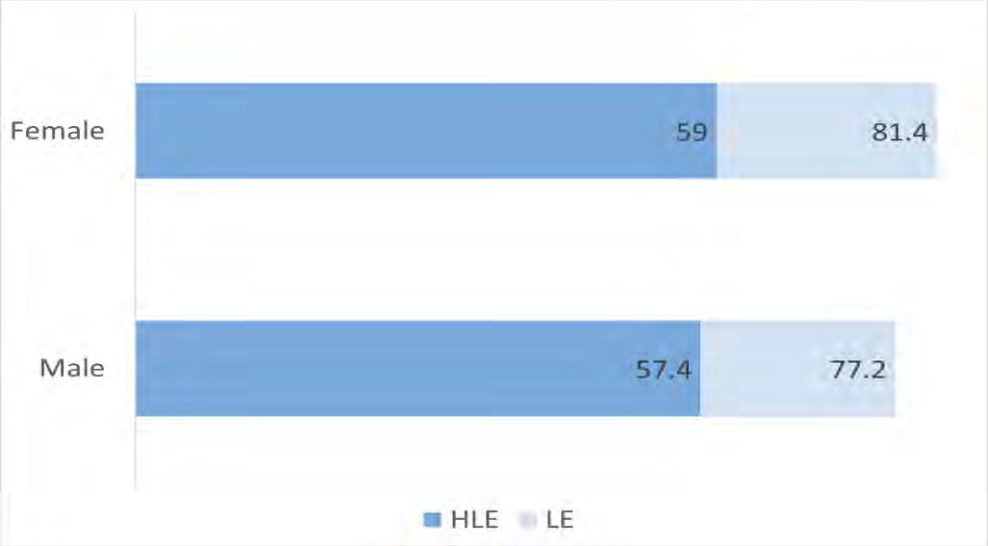
Healthy life expectancy (HLE) is an estimate of the number of years lived in 'very good' or 'good' general health derived from self-reports of general health and deaths and population data.[13] Healthy life expectancy used alongside life expectancy provides additional insight into the health of our population as well as their current years of life expectancy and can be expressed as the proportion of life spent in 'good' health.

Since 2016-18 estimates of healthy life expectancy have been published for health boards and councils together with national estimates.[v] Healthy life expectancy was 59.0 years for females and 57.4 years for males in Fife in 2018-2020 (Figure 3). Both estimates were lower than the estimates for Scotland which were 61.8 and 60.9 years respectively. Among males, current estimates for Fife were the lowest of all health board areas and third lowest among females.[9,10] The most recent Fife estimates are the lowest reported across the time series available for both males and females. Nationally longer time trends show that healthy life expectancy increased from 2009-11 to 2015-17 among males and to 2014-16 among females but has decreased since then and was lower in 2018-2020 than it was in 2009-2011 for both males and females.[13]

Expressing healthy life expectancy as a proportion of life expectancy, the proportion of life spent in 'good' health in Fife was estimated at 72% for females compared to 75% for males in 2018-20 (Figure 3). Both estimates were lower than the national averages of 76% and 79%.[13] In Fife and across Scotland females spend a greater proportion of life in 'poor' health than males. Nationally the proportion of life spent in 'good' health is lower for both males and females now compared to 2010-12, which means that a greater proportion of life is likely to be spent in 'poor' health now than in previous years.

v Due to the method of calculating HLE there can be uncertainty around the estimates which can impact on the ability to reliably compare over time and across areas. The figures for 2018-20 cover nine months of the COVID-19 pandemic which would be expected to have an impact on the estimates, however it is difficult to quantify this effect due to method of calculation.

Figure 3: Life and Healthy Life Expectancy in Fife; 2018-2020



Source: NRS

For both males and females, deprivation has a significant impact on healthy life expectancy. In the most deprived areas of Scotland healthy life expectancy was more than 24 years lower for both males and females than in the least deprived areas in 2018-20. This difference was much larger than the difference in life expectancy, resulting in people living in the most deprived areas having shorter life expectancy and spending a smaller proportion of life in 'good' health.[13]

The proportion of life estimated to be spent in 'good' health in the most deprived areas of Scotland was 65% for females and 66% for males compared to 85% for both males and females in the least deprived areas meaning that both males and females in the most deprived areas spend more than a third of their life in 'poor' health.[13]

Burden of Disease

Burden of Disease studies assess the years of health lost due to disease and injury, through living in ill-health and from early death, thus preventing populations from living longer lives in better health.[14] These studies can help us understand the disease and injury that causes the biggest health loss in our population, and how these may be experienced differently and change over time.

Figures from the 2019 Scottish Burden of Disease study showed that in Fife (and Scotland) the leading groups of causes of health loss were cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders.[14] These five disease/injury groups accounted for almost two thirds of total burden of health loss across the whole Fife population.

Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischaemic heart disease, lung cancer and Alzheimer's disease and other dementias were the top three individual causes of early death.[14]

Figure 4: Top Ten Causes of Burden in Fife from Ill-Health and Early Death; 2019

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

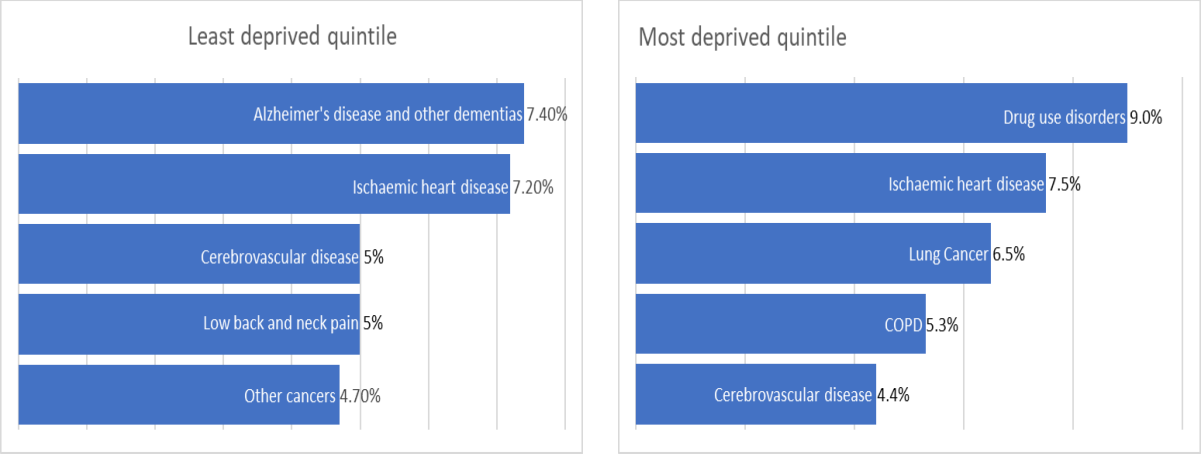
Source: PHS

As our population ages the contribution to the overall total burden of health loss from ill-health and early death changes. For Fife as a whole, 64% of the burden is due to early death and 36% to ill-health in the population, however, in younger age groups contribution from early death is much lower, 28% in the age group of 15-24 years, and increases with age to 84% in the those aged 85 and over.[14]

Health loss from ill health and early death, is not experienced equally. 2019 figures (Figure 5) showed health loss in the most deprived areas was almost double the least deprived areas of the East Region of Scotland[vi] (Fife, Lothian and Borders Health Board areas). In the most deprived areas in the region drug use disorders, ischaemic heart disease and lung cancer were the three leading causes of health loss compared to Alzheimer's disease and other dementias, ischaemic heart disease and cerebrovascular disease in the least deprived areas.[14]

vi Regional analysis undertaken: not available at Fife level

Figure 5: Top 5 causes of health loss in 2019 by deprivation quintile; East Region of Scotland



Source: PHS

Priority 1: A Fife where we live in vibrant, healthy and safe places and communities

Where we live directly affects our health through the quality of our housing, our access to services, what we can do for work, our sense of community or isolation, experience of crime, and how able we are to participate in physical and enriching activities and to access opportunities.

60% of people reported that their neighbourhood was a very good place to live.

Around three quarters of the Fife population typically live within close proximity (5-minute walk) to usable green or blue space.

People living in the most deprived areas are less likely to report their neighbourhood was a very good place to live (32%).

24% of households are living in fuel poverty.

2,542

There were **2,542** homeless applications in 2020/21.

COVID-19 pandemic

There has been a total of **127,094** confirmed positive COVID-19 cases (as at 30 April 2022).

More than **830,000** vaccinations have been administered to Fife residents (as at 27 April 2022).

92% of the 12+ population in Fife have had at least one dose and **89%** of the 40+ population have received their primary and booster vaccinations (as at 27 April 2022).

Why Priority 1 is important

Where we live directly affects our health through the quality of our housing, our access to services, what we can do for work, our sense of community or isolation, experience of crime, and how able we are to participate in physical and enriching activities and to access opportunities.

Because of this the assets, resources and support available in our communities has a tremendous impact on our health and wellbeing and long-term life chances. Our environment also has the potential to directly affect our health through exposure to communicable disease; environmental hazards and the impact of climate change.

The following sections will consider a range of health impacts of 'where we live' and the Public Health actions to address these factors these, in terms of:

- Places and communities (including homes and housing)
- Public health care services (vaccination, screening and dental public health)
- Environmental and communicable disease exposures (including climate change)

Places and communities

Healthy places and communities should include affordable quality secure housing, safe open space and facilities for play, physical activity and recreation provision and public realm, healthy food environments, a sense of community and safety from crime. Healthy places should also limit access to harmful substances and gambling; ensure protection from environmental hazards; and safeguard against potentially negative impacts of unsustainable development and climate change.[vii]

60% of adults in Fife reported that their neighbourhood was a 'very good' place to live in 2019, slightly more than in Scotland (57%).[15] However, people living in the most deprived areas across Scotland are far less likely to report this (32%), compared to those living in the least deprived areas (77%). 30% of the population of Fife lived within 500m of a derelict site in 2019, compared to 28% across Scotland.[16] Around three quarters of the Fife population typically live within close proximity (5-minute walk) to usable green or blue space, and this is used by more than half of Fife residents at least once a week.[15]

vii A Placebased Approach, is concerned with the interconnection of people and their environment. Partners and communities collectively consider and address physical, social and economic aspects of an area to maximise its potential for being a resilient, sustainable, vibrant, healthy and safe place for everyone to live, work and play in.

The absence of affordable, safe, secure or warm housing affects health and wellbeing across the life course. Tackling homelessness is a crucial part of creating healthy places where everyone has access to a secure, good quality, affordable home. A person or family may be classed as homeless, or being threatened with homelessness, if they have nowhere to live or cannot stay where they live. Currently there is unprecedented pressure on housing in Fife. 2,542 homeless applications were made in Fife in 2020/21 and 708 households were living in temporary accommodation.[17] This will likely be further exacerbated as a result of the significant rise in energy bills putting households into fuel poverty and making it unsustainable for many to meet their budgets. In 2017-2019, 24% of households across Fife were living in fuel poverty.[18]

Environmental and communicable disease exposures

Healthy places offer protection from the impact of infectious disease and environmental, chemical and radiological threats.

Over the last two years our population has faced unprecedented exposure to a communicable disease through the COVID-19 pandemic. The first case in Scotland was confirmed on 1st March 2020.[19] COVID-19 was declared a pandemic by the World Health Organization (WHO) on 12 March 2020.[13]

Figures up to and including 30th April 2022 show there has been a cumulative total of 127,094 confirmed positive COVID-19 cases among Fife residents since the first positive case in March 2020.[viii,20] Figure 6 shows the course of the pandemic in Fife using rolling 7-day totals of positive cases as a crude rate per 100,000 population.[ix] The highest case rate for a 7-day period was seen on 5th January 2022, which equated to 8,293 cases.

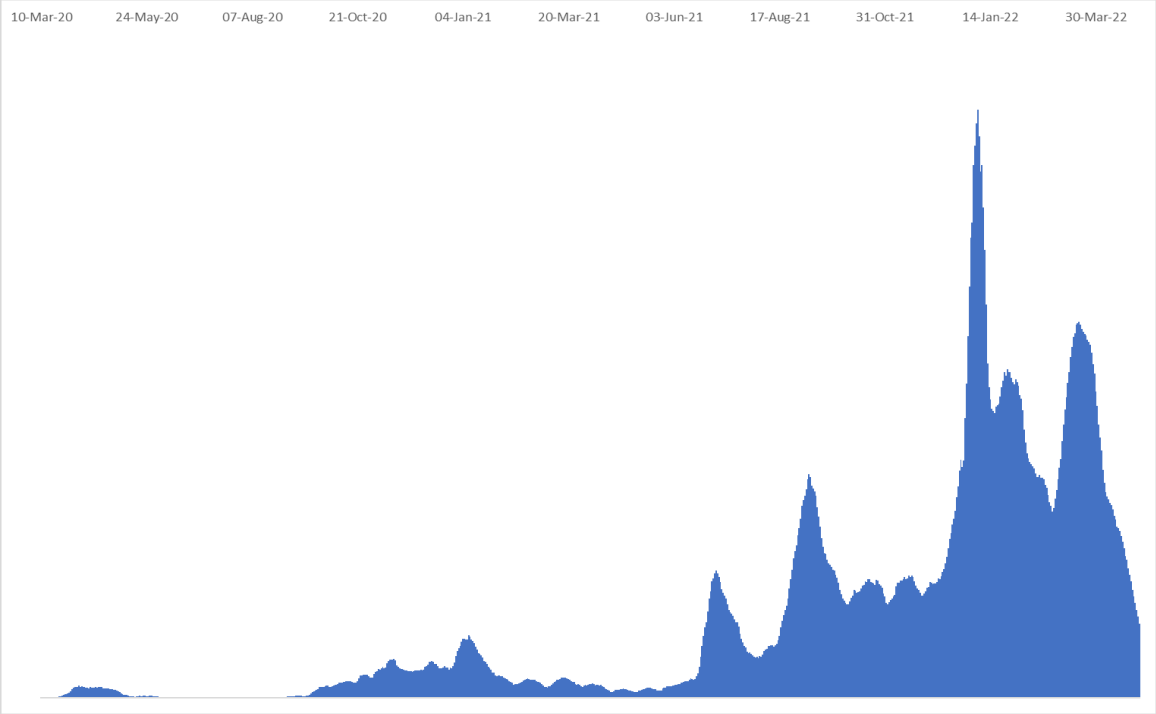
Distribution of COVID-19 cases by age has changed over time and by variant. Across Scotland, for the cumulative number of cases up to 30th April 2022, the highest crude case rates were among those aged 20-24 years and 15-19 years.[x] Crude case rates were lower among those aged 65 and over. Crude case rates were highest in the most deprived areas in Scotland, but rates did not decrease in line with decreasing deprivation as the least deprived areas did not have the lowest case rates. [20] Conversely deaths associated with COVID-19 were higher in the older age groups and increased relative to increasing levels of deprivation.[21]

viii Positive cases are now determined from PCR or LFD positive test results and include new infections and possible reinfections (defined as individuals who test positive 90 days or more after their last positive test). This definition has been applied retrospectively. Snapshot was taken on 3rd May and may be subject to change.

ix It should be noted that testing for the general population was not available in the early stages of the pandemic and there have been changes to testing strategies over time. Figure 6 should be interpreted with this in mind.

x These rates will not account for any differences in the age structure of these areas.

Figure 6: Fife COVID-19 positive cases; 7-day total rate per 100,000 population up to 30th April 2022



Source: PHS

Long COVID is a commonly used term to describe signs and symptoms that continue or develop after acute COVID-19 infection. Long COVID is an emerging condition and we do not yet have a full understanding of the number of people experiencing long COVID or the determinants, distribution and natural course of it. Experimental statistics from the UK COVID-19 Infection Survey estimated that, in the four weeks to the 5th March 2022, 2.7% of the UK population were experiencing self-reported long COVID (defined as symptoms persisting for more than four weeks after the first suspected COVID-19 infection, that were not explained by something else).[22] 47% of those experiencing long COVID stated that it affected their ability to undertake day-to-day activities 'a little' and a further 20% 'a lot'. More than two thirds (69%) of long COVID sufferers reported it was at least 12 weeks since they first had COVID-19.

Rates of many other communicable diseases had reduced greatly during the pandemic, responding to the same measures used to manage COVID-19. This is likely to be associated with disease control measures implemented during the pandemic disrupting normal routes of transmission for example widespread use of face coverings, social distancing and more frequent hand washing.

Public health care services

Ensuring that vaccination coverage is not only high overall across Fife, but also within underserved communities, is essential for disease control and elimination strategies, and equality. Uptake of vaccinations including COVID-19 has been lower in more deprived areas in Fife and in certain ethnic minority communities.

Screening Programmes aim to save lives or improve quality of life through the early identification of a condition, or by decreasing the chance of developing a serious condition or its complications. The Director of Public Health is the executive lead for the coordination and quality assurance of the national screening programmes delivered for the Fife population. Uptake of screening in Fife is generally similar to or exceeds uptake in Scotland. In general, across all the screening programmes, levels of participation in screening in Fife decrease as levels of deprivation increase.

Dental Public Health aims to protect and secure the oral health of communities and populations and reduce inequalities in oral health, including amongst the most vulnerable populations in Fife.

Our ambitions for Priority 1

- The places where people live, work and socialize are safe and have positive impacts on health, wellbeing and ecological restoration
- People are empowered and motivated to be involved in local decision-making and improving their communities
- Affordable and sustainable travel is accessible to all, including rural communities
- There is protection from environmental hazards, communicable disease and other health risks including pollution and climate change mitigation
- Safe, affordable, warm and secure housing is available to all
- There is equity of access to high quality and sustainable health and care services, including preventative and early intervention health services across the life course such as screening, immunisation, dental health, and reproductive and sexual health care

Focus of work for Priority 1 in 2020 and 2021

The focus of work has been to reduce the transmission and impact of COVID-19. We have also delivered routine vaccinations, including COVID-19 vaccinations to protect population health, alongside strategic projects to support improvements in vaccination delivery.
We have strengthened partnership work to support places and communities during the COVID-19 pandemic, progressed work on planning and public health, and supported the review and implementation of the updated 'Plan for Fife'. Additionally, we have delivered and supported remobilisation of routine screening and dental health services.

Places and communities

COVID-19 pandemic

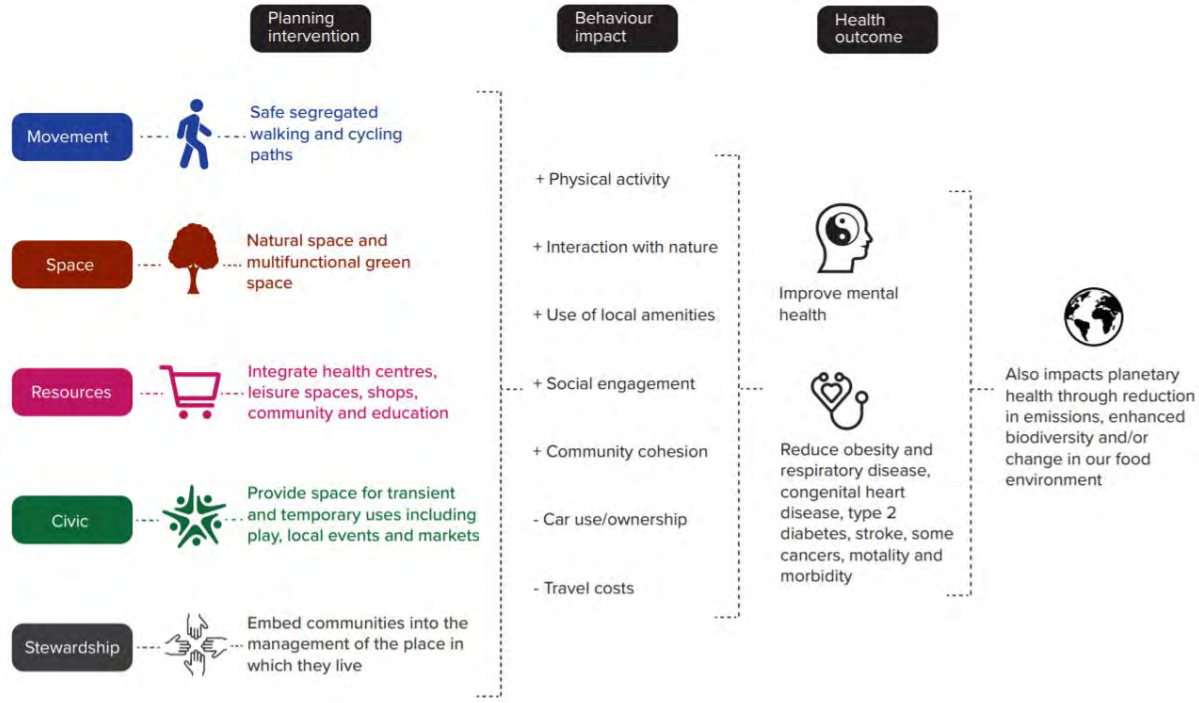
The COVID-19 pandemic has had a transformational effect on our places and communities, and already disadvantaged population groups and communities have suffered disproportionately across many areas of their lives. However, there has also been a positive transformation in how we work together as partners to support those most in need. During the pandemic, multi-agency partners across public and third sector organisations worked successfully together to establish community assistance hubs, responding to the needs of our most disadvantaged individuals and communities, including those who were shielding and self-isolating. Much was learnt from this and the willingness and adaptability of partners collaborating to implement testing and contact tracing, and supporting isolation and vaccination. This model of collaborative working has also now resulted in the establishment of longer-term People and Place locality groups in Fife.

Work was also taken forward to implement the 'Spaces for People' programme. Working with local communities and stakeholders, this allowed spatial modifications in town centres to facilitate pedestrian flow and social distancing. Some of the lessons learnt from this programme will help inform how health and spatial planning in Fife can work together to develop healthier and more sustainable places in the future.

Planning and public health

Recent local collaborations have signalled a shared ambition for transformation in spatial planning and public health to improve health and wellbeing and reduce inequalities across Scotland's communities, reflecting national policy developments. Figure 7 shows an example of how planning interventions can support and encourage behaviour change, which can result in health improvements. We are seeing the benefits of this approach through The River Leven Programme and the Whole Systems Approach to Obesity Prevention described in this report.

Figure 7: Planning and Wellbeing Process Diagram[23]



The Plan for Fife

In other key areas of work, Fife's Community Plan, The Plan for Fife, was reviewed in 2021 resulting in a set of Recovery and Renewal Priorities being identified along with a refresh of the partnership arrangements and delivery of the 12 Plan for Fife ambitions.[2] Many of the activities associated with this refreshed strategy will contribute to this public health priority, such as ambition 7: 'Every community has access to high quality outdoor, cultural and leisure opportunities'.

Environmental and communicable disease exposures

COVID-19 & emergency preparedness

Health protection provides expert advice and implements measures to prevent and mitigate the impact of infectious diseases, environmental and other threats. Over the last two years the overwhelming majority of the workload for the Health Protection Team (HPT) has been management of COVID-19. The HPT workforce has increased greatly, with additional specialist nurses and the establishment of Test and Protect teams. COVID-19 testing and contact tracing teams have been essential to understanding and responding to the virus, engaging directly with the public, and reducing risk to the most vulnerable groups.

Our response has required a multi-agency approach including, for example, a robust care home support process led by a directors group with representatives from relevant agencies. Maintaining these networks will be essential to effective working going forward.

Work is underway to evaluate the local response to the pandemic, and at a wider level to evaluate the national response, in order to share key learning and to inform our emergency preparedness plans for future pandemics.

Protection from climate change

New ways of working implemented during the COVID-19 response have brought forward the use of some technologies that will help to reduce avoidable car travel, such as online staff meetings and online clinical consultations. There has been a renewed public interest in outdoor physical exercise and access to our green and blue spaces. 2021 also saw international discussion and promotion of the need to mitigate climate change as Scotland hosted the UN climate change conference, COP26, and the launch of NHS Scotland's consultation on its sustainability strategy. We have contributed to the national discussion, as well as continuing to advocate for sustainable and climate protecting options in our local partnerships and plans.

Public health care services

Immunisation programmes

There has been a significant increase in vaccination activity over the last two years with the expanded flu vaccination programme from September 2020 and the introduction of the COVID-19 vaccination programme in December 2020. The COVID-19 vaccination programme has been an incredible collaborative effort and has been implemented in the context of a national programme to transform vaccination. [xi] Since the start of the vaccination programme more than 830,000 vaccinations have been administered to Fife residents (as at 27th April 2022).[xii] At this time 92% of the 12+ population in Fife have had at least one dose and 89% of the 40+ population have received their primary and booster vaccinations. Uptake is higher in older age groups for primary and booster vaccinations, with booster uptake in the under 40s being lower compared to those over 40 to date.[24]

The formation of an Immunisation Inclusion working group, with participation from local partners, has focused on taking action to enable marginalised and disadvantaged groups to access COVID-19 vaccination in Fife.

Importantly, throughout the pandemic the routine infant, childhood and teenage immunisation programmes have continued to be delivered and monitored. Where programmes were disrupted due to the pandemic (for example, the HPV programme in secondary schools), subsequent mop-up activity has taken place to minimise the impact on population health.

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xi The Vaccine Transformation Programme has since 2018 has been transitioning all vaccination delivery out of General Practice and will complete in March 2022.

xii Primary vaccinations include first and second doses. Snapshot was taken on 27th April and may be subject to change.

Screening programmes

At the end of March 2020, all screening programmes were temporarily paused in response to the COVID-19 outbreak. By mid-October 2020, routine screening had resumed across all programmes with some reduction in capacity due mainly to physical distancing and other infection prevention and control measures. Since restarting, efforts have focused on recovery from the backlog of participants waiting to be screened and the slippage in recommended screening intervals. The recovery has been challenging due to continued COVID-19-related infection and prevention control protocols including distancing and staff absences, shortages and recruitment challenges.

Dental Public Health

NHS Fife responded to the challenges faced by dental services during the pandemic by collaborating with wider colleagues including primary care, secondary care and dental public health colleagues. This collaborative approach ensured the maintenance of an Emergency and Urgent Dental Care Service in Fife at all times. The team have supported high street dentists to safely remobilise to provide more routine care where challenges continue.

A range of activity to support vulnerable groups has continued, including the distribution of tooth brushing equipment to children, foodbanks and locations supporting people experiencing homelessness.

Priority 1: Opportunities and areas of focus for public health and partners for the coming years

- **River Leven Programme** – The River Leven Programme is a regeneration project with people and the environment at its heart. The programme, which encompasses the Levenmouth Reconnected railway development, provides unprecedented scope for partners to come together and make sure opportunities to benefit individuals and communities are maximised. The River Leven Programme has a Health and Wellbeing theme, with Public Health and Health & Social Care Partnership (HSCP) Health Promotion Service providing leadership and input to this on aspects such as social referrals and community engagement.
- **Local area community assets and plans** – 'People and Place' groups will continue to develop their work to engage with communities, identify assets and gaps and review local area community plans. NHS Fife Public Health will support this work with interpretation of intelligence and data to inform assessment of local plans and priorities. HSCP Locality Planning Groups will be refreshed and reviewed with a view to further developing service integration and joint priorities with local community plans.

- **Spatial planning and local transport strategy** – NHS Fife Public Health will contribute to work to promote health and wellbeing through spatial planning in collaboration with Fife Council and other partners. Development of the Local Transport Strategy will provide another opportunity to improve health, wellbeing and sustainability for Fife's people and places.
- **Tackling homelessness** – Fife's Rapid Rehousing Transition Plan[25] is crucial to tackling homelessness and a priority will be to reinvigorate and refresh this work to prevent and address homelessness over the next five years.
- **Non-COVID-19 infections** – As pandemic measures ease, non-COVID-19 infections are likely to re-emerge in a population that may now be more vulnerable. Training and development of the HPT are priorities to ensure the team is fully prepared.
- **Pandemic preparedness** – We will need to ensure learning from the COVID-19 pandemic is built into future pandemic preparedness plans.
- **Reducing inequalities in screening** - Working to address inequalities in uptake of screening programmes within our population.
- **Recovery of oral health improvement programmes** - Support the national recovery of oral health within oral health improvement programmes focusing on the impact of the pandemic and also reducing inequalities.
- **Remobilisation and recovery of screening and dental services**
  - Whilst acknowledging that recovery from COVID-19 will remain a challenge for some of the screening programmes for the next few years, we will continue to work with and support the screening programmes in this recovery process.
  - Support the recovery of dental services across Fife to pre-pandemic levels
- **Fife Immunisation Strategic Framework 2021–2024** – We will provide public health expertise and leadership for the implementation of vision of the Fife Immunisation Strategic Framework 2021-2024. This will include:
  - Supporting the optimisation of immunisation coverage across the life-course, ensuring equitable access for all eligible groups and
  - Develop and implement an immunisation community engagement plan and
  - Enhancing the monitoring and evaluation of immunisation programmes within Fife.

Priority 2: A Fife where we flourish in our early years

The effects of poor health and wellbeing, and inequalities in experience and opportunity, can accumulate over a person's life, starting in childhood, and result in poorer health and life chances as a person ages.

Around 1 in 5 children in Fife are estimated to live in relative poverty.

Most children living in poverty live in working households.

36% of school leavers in the most deprived areas of Fife achieve 1 or more SCQF at Level 6 compared to **75%** in the least deprived areas.

For all of these indicators of child health and wellbeing there are inequalities between the least and most deprived areas of Fife.

30% of babies in 2021 were exclusively breastfeeding at 6-8 weeks.

74% of Primary 1 children in 2020 had no obvious dental decay.

23% of Primary 1 children measured are at risk of overweight or obesity.

25,000

Around 25,000 adults in Fife are estimated to have experienced four or more Adverse Childhood Experiences (ACEs).

For example experiencing abuse, neglect, violence, homelessness or growing up in a household where adults are experiencing poor mental health or harmful use of alcohol and drugs; which are known to contribute to poorer health and wellbeing.

Why Priority 2 is important

Not only is good health and wellbeing of great importance for children in Fife, it is also a foundation for adult health and wellbeing. The effects of poor health and wellbeing, and inequalities in experience and opportunity, can accumulate over the life course of an individual and result in poorer health and life chances as a person ages. Children's health and wellbeing are influenced by a wide range of socio-economic factors and are closely linked to the other public health priorities detailed in this report. Unfair differences in the life chances of children growing up in the most deprived areas of Fife and those living in poverty will have a significant impact on their current and future health and wellbeing.

Poverty and inequalities

The health of children and young people is impacted by the economic stability of their families. Around 1 in 5 children in Fife are estimated to live in relative poverty, and for many families a single missed wage or delayed payment could signal crisis and poverty. [26] The proportion of children living in relative poverty across Scotland has gradually risen since 2011/12 to 26% in 2019/20.[27] More than two thirds (68%) of children living in relative poverty after housing costs were living in working households.[27] Almost 90% of families in poverty in Scotland are in the six priority groups: lone parent families; minority ethnic families; families with a disabled adult or child; larger families (with 3 or more children); families with a youngest child aged under 1; families with a younger mother (mothers aged under 25). [28]

The mechanisms by which poverty and disadvantage can interact with child, and subsequently adult, health and wellbeing outcomes, are complex and interconnected. For example, the effects of poverty can contribute to mental health, financial problems and substance misuse in parents which can affect parenting and children's wellbeing. In severe cases this can contribute to abuse, neglect or major adversity, which affect children's health and wellbeing in the immediate and longer term. Relative child poverty was rising pre-pandemic but the restrictions and economic impacts have increased hardship and crisis for many families.[29,30]

There are significant inequalities in indicators of child health and wellbeing between the most deprived and least deprived areas of Fife, reflecting in part the effect of poverty on child health and wellbeing. For example, breastfeeding rates, smoking in pregnancy and vaccine uptake is lower in the most deprived areas compared to the least deprived areas.[10]

Education

Education affects many outcomes including employment, future earnings, involvement in crime, and health and wellbeing. We know that poverty can unfairly limit the development and educational attainment of children and young people from low income families through, for example, affecting their access to learning opportunities.[31]

There were 50,078 children in school in Fife at the 2021 Pupil Census, with 44% in secondary school.[32] Across Scotland 63% of pupils leave school after S6, and in 2019/20 3,406 children left school in Fife, 92% went onto a positive destination. The top 3 positive destinations were higher education (38%), further education (36%) and training (4%). The majority of school leavers in 2019/20 (97.2%) achieved 1 or more SCQF Level 3 qualifications or higher, which is slightly higher than the figure for Scotland at 96.3%, with 95% of school leavers in the most deprived areas achieving this. However, social deprivation impacts on achievement as the level of qualification increases, with only 36% of school leavers in the most deprived areas achieving 1 or more SCQF at Level 6 in Fife compared to 75% in the least deprived areas. [32]

Mental health and wellbeing and experiencing adversity

Protecting the mental health of children and young people is important to ensure their wellbeing and future health, mental health and resilience. A wide range of socio-economic factors can have a significant impact on children's and young people's mental health, including poverty or chronic health problems. Mental wellbeing scores for 13- and 15-year-olds in Fife are similar to those reported for Scotland (2018). [33] Death by suicide in young people aged 11-25 has occurred at a similar rate as observed in Scotland (9.5 per 100,000; 2015-2019), with very few deaths occurring under the age of 15 at a Scotland level.[10]

Cumulative exposure to multiple sources of adversity in childhood are also known to be associated with increased risk of mental health problems, further adversity and health consequences in adults. People who have had multiple adverse childhood experiences (ACEs), for example experiencing abuse, neglect, violence, homelessness or growing up in a household where adults are experiencing poor mental health or harmful use of alcohol and drugs; are likely to have poorer health and wellbeing as adults, including increased risk of chronic conditions.[34] In 2019, just over one in seven adults reported having experienced four or more adverse childhood experiences in the Scottish Health Survey. [35]

The child protection register is a list of children who have been identified as being at risk of harm or further harm in Fife. There were 258 child protection registrations in Fife in 2020/21, a rate of 4 per 1000 children aged 0-15 which was similar to the rate in Scotland.[36] 817 children were looked after in Fife at July 2021, a crude rate of 11.4 per 1000 children aged 0-17, lower than the Scottish rate of 12.9.

Looked after children may experience further risk factors affecting their health and wellbeing, in addition to those facing all children.[37]

General health

Breastfeeding has long term benefits for babies, including reducing the likelihood of infections and obesity, it also has known health benefits for mothers. 30% of babies in Fife were exclusively breastfed at 6-8 weeks compared to 32% across Scotland in 2020/2021.[10]

Being overweight or obese can significantly affect a child's health, wellbeing and self-esteem, as well as have long-term consequences for their health. In the school year 2019/20, just over three quarters (76%) of children in primary 1 (approximately 5 years old) in Fife had a healthy weight and 23.3% were at risk of overweight or obesity. In the last ten years levels of overweight and obesity have remained relatively stable in children in Fife fluctuating between 21.1 and 23.5%.[38]

Monitoring of body mass index (BMI) for Primary 1 (P1) school children through school-based reviews has been significantly impacted by the COVID-19 pandemic with fewer children being reviewed and the most recent figures are not available at a Fife level. Public Health Scotland reported an increase in the proportion of children who were at risk of overweight and obesity from 22.7% in 2019/20 to 29.5% in 2020/21, with the biggest increase in the proportion of children at risk of obesity.[39] Having looked at the data in detail in terms of comparability with previous years, they have concluded that 'the scale and consistency of observed changes in 2020/21 suggest that there are true differences in the BMI distribution of P1 children and cannot be accounted for solely by differences in the size and composition of the dataset'.

In 2019/20 in Scotland, 27% of children living in the most deprived areas were at risk of overweight and obesity, compared with 17% of children living in the least deprived areas. Levels of overweight and obesity increased in both areas in 2020/21, but the increase was greater amongst children in the most deprived areas (increased to 35.7%), widening the gap between the most and least deprived areas.[31]

In terms of dental health, 74% of P1 children in Fife and across Scotland had no obvious dental decay in 2020.[40] This is a significant improvement on the 45% reported across Scotland in 2003 and the 67% reported in 2012. Inequalities are evident, 58% of P1 children in the most deprived areas of Scotland showed no obvious dental decay compared with 87% of P1 children in the least deprived areas in 2020, but the size of this difference has decreased since 2018.

Impact of COVID-19

All aspects of children and young people's lives have been affected by the pandemic, including critical windows of development socially and educationally, and access to leisure

activities and healthcare. Emerging evidence has highlighted the significant negative impacts of COVID-19 to mental health and wellbeing affecting children and young people. [41,42,43] These may have long lasting consequences for Fife. There have been particularly stark impacts on single-parent families, those living with children with a disability or serious illness, families affected by substance use, and those with a parent in jail, and others. The pandemic has occurred on top of an already concerning situation for child health and wellbeing, and the challenge is to recover, improve and change to better support families and children in Fife.

Our ambitions for Priority 2

- The drivers of child poverty (cost of living, income from employment, income from social security benefits) are tackled
- Children and young people enjoy high quality childcare, education and leisure opportunities, including use of the outdoor environment
- There is a whole-society approach to prevent, reduce and mitigate childhood adversity including violence, abuse and neglect
- There are high quality, effective early interventions to improve children and young people's physical and mental health and to build resilience
- Children and young people's rights are promoted and integrated within service delivery

Focus of work for Priority 2 in 2020 and 2021

Work to support a healthy start in the early years has focused on responsive, comprehensive actions to mitigate the impact of child poverty, improve mental health and wellbeing with a particular focus on early intervention and prevention, increase access to support and implement a whole family approach to substance use. A family focused Healthy Weight Service aims to support positive family friendly lifestyle changes, including eating well and physical activity.

Child poverty

Fife's third Child Poverty Action Plan was published in 2021 and details positive actions taken to mitigate the impact of poverty. [44] It recognises that actions need to go beyond those that target children specifically and need to be based on listening and responding to the experiences of those living in Fife.

Children in both primary and secondary education accessing free school meal provision has increased during the past 2 years and services in Fife have been working to ensure that those families who can access free school meals know how to do so.

Initiatives around personalised income maximisation advice and support to parents and carers of children in the school setting have also been put in place.

Supporting mental health and wellbeing

Work to develop Fife's Our Minds Matter Framework for supporting young people's emotional wellbeing continues to focus on the development of partnership approaches to staged intervention practices (a structured approach to identify the level of support required), with a particular focus on early intervention and prevention. [45] In 2021, work to increase access to mental wellbeing support took place with feedback from young people and families, and examination of data across partners leading to a key focus on the provision of supports which are available digitally, support available to young people without the need for a professional referral and investment in the provision of locality-centred offers. [46,47]

Besides these extended service-offers, themes for early intervention have also been identified. These have responded to the impacts of the COVID-19 pandemic and have included extension of supports for bereavement and loss, extension of strategies to support emotional literacy and listening and talking, and development of relationship supports. [48] In the next few years evaluation and development of these approaches will continue.

Whole family approach to substance use

Making it Work for Families was relaunched in October 2020 supporting lone parent, low income or out of work families affected by current, historic or at risk of substance use where there is a young person living at home who is in S1 or S2 at High School. [49] The project provides tailored holistic whole family support to families through a co-ordinated approach, offering a safe space for families to overcome barriers and progress at their own pace.

Child Healthy Weight and Healthy Families

The Child Healthy Weight Programme in Fife, Fife Loves Life supports positive family friendly lifestyle changes, including eating well and physical activity. [50] The programme can also signpost families to other services as required. Improvements have been made such as referral and care pathways being developed and implemented, running a marketing campaign to increase awareness of the service and to encourage self-referral and developing a toolkit to enable staff to signpost, refer or deliver first line key messages. The service was delivered online and via telephone due to COVID-19.

Early years funding has been secured for training the trainer on Healthy Families: Right from the start (known as HENRY). [51] HENRY Core Training builds the skills of early years practitioners to support families and children (0-5 years) to improve their health and wellbeing by changing behaviour and attitudes towards a healthy lifestyle.

Priority 2: Opportunities and areas of focus for public health and partners for the coming years

- **Income maximisation** - Support work to increase access to income maximisation programmes in the early years
- **Anchor institution** - work to support NHS Fife as an anchor institution in supporting those in low paid work, and access to work for child poverty priority groups
- **Children's rights** - Raise awareness of and realise children's rights across mainstream services, including Article 24 (healthcare for children and young people should be as good as possible) and Article 26 (children and young people should get financial support from the government when their parents or guardians are unable to provide them with a good enough standard of living by themselves) of the United Nations Convention on the Rights of the Child (UNCRC)
- **Ongoing work** - Continue work to support breastfeeding, physical activity, good diet, oral health and healthy weight

Priority 3: A Fife where we have good mental wellbeing

Good mental health and wellbeing is imperative as it enhances quality of life and survival, and improved engagement with positive health behaviours, education, employment, family and community.

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38% of people report they are extremely satisfied with their life (2016/19).

10% of respondents to the Scottish Health Survey in 2019 reported that they felt lonely often or all of the time in the previous two weeks.

Depression was the second largest cause of ill health in 2019 and anxiety disorders were the 4th largest cause.

1 in 5 people were prescribed drugs for anxiety, depression or psychosis in 2019/20.

The most deprived areas have **36%** more prescriptions for anxiety, depression, psychosis than the overall average.

There was an annual average of **50** deaths from probable suicide between 2016/20.

For all these indicators of mental health and wellbeing, there are inequalities between the least and most deprived areas of Fife.

Why Priority 3 is important

Good mental health and wellbeing is imperative as it enhances quality of life and survival, and improved engagement with positive health behaviours, education, employment and community. Connections with others can help us cope with difficulties and adversity as well as improving our health and wellbeing. Poor mental health and wellbeing can have a considerable impact on individuals, their families and the wider community and often occurs alongside other health conditions. Inequalities are evident in both mental wellbeing and mental health problems.

Wellbeing and loneliness

Findings from the Scottish Health Survey in 2016-2019 reported that 38% of respondents in Fife were extremely satisfied with their life, slightly higher than the rate in Scotland, and a third of Fife respondents reported below average life satisfaction.[52] Mental wellbeing, as measured by Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was 49.9, similar to a mean of 49.7 in Scotland.[xiii] Mental wellbeing, as measured by WEMWBS, increases with decreasing deprivation, with mean scores of 46.5 among respondents to the Scottish Health Survey 2019 in the most deprived areas in Scotland to 51.5 in the least deprived areas.

The effect of social isolation and loneliness on mortality is estimated to be similar to that of other health risk factors such as smoking, obesity and physical inactivity. [53] 10% of respondents to the Scottish Health Survey across Scotland in 2019, reported that they felt lonely often or all of the time in the two weeks prior to the survey and those who reported this had lower mental well-being than respondents who were rarely or never lonely.[54] Reports of feeling lonely 'often or all of time' increase with increasing deprivation from 6% of respondents in the least deprived areas to 17% in the most deprived.

Mental health problems

17% of Fife respondents to the Scottish Health Survey reported a General Health Questionnaire (GHQ)-12 score of four or more, an indicator of potential mental health problems, the same as in Scotland.[52] A trend of increasing prevalence of reports of two or more symptoms of depression and anxiety has been seen since 2012-13, with current figures for depression of 12% and for anxiety of 14% being the highest recorded in the time series of the survey.[54] Adults living in the most deprived quintile were more than twice as likely in 2018-2019 to report two or more symptoms of depression and twice as likely to report two or more symptoms of anxiety than those living in the least deprived quintile.[34]

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xiii The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a scale of 14 positively worded items for assessing a population's mental wellbeing, including both feeling and functioning aspects of mental wellbeing. The WEMWBS scale runs from 14 (the lowest level of wellbeing) to 70 (the highest).

1 in 5 people in Fife (20.8%) were prescribed drugs for anxiety/depression/psychosis in 2019/20, slightly higher than Scotland (19.7%). This trend has increased year on year since 2014/15. [10] The most deprived areas had 36% more people receiving prescribed drugs for anxiety/depression/ psychosis than the Fife average in 2019/20, with the proportion of the population in the most deprived areas (27%) almost double that in the least deprived (15%).[10]

Suicide

Between 2016 and 2020 there were a total of 250 deaths from probable suicide registered in Fife, an annual average of 50 deaths.[55] The rate of suicide mortality in Fife in 2016-20 was similar to Scotland, 13.9 per 100,000 population compared to 14.1 per 100,000 population. Across Scotland more than 70% of people dying from suicide were male, with the highest numbers in men aged 35-39 and highest numbers in women aged 45-49.[56] One in every five suicide deaths in Scotland in 2020 was to someone under the age of 30. The suicide rate in most deprived areas of Scotland was three times the rate in the least deprived areas in 2020.[10]

Impact of COVID-19

We are not yet able to quantify the full impact of COVID-19 pandemic on mental health and wellbeing with the data available to us. Studies and surveys, mainly from 2020 and early 2021, have shown a range of impacts on mental health and wellbeing across the population, with some groups being more adversely affected. The pandemic and in particular lock downs have been associated with increased loneliness, anxiety, depression and stress. [57,58]

Our ambitions for Priority 3

- There is promotion of mental health and wellbeing throughout society and a culture where stigma and discrimination is challenged
- Public spaces promote intergenerational social connections, people feel included in their community and social isolation is reduced
- There is widespread awareness of Adverse Childhood Experience (ACE) and trauma-informed practice
- There is access to timely and person-centered mental health advice and services across the life course

Focus of work for Priority 3 in 2020 and 2021

The focus of work for this priority has been on mental health improvement, suicide prevention, workforce development, building capacity for trauma informed working and workforce support during the pandemic. Work continued to deliver local activity in line with local and national strategies and plans.[59,60,61,62] Fife also continues to support national campaigns to promote their key mental health and wellbeing messages where possible.[63,64,65]

Mental health improvement

The #ItsEveryonesJob workplace campaign launched in 2021 and encouraged Fife's workforce and employers to have healthy conversations around mental wellbeing, mental health and suicide. [66] A range of materials were developed with employers and Fife Voluntary Action's Lived Experience Team including a digital toolkit, traumatic incident framework, lived experience case study and web based information. [67] Lived Experience Team volunteers have since gone on to support a number of strategic developments including the review of the MoodCafe website and work on improving pathways of care in mental health services in Fife, including for complex trauma. [xiv] Work to launch the Fife Mental Health Peer Support Network has also taken place with the aims of improving services and employment pathways for people who have experienced mental health challenges. There has also been mental health and wellbeing support for students attending Fife College through awareness raising, health information, advice, support and training.

Workforce development including building capacity for trauma informed practice

During the pandemic, workforce training moved to *'digital by default, face to face by exception*', with training relating to improving mental health and prevention of self-harm and suicide for adults, children and young people being provided to ensure our workforce have the tools and skills needed to support people in Fife's mental health and wellbeing. Good Conversations Training and support for staff to implement this has also continued. Training around trauma has also been implemented to develop knowledge and skills in psychological trauma across all public, private and voluntary sectors by ensuring the workforce receive the appropriate training to support the delivery of trauma-informed practice.

xiv Moodcafe. Promoting Mental Health from Fife. Available: https://www.moodcafe.co.uk/

Suicide prevention

Work continued throughout the pandemic particularly around identifying, gathering and analysing local and national data on suicides to inform timely responses to incidents and provide a basis to plan interventions in a more targeted way. A monthly e-newsletter kept stakeholders up to date on relevant activity around suicide prevention, including local and national updates, training, research and campaigns.

Workforce support during the pandemic

During the pandemic the increased importance of supporting staff across the health and social care system and wider partners to take care of their own mental well-being was recognised, including sleeping, eating well and exercising. A range of opportunities were promoted across the system with lots of collaborative working to support staff resilience such as:

- Creation of staff Health and Wellbeing Hubs
- Staff Listening Service
- Online peer support sessions
- Mindfulness and self-compassion drop in sessions
- Information sessions for managers to clarify range and types of support
- Inspiring Kindness online conference.

Priority 3: Opportunities and priorities for public health and partners for coming years

- **Improving professional awareness and navigation of available support** – Funding has been secured to undertake work to ensure frontline staff and members of the public are aware of, and able to navigate, the range of mental health and wellbeing support and services available in Fife.
- **Support for young people** – Support for young people attending Fife College will continue.
- **Workforce development** – We will continue to equip staff to support the mental health and wellbeing of people in Fife, as well as their own wellbeing, through a suite of training and development opportunities, including Good Conversations and strengthening trauma informed practice.

Priority 4: A Fife where we reduce the use of and harm from alcohol, tobacco and drugs

Smoking and alcohol consumption continue to be leading causes of illness and early death in Fife. Deaths associated with drug use have also increased significantly in recent years. There are persistent inequalities in harms caused by smoking, alcohol consumption and drug use.

Rates of smoking have decreased significantly since the early 2000s with less than **1 in 5** of the population over 16 reporting they smoke.

Around **one third** of the population over 16 in our most deprived populations currently smoke.

Smoking during pregnancy is high with **1 in 5** expectant mothers who smoke continuing to do so.

There are inequalities evident on smoking rates in the most and least deprived areas.

Over **1 in 4** people report they exceed the recommended **14 units** of alcohol per week.

71

There was an annual average of **71** alcohol-specific deaths between 2016/20.

87% more alcohol-specific deaths in the most deprived areas compared to the average.

Drug-related hospital admissions have increased in Fife and across Scotland in the last 10 years.

There was an annual average of **64** drug related deaths between 2016/20, more than double the five-year average of 30 deaths in 2006/10.

15x

Drug related deaths were **15** times higher in the most deprived areas of Fife compared to the least deprived.

Why Priority 4 is important

Smoking and alcohol consumption continue to be leading causes of illness and early death in Fife. There are persistent inequalities in both smoking and alcohol consumption and the harm they cause. Deaths associated with drug use have increased significantly in recent years and also constitute a public health emergency, with much higher rates of drug related death occurring in the most deprived areas of Fife.

Smoking

Smoking is one of the leading causes of death, responsible for many cancers (the leading cause for lung cancer), cerebrovascular disease, respiratory conditions such as chronic obstructive pulmonary disease and pneumonia. In pregnancy it increases the risk of complications such as miscarriage, still birth and having a low birth weight baby.[68] Rates of smoking have decreased significantly since the early 2000s, with less than 1 in 5 of the population over 16 reporting that they smoked in Fife (18%) and Scotland (19%) in 2019.[69] Figures for smoking levels among adolescents have also decreased since 2006; the proportion of 13- and 15-year-olds who were regular smokers in 2018 was 2% and 8% compared to 6% and 16% in 2006.[70]

Despite the overall decrease in smoking levels in adults aged 16 and over, rates of smoking have continued to be higher in the more deprived areas across Scotland than the least deprived, currently at 32% and 6% compared to 45% and 17% in 2003.[52] A similar pattern is seen in reports of smoking in pregnancy, with an average of 35% of Fife expectant mothers reporting smoking in the three years to the end of 2020/21, which was almost nine times the rate in the least deprived areas (4%).[10] In line with other smoking indicators, smoking in pregnancy has decreased since 2003/4 in both Fife and Scotland to current levels of 20% and 14% respectively, but Fife levels have remained higher throughout this time.[10] The risks associated with smoking increase the longer a person continues smoking. However, these risks can reduce substantially when a person stops, adding further weight to the importance of cessation policies, interventions and initiatives. In 2019/20, there were almost 3,000 attempts to stop smoking made with the help of NHS Fife smoking cessation services.[71]

Drugs

Use of drugs can lead to a variety of health problems including transmission of communicable diseases including human immunodeficiency virus (HIV), hepatitis, injecting related injuries, mental health problems and overdose.[72] Due to the nature of drug use it is difficult to get a full understanding of the number of individuals with problematic drug use but the most recent estimates (2015/16) suggest this could be almost 1 in 60 (1.62%) of the

population aged between 15 and 64 in Scotland, and 1.19% in Fife[xv],[73]. Drug-related hospital admissions have increased significantly in Fife and across Scotland in the last 10 years, although a fall was seen in 2020/21, which may have been expected due to impact of the COVID-19 pandemic.[74] Since 2012/13, rates in Fife have been consistently higher than the Scottish average and are currently 278 per 100,000 population, compared to 235 per 100,000 population nationally and may reflect differences in care pathways in different areas. Half of all patients with a drug-related hospital admission in 2020/21 lived in the most deprived areas in Fife, with admission rates in the most deprived areas being 18 times greater than those in least deprived areas.[74]

Use of drugs can also be associated with (or the consequence of) social problems which also have a long term impact on health and the health and wellbeing of families, for example crime, violence, unemployment, family breakdown and homelessness. Rates of Child Protection Case Conferences where parental drug misuse was recorded (with or without alcohol misuse) was higher in Fife than in Scotland with a crude rate of 11.8 per 100,000, compared to 7.8 per 100,000 in Scotland (2019/2020).[10]

In Fife, as in Scotland, an increase in drug-related deaths has been observed. The current (2016-20) five-year average in Fife of 64 deaths is more than double the five-year average of 30 deaths in 2006-10.[75] During this time Fife has had a lower drug-related death rate than Scotland which recorded the highest ever annual number of drug-related deaths in 2020. Males account for the majority of drug-related deaths in Fife and across Scotland. The average age of drug-related deaths in Scotland has increased over the last 20 years from 32 in 2000 to 43 in 2020, with the highest rates of death being among the 35-44 age group.[75] Stark inequalities are evident in drug-related deaths with rates of drug-related death 15 times higher (2015-19) in the least deprived areas compared to the most deprived areas in Fife.[10] The Drugs Deaths Taskforce was established in July 2019 to tackle the rising number of drug deaths in Scotland. [76]

It is increasingly understood that people with severe mental illness combined with problematic use of substances have significantly poorer health outcomes than average, and often have difficulty accessing effective treatment and support. [xvi] It is not clear how many people are affected by such a dual diagnosis, but estimates have included that this could affect up to a third of those in secondary mental health services and 6-15% in substance misuse settings. [77]

xv More recent estimates are not available at the time of writing this report

xvi including schizophrenia, schizotypal and delusional disorders, bipolar affective disorder and severe depressive episodes with or without psychotic episodes

Alcohol

Drinking alcohol is a risk factor for many health conditions, including many cancers, high blood pressure, cerebrovascular disease, liver disease and mental health problem.[78] The harmful use of alcohol can also result in social and economic impacts for both individuals and wider society, including violence and accidents.

Self-reported alcohol consumption figures estimate that just over 1 in 4 people (22%) in Fife drank more than the weekly recommended level of 14 units per week with men more likely to report this than women in 2016-19.[52] Surveys consistently obtain lower consumption estimates than those derived from alcohol sales data. In 2019 the equivalent of 9.9 litres of pure alcohol for every person aged 16 years and over was sold in Scotland, which converts to 19.1 units per adult per week.[79] During the COVID-19 pandemic, alcohol sales (litres of pure alcohol per adult) were 9% lower in 2020 and 16% lower up to May 2021 than the average for the same time periods in 2017–19.[79] During both these times there was a noticeable increase in alcohol off-sales (shops and supermarkets) and a substantial fall in sales within licensed premises. This level of alcohol sales during the pandemic suggests that population-level consumption continued to be above recommended levels, at an average of 17 units per adult each week.[79]

There was a fall in alcohol-related hospital (acute) admissions in Fife in 2020/21 (584 per 100,000 population), compared to 2019/20 (701 per 100,000 population).[80] The COVID-19 pandemic and measures put in place to respond to the pandemic are likely to have contributed to this fall. Prior to this fall, rates in Fife had increased year on year since 2015/16 and have shown an upward trend since 2011/12, in contrast to the downward trend seen nationally during the same time period.[80]

Between 2016 and 2020, there were a total of 356 alcohol-specific deaths registered in Fife, an annual average of 71 deaths and a rate of 18.5 per 100,000 population.[81] This was the highest five-year rate since 2008-12 but was lower than the Scottish average, which has been a consistent trend since 2000-04. Men are more likely than women to die from an alcohol-specific death and be admitted to hospital for an alcohol-related condition.

There are large and persistent inequalities in both alcohol-related hospital admissions and alcohol-specific deaths which are both five times higher in the most deprived areas in Fife compared to the least deprived areas. The most deprived areas had double the admissions in 2020/21 and 87% more alcohol-specific deaths in 2016-20 than the Fife average.[10]

Our ambitions for Priority 4

- Cultural norms have changed and smoke-free, alcohol-free and drug-free facilities and events are widespread across Fife
- Decisions on the location and number of licensed premises are informed by public health intelligence
- There is a holistic and integrated approach to improving the health of those who have contact with police, criminal justice or homelessness services
- People are supported to make healthy life choices
- People are supported to access and remain in drug and alcohol treatment services
- A whole-family approach is taken to drugs and alcohol rehabilitation

Focus of work for Priority 4 in 2020 and 2021

The work to reduce harms related to alcohol and drugs in 2020 and 2021 included the establishment of a new system for the review of drug related deaths, and increased prevention activity. To address tobacco use and the wider harms associated with smoking and reduce associated health inequalities, work has centred on three priority areas: Prevention, Protection and Smoking Cessation.

Review of drug-related deaths

In 2020, the lead public health consultant and ADP (Alcohol and Drugs Partnership) colleagues established a process for reviewing all suspected drug related deaths in Fife to learn lessons to contribute to reducing the number of drug related deaths in Fife. To date, the group has learnt some very important lessons in relation to:

- Improving access to alcohol and drug services
- Improving communication and information sharing across multiple agencies and service users
- Need for a case management approach/lead agency, assertive outreach or additional support during high-risk times
- Adult Protection concerns not being identified or cases not meeting the criteria for protection
- Improving overdose awareness in people at risk and family members
- Making appropriate referrals following disclosure of physical/sexual assault
- The review also found a small number of cases where, due to COVID-19 restrictions, face to face meetings were not available and people found it difficult to engage via telephone or online.

Service changes implemented as a result of learning from the drug related deaths review process have included enabling nurses and navigators based in police custody suites to be able to make direct referrals to addiction services and training social work staff on the increased risk of overdose at significant anniversary dates. Community Pharmacies are now working to ensure missed doses of medication are reported quickly. Furthermore, a community pharmacy audit has been carried out on prescribing rates of certain high risk drugs and liaising with GP practices as appropriate.

Other work with ADP partners to increase prevention work

A Near Fatal Overdose project has implemented an 'assertive outreach' approach to engage people with services, advice and naloxone. Distribution of naloxone and injecting equipment has expanded, including peer naloxone and injecting equipment. A new anonymous reporting system has been developed to improve our capacity to quickly identify dangerous batches of drugs. There is now a Lived Experience Panel which has contributed strongly to ADP meetings.

Levenmouth locality work

Focused work with the Levenmouth locality group since 2020 has concentrated on increasing the presence and awareness of drug services embedded within the community and wide availability of injectable and nasal naloxone and injecting equipment, and support for family members. Educational opportunities on harm reduction and overdose have been available to individuals, families and friends, and key local professionals within the community.

Tobacco prevention

Fife looks to create an environment where individuals, particularly children and young people, choose not to smoke. Key pieces of work included delivering educational programmes, which encourage children and young people to consider how smoking sits alongside other risky behaviours such as drinking alcohol and drug taking. These were delivered in alternative formats as a result of the pandemic.

Tobacco protection

An important piece of work was completed to understand the issues and identifying opportunities to reduce smoking for people who are being cared for in NHS Fife's Mental Health sites, resulting in a new Temporary Abstinence Model in Mental Health sites to align with other areas of NHS Fife acute services and smoke free campaign. A challenge due to COVID-19 was the lack of access to members of the Mental Health workforce for training, particularly around medication interactions during the quitting process.

Smoking cessation

Prior to the pandemic, evidence-based smoking cessation support was available through the NHS Quit Your Way Specialist service and the midwife led service providing intensive one to one support over 12 weeks within GP Practices, Heath Centres, Hospitals and a variety of community venues. All Community Pharmacies also provided a brief stop smoking intervention. However, COVID-19 affected service availability due to staff redeployment and changes in the way people could access support, resulting in a shift to providing support remotely affecting rapport and access.

Across all three priority areas of prevention, protection and smoking cessation, the COVID-19 pandemic has impacted our ability to access community partners and conduct health promotion, awareness-raising opportunities and engagement activities at a local level.

Priority 4: Opportunities and priorities for public health and partners for coming years

- **Implementing recommendations for drug specialist services** – Improve the way drug specialist services are commissioned to address the deficits outlined in previous locally-commissioned reports such as the public health synthesis of recommendations from 2019.
- **Prevention focus for drugs and alcohol** – Make the case for more resources to be spent 'upstream' of the point at which overdoses or severe alcohol related complications occur, including an over-provision policy to support licensing decision making.
- **Mental health integration with substance misuse** – Find ways of providing better mental health provision and liaison for high risk individuals with both a mental health condition and substance misuse.
- **Strategic multiagency response to alcohol and drug misuse** – Some of the issues identified by the drug related deaths review process require a strategic and multi-agency response. Planning for this process is under way.
- **Implementing 'Medication Assisted Treatment (MAT) Standards'** – The ADP is in the process of establishing a 'Medication Assisted Treatment (MAT) Standards' sub-group to coordinate local action to improve rapid access to medically assisted treatment.
- **Smoking Prevention** – We will work collaboratively with key stakeholders to increase engagement on Tobacco Issues, adapting and delivering prevention and education activities with children and young people at the heart, with areas of work looking at the environment in and around the school gates and children's play parks.

- **Protection from second-hand smoke and the wider harms of smoking** – Leadership and further cultural change will be a focus in expanding smoke-free environments to ensure all are protected from second-hand smoke and the wider harms of smoking. NHS Fife can lead and manage change by refreshing our Smoking Policy to reduce smoking on our sites.
- **Smoking Cessation** – We will remobilise face to face smoking cessation services within health and community venues, and re-establish community outreach work, to improve accessibility and uptake of support that is sympathetic to people living in the most disadvantaged circumstances. We will build on opportunities to support patients to quit while in our care.

Priority 5: A Fife where we have a sustainable inclusive economy with equality of outcomes for all

The greatest opportunity to improve health and wellbeing in Fife lies in reducing differences in health and wellbeing outcomes associated with poverty and deprivation. The drivers of poverty and deprivation are closely associated with income, quality employment and social inclusion, as well as the nature of the places in which we live.

It is estimated that **19%** of Scotland's population were living in relative poverty after housing costs, in 2017/20. In Fife this would equate to **71,085** people.

12% of the population (adults and dependent children) are in receipt of key benefits in relation to being out of work or in receipt of low income.

71.3% of 16-64 year olds in Fife were in employment.

61% of the working age adults living in poverty in Scotland in 2017/20 lived in a household with at least one adult in paid work.

The median household monthly income was **£481** in 2017/20 (after housing costs).

Nearly **1 in 10** people were classed as employment deprived.

Why Priority 5 is important

The greatest opportunity to improve health and wellbeing in Fife lies in reducing differences in health and wellbeing outcomes associated with poverty and deprivation. The drivers of poverty and deprivation are closely associated with income, quality employment and social inclusion, as well as the nature of the places in which we live.

Relative Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) helps us to understand the extent to which parts of Fife are more or less deprived in relation to income, employment, education, health, access to services, crime and housing. Throughout this report we have seen that this measure can illustrate stark inequalities in life circumstances and across many health and wellbeing outcomes according to the level of multiple deprivation assigned to the area in which people live, which highlights the importance of addressing social determinants of health to improve health and wellbeing. [xvii]

Income and poverty

Income is a fundamental social determinant of health, and in turn impacts many other wider determinants of health, for example what we can eat, our access to transport and leisure activities, our experience of financial strain etc. Societies with greater income generally have better health and research indicates that this relationship is causal i.e. earning a higher income improves health. The greatest benefits of increasing income are derived by those with the lowest incomes. [82]

Across Scotland, median household weekly income before housing costs has seen a gradual rise since 2010-13 from £496 to £533 in 2017-20, with current weekly income after housing costs £481.[83] However, income inequality is evident across Scotland: in 2017-20, the top 10% of the population had 21% more income (before housing costs) than the bottom 40% combined. Across Fife, 12% of the population were categorised as income deprived in 2020, living in households in receipt of key benefits in relation to being out of work or having a low income. This varies significantly across neighbourhoods within Fife from 1.4% to 31.6%, with more deprived areas having significantly higher proportions of their population income deprived.[84]

xvii Having said this, we must also take care not to generalize too far in relation to the experiences of people and families living in the different SIMD areas, for example some people and families living in the 'least deprived' areas defined by SIMD, could also be experiencing poverty or inequality depending on their own circumstances; conversely others living in the 'most deprived' areas may experience a comfortable standard of living.

It is estimated that 19% of Scotland's population were living in relative poverty after housing costs, in 2017-20. In Fife this would equate to 71,085 people. Relative poverty, the most commonly used indicator of poverty, is a measure of whether the lowest-income households are keeping pace with middle income households across the UK.[59] Estimates suggest that 10% of the population could currently be living in persistent poverty, defined as living in relative poverty for three out of the last four years. The Fairer Scotland duty places a legal responsibility on certain public bodies, including the NHS, to actively consider how they can reduce inequalities associated with socio-economic disadvantage.

The full impact of the COVID-19 pandemic on income and poverty rates is not yet known, however, reports published covering 2020 and in particular the first lockdown, suggest that the economic effects fell disproportionately on those on low pay with little savings. [85]

Employment

Another important wider determinant of health is access to quality employment, which can provide income as well as meeting social and psychological needs. In 2020/21, 71.3% of those aged 16-64 years in Fife were in employment which was slightly lower than the rate for Scotland at 72.8%.[5] Employment rates in both Scotland and Fife fell from 2019/20, but the size of the fall in Fife was not significant, (0.1%) compared to the 1.7% fall nationally. Nearly 1 in 10 people in Fife (9.4%) were classed as employment deprived, which is the same as in Scotland. In January 2022, rates of people in Scotland claiming benefits due to being unemployed was 24% higher than the pre-pandemic level in February 2020. [86] Many of the impacts of COVID-19 such as longer term impacts of working from home, furlough and future employment opportunities remain unknown.

It is important to recognise, however, that access to employment is not guaranteed to lift families out of poverty if work is low paid or insecure; and low-quality employment can contribute to poorer health outcomes. The majority (61%) of the working age adults living in poverty in Scotland in 2017-20 lived in a household with at least one adult in paid work.[59]

Protected characteristics and vulnerable groups

Protected characteristics are aspects of a person's identity that makes them who they are[87]. Nine characteristics are outlined in the Equality Act 2010, they are:

1. Age
2. Gender
3. Race.
4. Disability
5. Religion or belief
6. Sexual orientation
7. Gender reassignment
8. Marriage or civil partnerships
9. Pregnancy and maternity

These characteristics may affect people's health and wellbeing and their use and experience of public services, including healthcare. The Public Sector Equality Duty includes a requirement to assess the impact of new or revised policies and practices in relation to the protected characteristics.[88]

Other groups also potentially face inequalities in health and wellbeing outcomes and may have a different experience of health services. For example people who experience homelessness; people who use substances; vulnerable migrants and victims of trafficking; Gypsy, Roma and traveller communities; people in contact with the justice system and many other diverse people. Whilst these people may have very different life experiences to one another they are more likely to be affected than the rest of the population to experience inequalities associated with their particular living and working conditions or social circumstances, and they may face different challenges in accessing and using health services[89].

Our ambitions for Priority 5

- The adverse impacts of welfare reforms are mitigated, income through social security benefits and income through employment are maximized
- People's physical and mental health needs including disabilities are recognized by employers and their capacity to engage with employment supported
- There are thriving locally-rooted businesses and social enterprises offering local employment opportunities that deliver within a wellbeing economic model: fundamental human needs are met (to be valued and respected, to have a sense of dignity and purpose); income and wealth are fairly distributed; and planetary boundaries are not breached
- Employers have an inclusive workforce that reflects the communities where they are based, including protected characteristics[xviii]

Focus of our work for Priority 5 in 2020 and 2021

The focus of work has been creating the groundwork for community wealth building; supporting the early stages of establishing NHS Fife as an anchor institution; building employability policy; supporting Fife workplaces to promote health and address inequalities; and promoting the health and wellbeing of vulnerable people and communities.

Community wealth building

The review of the Plan for Fife identified that "Our current ways of working are not preventing problems early enough or addressing the economic, environmental and other challenges we face quickly enough". In response to this, work to embed Community Wealth Building principles was taken forward. [90] Community wealth building is a people-centred approach to local economic development to improve communities and their wellbeing, redirecting wealth back into the local economy, placing control and benefits into the hands of local people. Examples of work identified to take forward include targeting interventions to address under-representation in Fife's workforce, promoting opportunities to join credit unions and increasing the number of organisations paying the Real Living Wage. [91]

xviii Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

Anchor institutions

NHS Fife aims to be an anchor institution within its population area. Anchor institutions have been described as organisations that have an important presence in a place, usually through a combination of being large scale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets. In addition, anchor institutions are tied to a particular place by their mission, histories, physical assets and local relationships. The Health Foundation 2019 report, "Building healthier communities: the role of the NHS as an anchor institution" highlighted how decision makers across the health care system can maximise the contribution the NHS makes to the social, economic and environmental conditions that shape good health. [92] The worsening of inequalities due to COVID-19 has brought the importance of this work into sharper focus. By working as an anchor institution, NHS Fife can have an impact on reducing health inequalities, particularly through our policies for employability, procurement and spend, estates, property and land.

In 2021 NHS Fife established an Anchor Institution Programme Board. Areas of work have included:

- Widening access to employment, working in partnership with Fife Council to establish the Kickstarter programme for young people
- Exploring the proportion of spend and which areas of spend from procurement can go into the local economy
- Conducting greenspace audits for all of our estates and buildings facilities and developing sustainability plans to reduce environmental impact

Financial inclusion and advice work

Work has continued to increase financial awareness, maximise incomes and improve health outcomes for people including: people attending maternity services, people with caring responsibilities and people who have received a cancer diagnosis. During 2021, new services included specialist advice services within foodbanks in Fife to support those who are living with food insecurity and the development of a financial advice service for NHS Fife staff.

Employability

Fife's employability partnership, Opportunities Fife, aims "to influence and drive innovative approaches to skills and employability services that reflect the current and future needs of individuals and employers". [xix] Work to 'refocus employability support more on those with multiple barriers to employment', led to the commissioning of new employability services in 2021/22 and 2022/25 under the banner of No One Left Behind Fife. [93] The consultation and ultimate commissioning process for No One Left Behind Fife was co-designed with people who currently use unemployment services, those from key equalities groups and key delivery partners. [94]

Supporting Fife's workplaces to promote health and wellbeing

Work has continued to support employers in Fife to identify workplace health and safety and wellbeing issues; develop and implement supportive policies and practices to protect and improve physical and mental health, and support employees to remain in and return to work. During the pandemic staff were directed to frontline health and social care services. However, workplaces still requested help and advice in relation to health, safety and wellbeing matters, particularly in relation to COIVD-19 risk assessment and control measures, both in the workplace and for those working at home. Latterly, requests have related to measures to be implemented in the recovery from the pandemic. Social media platforms were used to raise awareness of local and national campaigns and activities and to signpost to supporting services. Case studies were developed to identify and share good workplace practices on promoting health at work. [xx]

xix Opportunities Fife: Available: https://www.opportunitiesfife.org/

xx Frontline Fife, Police Scotland, Youth 1st

Inclusion health

Building on existing outreach work to address health inequalities in access to sexual health and blood-borne viruses (BBV) services, during the pandemic Sexual Health and BBV services staff in partnership with "We Are with You" workers maintained outreach harm reduction and support services to people across Fife most at risk, extending this to people experiencing homelessness.[xxi, 95,xxii] This included providing practical support like access to phones, food, medicines and other supports and maintaining capacity to continue HIV and Hepatitis C treatments through outreach. Innovative ways of working included the use of the NHS Fife Public Dental Service Childsmile bus, street work in town centres and liaison with homeless accommodation units. This extended to include roll out of LFD kits and promotion of immunisation in homeless units. [xxiii] This way of working is here to stay.

A new collaboration with the University of Dundee and the Scottish Drugs Forum focused on oral health improvement for people with experience of drugs. The collaboration has included capturing lived experience in a series of comics highlighting oral health issues that are pertinent to this population, and an oral health training programme for addiction workers supporting people in recovery. The next stages of development of the programme are currently being planned.

NHS Fife also formed part of the response for Afghan refugees including providing health screening, childhood immunisations, support to access health services and emergency dental care, and short courses of dental treatment where needed.

xxi We are with you is Fife's Specialist Harm Reduction Service, offering a range of services to help reduce drug related harm.

xxii This work uses the ACORN approach (Access Care Respond to Needs).

xxiii Childsmile is a national programme to improve the oral health of children in Scotland and reduce inequalities in dental health and access to dental services

Priority 5: Opportunities and priorities for public health and partners for coming years

- **Embedding the Anchor Institution principles:** Anchor Institution development work will continue. This will help NHS Fife and key partner organisations prioritise work on areas such as employability and procurement that will promote community wealth building in Fife. Employability and poverty initiatives such as the Kickstart programme and Living Wage Accreditation will be crucial elements of this. The focus of the work should include:
  - Widening access to quality work for the NHS with inclusive workforces reflecting their communities, including protected characteristics
  - Purchasing more locally and for social benefit including developing involvement in the NHS Community Benefit Gateway[96]
  - Using buildings and spaces to support communities
  - Reducing environmental impact
  - Working more closely with local partners

- **Anti-poverty measures:** Continue to work on interventions that are upstream and prevent crisis, including developing a plan for delivering a range of anti-poverty measures across a variety of settings such as GP practices, acute hospital settings and community venues.

Priority 6: A Fife where we eat well, have a healthy weight and are physically active

Poor diet and physical inactivity are major risk factors for many chronic diseases, as well as contributing to mild and moderate mental health, depression and anxiety and social isolation.

Around **two thirds** of adults are overweight (including obese).

Around **two thirds** of the adult population meet the recommended levels of physical activity.

Over a **quarter** of people report having low or very low activity levels.

1 in 5 people report eating the recommended five portions of fruit or vegetables per day.

1 in 10 people report eating no fruit or vegetables.

It is estimated that more than **27,720** people in Fife are food insecure (**9%**).

Rates of obesity and Type 2 diabetes among adults are higher in older adults and the most deprived areas compared to the least deprived.

Why Priority 6 is important

Poor diet is a major risk factor for obesity and chronic diseases including cancer, heart disease and Type 2 diabetes, as well as contributing to mild and moderate mental health, depression and anxiety and social isolation. The social dimension of food is significant, including its potential to build connection and community, however, there are also clear links between food insecurity, diet and health inequalities. The COVID-19 pandemic has affected food security, cooking and eating habits and levels of physical activity.

Overweight and obesity

The circumstances and behaviours that contribute to obesity are influenced by a complex combination of biological, psychological, environmental and social factors. Many of the factors overlap and interact with each other, with deprivation increasing the risks. The bidirectional link between mental health and physical health cannot be ignored. Experiencing mental health problems, particularly depression, significantly increases a person's risk of being overweight, with those experiencing severe mental illness (SMI) at even more risk. Obesity and overweight are associated with a wide range of health complications and premature mortality, including emerging evidence indicating that excess weight is associated with a heightened risk of serious COVID-19 outcomes. [97]

Around two thirds of adults in Fife (68%) were overweight (including obese) and 31% of adults were obese in 2016-19, similar proportions to Scotland.[52] Across Scotland, gradual increases in overweight levels have been seen since 2011 and are currently (2019) at their highest levels since 2003. Scottish Health Survey data from a smaller telephone survey in 2020, reported that 39% of people in Scotland stated their weight had increased since March 2020.[98]

Males (69%) are more likely to be overweight (including obese) than females (67%) in Fife (2016-19) and in Scotland.[52] The levels of overweight (including obese) and obesity increases with age until the age group of 75 and over when levels decrease. Obesity rates among adults are higher in Scotland's most deprived areas compared to the least deprived, particularly for women amongst whom rates in 2019 were 40% in the most deprived areas compared to 18% in the least deprived.[54]

Type 2 diabetes

Rising obesity levels are contributing to increased rates of Type 2 diabetes, which is preventable. The most recent Scottish Diabetes Survey (2019) reported that there were 20,390 people with known Type 2 diabetes in Fife, a crude prevalence of 5.5%. Type 2 diabetes is more common in older people; 53% of all people with diabetes recorded in the survey were aged 65 years or older.[99] With an ageing population, the prevalence of Type 2 diabetes is expected to continue to rise. There are wide inequalities in Type 2 diabetes across Scotland with prevalence in the most deprived areas (12%) three times greater than in the least deprived areas (4%).[99]

Diet and eating well

Scotland has long faced significant challenges to improve its diet, and consumption of foods such as cakes, biscuits and sugary drinks remain at higher than recommended levels to maintain good health. [100]

Adults in Fife eat around three portions of fruit or vegetables a day, similar to the Scotland average. Only 1 in 5 people in Fife report eating the recommended five portions of fruit or vegetables per day (21% compared to 22% in Scotland), and around 1 in 10 people (11%) report eating no fruit or vegetables (10% in Scotland).[52]

Whilst the COVID-19 pandemic has seen increased purchases of fruit and vegetables there is also evidence that snacking, purchases of discretionary foods and takeaways have increased, however, this occurred alongside decreased eating out. Around a third (34%) of parents in Scotland reported their diet had become less healthy and 17% reported their children's diets had also worsened.[92]

Food insecurity

Household food insecurity has significant implications for health and wellbeing including hunger. It is defined as "the inability of one or more members of a household to consume an adequate quality or sufficient quantity of food that is useful for health, in socially acceptable ways, or the uncertainty that they will be able to do so".[101] While poverty is the major cause of food insecurity, there are other contributory factors, for example, the skills and knowledge to prepare healthy, nutritious food, or access to adequate equipment to do so.

In 2019, 9% of adults in Scotland were estimated to be food insecure, which equated to 27,720 people in Fife. Food insecurity was more common among younger adults (13% in 16-44 year olds) and among single parents (31%).[54] Adults (12%) and children (14%) living in relative poverty in Scotland were much more likely to live in very low food security households compared to the population as a whole (4%).

During the past 15 months, local partnership groups in Fife's seven areas have increasingly identified food insecurity as a significant issue. COVID-19 had knock on effects to community food providers and foodbanks, who had to find alternative ways of delivering services at a time when need was even greater. Increases in both food and fuel prices are expected to exacerbate these issues in the coming months.

Physical activity

Physical activity offers a protective effect against many chronic conditions, including coronary heart disease, obesity, Type 2 diabetes and mental health problems, and can increase social connectedness, reducing isolation. [102]

Around two thirds of the adult population in Fife meet the recommended levels of physical activity (67% compared to 65% Scotland, 2016-19). But over a quarter of people (27%) report having low or very low activity levels, similar to the rate in Scotland (25%).[52] The proportion of adults meeting recommended levels declines with age and in all age groups men are more likely to meet recommended levels than women. Across Scotland, 71% of children aged 2-15 met physical activity levels for their age group, with two thirds participating in sport in the week prior when interviewed, but participation in sports was lower in children aged 13-25.[54] 51.8% of school pupils in Fife surveyed in 2020 said they normally travel to school in an active way, without any form of motorised transport. Walking was the most popular mode of active travel to school (46%).

The COVID-19 pandemic appears to have changed our physical activity levels in different ways depending on individual circumstances.[91] In Scotland, whilst there are indications that recreational walking and cycling have increased, overall walking does not appear to have increased compared to previous years, whilst cycling has. [103] This reflects the changes in levels of routine exercise in daily life such as travel to work or shops, as a consequence of COVID-19 restrictions.

Our ambitions for Priority 6

- There are cultural and structural changes to support active travel, healthy eating and breastfeeding as norms
- We have consistent approaches to healthy eating and physical activity across multiple sectors - health, education, welfare, social care, workplaces and the voluntary sector
- Individuals and communities are empowered to access and participate in healthy eating and physical activity throughout the life course, including the ageing population and addressing food insecurity

Focus of our work for Priority 6 in 2020 and 2021

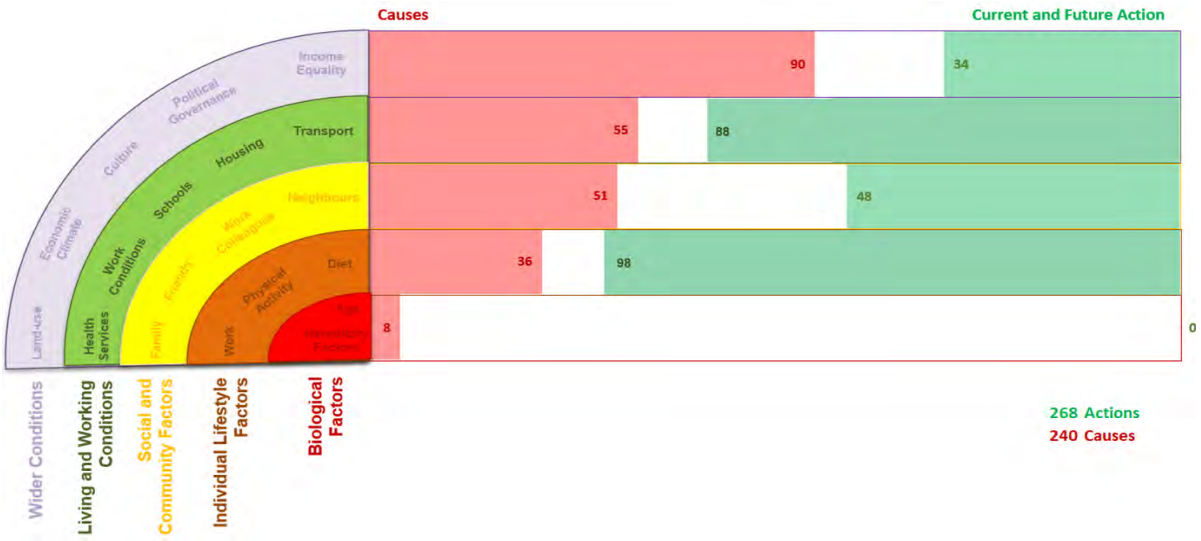
The focus of work has been partnership, working with a wide range of partners on a number of multi-pronged collaborative programmes focused on preventing Type 2 diabetes and obesity, and strengthening the food system in Fife. Physical activity interventions across the life course are being delivered and physical activity interventions are embedded in much of the broader partnership work.

East Region Type 2 Diabetes Prevention Partnership

The East Region Type 2 Diabetes Prevention Partnership was created in 2019, with work continuing throughout 2020 and 2021. [104] Health and social care providers have joined forces with partners from the public, third and private sectors to address the increasing rates of preventable diabetes across the whole system. The partnership focuses on four areas: adult weight management, children and young people, piloting a whole systems approach to diet and healthy weight, and an employer workstream. Activities have included research into outdoor advertising around schools, exploring and understanding the 27-30 month review of Health Visitor data, and working with education and early years colleagues to support sport and exercise extra-curricular activities.

The whole systems approach aspect of the work involves applying systems thinking to collectively better understand and address obesity, with pilot work in Dunfermline and Cowdenbeath areas. This work aims to encourage ownership and achieve change in prioritised actions to address inequalities. Collaboratively, a wide range of stakeholders mapped the causes of obesity and the activities already happening in Cowdenbeath and Dunfermline. From this, 10 themes were identified with many of these associated with the 'upstream factors' or wider conditions that affect health, however, of existing interventions in place many were more commonly linked to individual lifestyle factors (Figure 8). Three themes of Home Environment, Transport and Availability of Unhealthy Food emerged as priorities for action. Keeping wider upstream determinants of health in mind will be very important as plans to address and prevent obesity in our communities develop.

Figure 8: Current and Future Actions Mapped Against the Perceived Causes of Obesity



Feeding Fifers

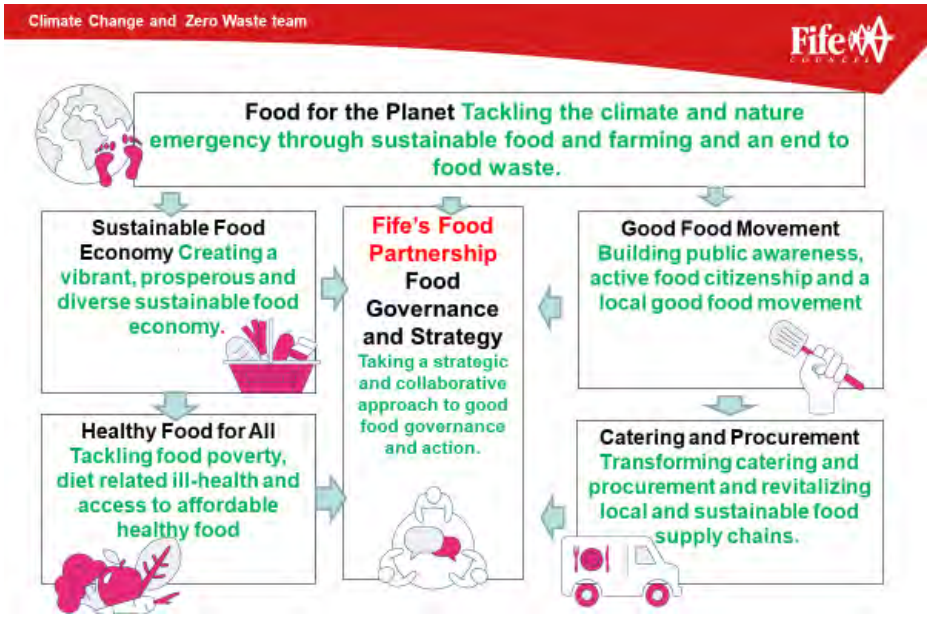
New initiatives such as the introduction of Feeding Fifers were made possible through online collaboration during the pandemic. [105] This joint initiative engaged with communities across Fife to share healthy eating tips, meal ideas and recipes using social media. Recipe cards were distributed across Fife via community assistance hubs and promoted across local food initiatives to ensure support and information were available to as many people as possible.

The Food4Fife Partnership

This partnership, established in 2021, is about people in Fife (individuals, communities and businesses) coming together to work across all aspects of the food system to help solve some of today's health, environmental and economic challenges, strongly aligned to all of Fife Partnership's Recovery and Renewal priorities. [xxiv] The Partnership's vision is to create a sustainable food culture for a healthy Fife via a strategy and action plan that will include '6-pillars' as described in Figure 9.

xxiv Fife Partnership's Recovery and Renewal priorities are: Community Wealth Building, Addressing the Climate Emergency, Tackling Poverty and Preventing Crisis and Leading Economic Recovery.

Figure 9: Creating a Sustainable Food Culture, for a Healthy Fife



Physical activity

During 2021, a Physical Activity and Sport Strategy was developed with the aim of realising 'An Active Fife where everyone has opportunities to be more active, with better physical and mental health and wellbeing'. [106] Recognising the impact COVID-19 has had on many people in Fife, actions from the strategy are themed around:

- Reducing inequalities in physical activity and sport across Fife
- Increasing and sustaining physical activity, physical confidence and sports participation
- Building resilient communities that are physically active and participate in sport
- Investing in facilities and infrastructure for physical activity and sport.

Partnership work continued in 2020 and 2021 to link physical activity to health outcomes such as improved mental health and in a variety of settings, including workplaces, care settings and with a variety of population groups, including incorporating physical activity within a new 'Be Well-Get Active' programme. Work has also taken place to link with the Older Adults Care Network to promote physical activity in care settings and to support care providers with physical activity ideas to enable their service users to maximise independence. Resources have also been developed specifically for people with dementia and work is underway to help support those living with chronic pain through instructor-led physical activity programmes.

With walking being a key recreational activity in the pandemic, walking challenges continued to be developed by creating virtual interactive maps enabling engagement within communities, as well as promoting walking for older people through linking with local history.

Priority 6: Opportunities and priorities for public health and partners for coming years

- **Focus on upstream determinants of health to prevent obesity**: Continue engagement with Fife Partnership agencies and emphasise the need to work upstream in order to achieve our goals. Progress Phase 2 of our Whole Systems Approach to obesity prevention within Cowdenbeath and Dunfermline and share learning on whole systems way of working with appropriate partnerships across Fife.
- **Diabetes prevention**: Continue to be part of the East of Scotland Type 2 Diabetes Prevention Partnership, implementing the recommendations from various evaluations, working both across the region and within Fife.
- **Physical activity pathway**: Implement the Physical Activity Pathway within NHS Fife and support the different developing approaches to increasing physical activity within Fife, as well as the Fife Physical Activity and Sport Strategy.
- **Implementation of a sustainable healthy food culture**: Continue to develop and implement the Food4Fife Partnership strategy action plan to realise the vision of creating a sustainable food culture for a healthy Fife.

Conclusions

The Fife population is ageing and is expected to continue to do so, whilst the proportion of years lived in good health is reducing. The difference between the life expectancy and healthy life expectancy of people living in the most deprived and in the least deprived parts of Fife is stark, and in younger age groups inequalities in the rates of early death are even more marked. Increasing healthy life expectancy and reducing the ingrained differences in health outcomes are fundamental to improved overall population health, but not straightforward.

Rates of obesity, levels of alcohol consumption, sedentary activity and smoking, and experience of childhood adversity, are higher in Fife than they should be for good health and there is a marked difference in the prevalence of these risk factors between the most and least deprived parts of the region. The effects of many of these health risk factors accumulate from an early age, highlighting a need for focus on these risk factors across the life course.

The burden of anxiety, depression and loneliness, and more severe mental health problems, also limit the wellbeing potential of the Fife population, including children and young people, and again there is a clear relationship between deprivation and poor mental health. We see the same distribution of inequalities with problematic drug use, on a background of increasing drug related deaths.

Whilst focus on preventing health conditions that have the greatest impact on health and wellbeing, and the direct risk factors for poor health is crucial, we must equally turn attention to the broader 'upstream' factors that have a more insidious effect on our health. These are the 'social determinants of health' that interact to shape our lives, influence our health behaviours and generate unfair differences in our society from a young age. By systematically addressing these root causes of poor health and wellbeing in Fife, we will have a far greater chance of creating change in health outcomes across our population in years to come. For example, by preventing, mitigating and undoing the impact of poverty on health and wellbeing; reducing inequalities in education attainment, and facilitating access to quality employment and safe and secure housing.

One approach to this is committing to work with communities and partners to foster healthy places in the areas of Fife most affected by multiple deprivation, building on the assets within those communities, such as the Levenmouth project and The River Leven Programme. Additional approaches include supporting and or collaborating with particular populations more vulnerable to poor health outcomes to improve their health and wellbeing. Working with the Fife homeless community during the COVID-19 pandemic, and the Alcohol and Drugs Partnership lived experience panel, are examples of good work in support and collaboration.

There remain opportunities to systematically consider and address the broader determinants driving specific public health challenges, in a similar way to how we are addressing obesity in Fife, working together as a whole system. Similarly, there are opportunities for Fife public sector institutions to consider their role in addressing social determinants of health through policy and even beyond their normal sphere of influence; for example through promoting financial inclusion pathways and becoming 'anchor institutions' for the benefit of our Fife communities.

The COVID-19 pandemic has generated an unprecedented challenge to population health in Fife and for the first time has contributed to a drop in life expectancy across Scotland. Our population have experienced both the direct impacts of the disease, and also wider harms associated with restrictions on life, including changes to employment, education, social isolation, travel and diet, which all affect health. At this stage we do not fully understand the effect of these changes on health, but early indications are that this has resulted in serious and potentially lasting impacts.

Whilst the pandemic has made it challenging to conduct the full range of public health work, this report reflects on a huge range of activities that have been undertaken despite this. The pandemic has resulted in innovative and collaborative efforts across Fife communities and partners, from which lessons have been learned to support improved ways of working for the future.

Improving the health and wellbeing of the population of Fife requires a concerted and collaborative effort including partnerships to address complex challenges, evidence of which is demonstrated throughout this report. Continuing and further developing such work and placing consideration of health at the centre of all policy making in all sectors, will enable us to further strengthen efforts towards improving health and wellbeing for the people of Fife.

Glossary

ACE	Adverse Childhood Experience
ADP	Alcohol & Drug Partnership
BBV	Blood Borne Virus
BMI	Body Mass Index
COP26	United Nations (UN) Climate Change Conference
GHQ-12	General Health Questionaire-12
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HPT	Health Protection Team
HPV	Human Papillomavirus
HSCP	Health and Social Care Partnership
LFD	Lateral Flow Device
MAT	Medication Assisted Treatment
NHS	National Health Service
NRS	National Records of Scotland
P1	Primary 1
PCR	Polymerase Chain Reaction
PHS	Public Health Scotland
RNA	Ribonucleic Acid
S6	Sixth year in Scottish secondary schools
SALSUS	Schools Adolescent Lifestyle and Substance Abuse Survey
ScotPHO	Scottish Public Health Observatory
SCQF	Scottish Credit and Qualifications Framework Partnership
SIMD	Scottish Index of Multiple Deprivation
SMI	Severe Mental Illness
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale
WHO	World Health Organisation

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

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fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

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NHS Fife

Meeting:	**Fife NHS Board**
Meeting Date:	**31 May 2022**
Title:	**Whistleblowing Quarter 3 Report for 2021 / 2022**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Sandra Raynor, Head of Workforce Resourcing and Relations**

1. Purpose

This is presented to Fife NHS Board Members for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

With effect from 1 April 2021, all NHS organisations are required to follow the National Whistleblowing Principles and Standards and report on any concerns raised, quarterly and annually.

2.2 Background

This report is to provide Fife NHS Board members with an update on whistleblowing and anonymous concerns for the third quarter of reporting from 1 October 2021 to 31 December 2021, to provide an assurance on awareness raising of the standards and data on the uptake of the training modules since 1 April 2021.

2.3 Assessment

Reporting

The third quarterly sample report on the Standards covers the reporting period 1 October 2021 to 31 December 2021. During this period, there were no whistleblowing concerns reported within NHS Fife, nor from primary care providers and contracted services.
A customised sample report template has been set up to extract a data report on any concerns reported, attached at Appendix 1.

NHS Fife received no anonymous concerns during this period, and whilst these do not meet the definition of the Whistleblowing Standards, we have approached the handling of any concerns raised to date in line with best practice from the standards, attached at Appendix 2.

Awareness Raising and Training

NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. Two online learning modules were developed by NES, and these have been promoted via a Desktop Banner, the weekly brief and StaffLink. The TURAS Learning modules have also been supplemented with Face-to-Face Training for those who work in services that are less enabled and may not access TURAS Learn e.g. Hotel Services.

A section on the standards and the required training that has to be undertaken by all staff has been included in our new 'welcome and orientation pages on TURAS Learn' and built into Core Training Guidance. Additionally a Whistleblowing hub has been established on StaffLink

The training data is summarised between 1 April and 31 December 2021, attached at Appendix 3.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2021 / 2022 quarterly reports are prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes and the Quarter 3 report has been shared with Executive Directors Group, Area Partnership Forum and Staff Governance Committee.

2.4 Recommendation

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

- the customised sample report template which has been set up to be used for reporting to extract a data report on any concerns reported;
- the data for the third quarter i.e., 1 October 2021 to 31 December 2021. A nil report for both Whistleblowing and anonymous concerns; and
- the data on training from 1 April to 31 December 2021.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Sample Reporting Template
- Appendix 2 – Anonymous Concerns Raised by Division for 2021 / 2022
- Appendix 3 – Whistleblowing Training Data

Report Contact:
Sandra Raynor
Head of Workforce Resourcing and Relations
E-mail: sandra.raynor@nhs.scot

Appendix 1 – Whistleblowing: Sample Reporting Template

Reporting Quarter 3 2021/2022
1 October 2021 to 31 December 2021

Whistleblowing concerns closed at each stage	No (Instances)	%
Total number of concerns received	0	
Total number of concerns closed	0	
The number of concerns closed at Stage One	0	
The number of Non-escalated concerns closed at Stage Two	0	
The number of concerns closed at Stage Two after escalation	0	
The total number of concerns still open	0	
Concerns upheld, partially upheld or not upheld at each stage as a percentage of all concerns closed in full at each stage	0	
Stage 1	0	
Upheld	0	
Partially Upheld	0	
Not Upheld	0	
Stage 2	0	
Upheld	0	
Partially Upheld	0	
Not Upheld	0	

Average Times	No (Days)	
The average time in working days to respond to concerns at Stage One	n/a	
The average time in working days to respond to concerns at Stage Two	n/a	
The average time in working days to respond to concerns after escalation	n/a	

Whistleblowing Concerns closed in full within the timescales	No (Instances)	%
The number of concerns closed at Stage 1 within 5 working days as a % of number of concerns closed at Stage 1	0	0
The number of concerns closed at Stage 2 within 20 working days as a % of number of concerns closed at Stage 2	0	0
The number of escalated concerns closed within 20 working days as a % of total number of escalated concerns at Stage 2	0	0
Number of concerns at stage 1 where an extension was authorised as a percentage of all stage 1 concerns	0	0
Number of concerns at stage 2 where an extension was authorised as a percentage of all stage 1 concerns	0	0

Appendix 2 – Anonymous Concerns Raised by Division for 2021/2022

Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is "a concern which has been shared with the organisation in such a way that **nobody** knows who provided the information".

Anonymous concerns received and investigated during Quarters 1 to 3:

Key Themes

Analysis of the concerns raised by key themes is provided below:

Theme	Quarter 1 1 April 2021 to 30 June 2021	Theme	Quarter 2 1 July 2021 to 30 September 2021
	Nil	**Safe Staffing Levels**	**1**
		Appointment Scheduling	**1**

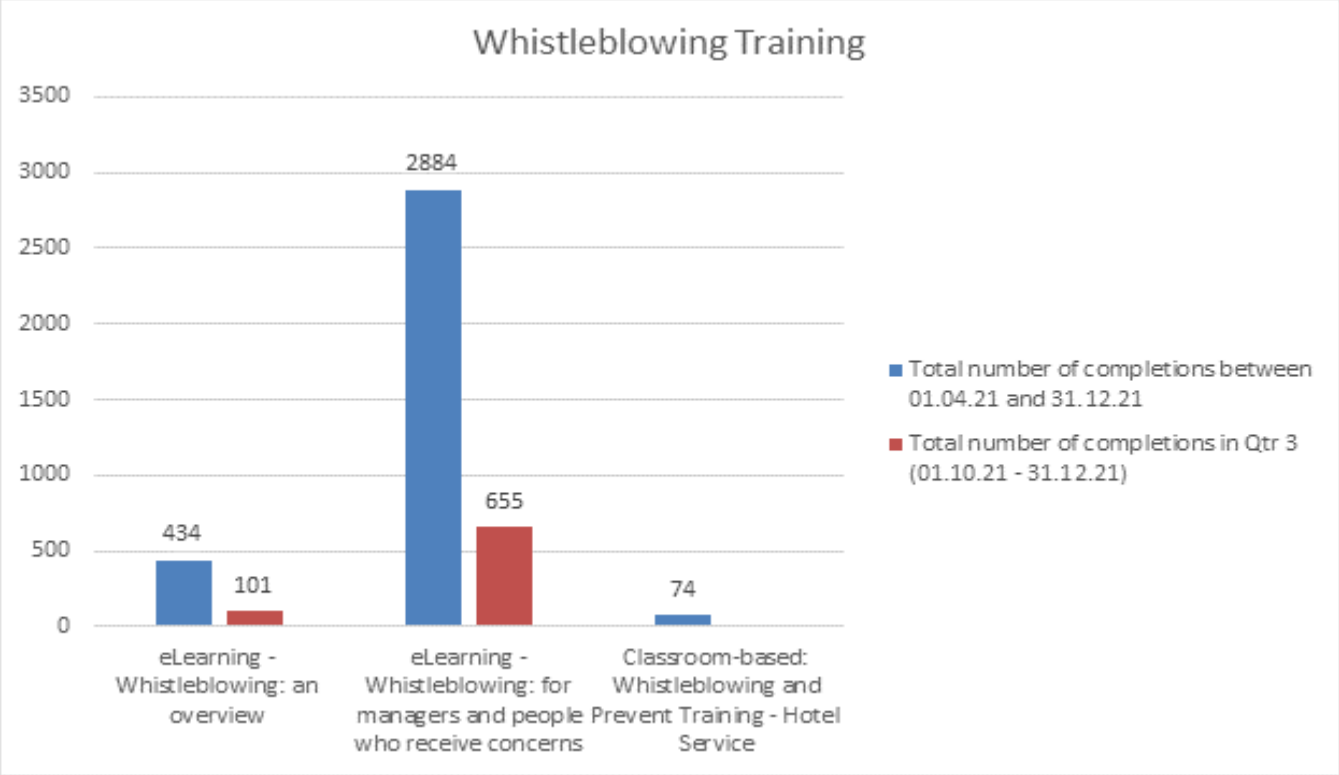
Theme	Quarter 3 1 October 2021 to 31 December 2021	Theme	Quarter 4 1 January 2022 to 31 March 2022
	Nil		

Concerns Raised by the Division

Division	Number
Acute Services Division	**1**
Health and Social Care Partnership	**1**
Corporate Directorates	**0**

Appendix 3 – Whistleblowing Training Data

The training data is summarised below, the blue data shows all the training that was undertaken between April and December 2021 and the red data is the training that was undertaken in Quarter 3.



NHS Fife

Meeting:	**Fife NHS Board**
Meeting Date:	**31 May 2022**
Title:	**Climate Emergency and Sustainability**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Neil McCormick, Director of Property & Asset Management**

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion
- Decision

This report relates to:

- National Health & Wellbeing Outcomes

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

- Effective

2 Report Summary

2.1 Situation

The revised policy for NHS Scotland on the Climate Emergency and Sustainable Development DL (2021) 38 is now extant. This sets out mandatory requirements for all NHS bodies and its scope extends to all of their activities. It also states that NHS Scotland bodies must co-operate with each other with a view to achieving the aims of the policy.

The supporting Draft NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026 is out for consultation (see Appendix 1 for structure of the draft Strategy). The draft Strategy implements a national Climate Emergency and Sustainability Board, to be chaired by the CMO. The membership of the Board includes a representative from each of the 3 Regions and from the National Boards.

The paper is circulated for member awareness, discussion and approval of the governance arrangements and approach to resourcing to support the formulation of a plan to develop NHS Fife's approach to the Policy and Strategy.

2.2 Background

The key National Policy developments to highlight are listed below:

- The NHS target on net-zero carbon has been amended from 2045 to 2040.
- All Health Service owned buildings to be heated by renewable sources by 2038 at the latest. Scottish Government to invest £250m in this parliament term to support the transition.
- Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development DL(2021)38 launched. This Policy Statement supersedes CEL 2 (2012) 'A Policy on Sustainable Development for NHS Scotland 2012'.
- The supporting 'draft NHS Scotland Climate Emergency and Sustainability Strategy 2022 to 2026' consultation was launched which sets out the aims, targets and actions to be undertaken across the Health Service. Consultation is now open with responses due 10 February.
- Scottish Government has requested annual reports on Sustainability, additional to the current requirements to report in relation to Climate Change (Carbon Emissions reports) and the National Sustainability Assessment Tool (NSAT). New reporting requirements are expected to commence October 2022, to update on progress against the NHS Scotland Climate Emergency and Sustainability Strategy.
- The draft Strategy includes an NHS Scotland Climate Emergency and Sustainability Board to be chaired by Dr Gregor Smith, Chief Medical Officer and John Burns, NHSS COO. The Board will oversee implementation of the Strategy, detailed in letter of 10 November to NHS Chairs and Chief Executives.
- Membership of the Board includes the Chairs of the Regional Climate Emergency and Sustainability Groups supporting Health Facilities Scotland National Environment and Sustainability Group (NESG).

Appendix 2 details the proposed Governance Arrangements for NHS Fife.

2.3 Assessment

The Policy and draft Strategy are a significant and welcome step forward for NHS Scotland. They contain a clear list of action areas. These actions are related to the UN Sustainable Development Goals.

The draft Strategy is more comprehensive than previous NHS Scotland Sustainability Strategies. It includes a section on Sustainable Care as a specific area and a much stronger emphasis on Climate Adaptation and resilience with resilience being a cross cutting theme of all action areas.

The proposed draft Strategy sets out actions across the whole of the NHS carbon footprint and includes wider environmental impacts.

The Policy specifies the following requirements for NHS Boards.

- Each NHS Scotland body must appoint an Environmental Management Representative (EMR) with the responsibility, resources and authority to implement this policy in respect of environmental management.
- Each NHS Scotland body must appoint a Waste Management Officer with the responsibility, resources and authority to implement this Policy in respect of waste. The Waste Management Officer must have responsibility for all aspects of waste management within the organisation consistent with the Scottish Government's commitments towards zero-waste and a circular economy.
- Each NHS Scotland body must appoint an officer with the responsibility, resources and authority to implement this Policy in respect of green space and bio-diversity.
- Each NHS Scotland body must appoint an officer with the responsibility, resources and authority to implement this Policy in respect of travel.
- Each NHS Scotland body who provide clinical services must include a Sustainable Care Medical Planning team as part of its Climate Emergency and Sustainability Team.

There is recognition that within these overall requirements, there will be variation in implementation reflecting difference in the size and scale of NHS Boards.

Notwithstanding the need to develop core capacity and expertise within each NHS Board as above, there is an opportunity for shared learning and shared development of expertise across the East Region. In order to support this collaboration, an East Region Climate Emergency and Sustainability Group is proposed with membership from the executive leads in each Board and other relevant colleagues. Board leads met in January to discuss the opportunities for collaborative working and contributing to and influencing the national work. The proposed Terms of Reference are attached at Appendix 2.

The initial priorities for sharing capacity and expertise have been identified as follows:

- Climate Change Adaptation and Risk Assessment
- Green space and Biodiversity
- Sustainable Travel Planning
- Environmental Management System requirements

An immediate action for the Regional Group is to carry out a gap analysis of current resources and progress against the actions in the draft Strategy.

There is also a need to identify the Climate Change and Sustainability priorities within the East Region Planning Programme as a whole.

2.3.1 Quality/Patient Care

The improvement of primary care premises could bring benefits to the quality and sustainability of patient care and access to services.

2.3.2 Workforce

An increase in our dedicated and specialist workforce will be required to implement the Climate Emergency and Sustainability Policy, specifically in respect of the roles required by the Policy set out above.

As indicated above, sharing skills and technical expertise in relation to Climate Change and Sustainability presents a key opportunity for a regional approach.

There will be requirements to develop the roles, knowledge and skills of staff across the NHS to support the delivery and development of the Strategy.

Interest and commitment of staff to a Greener NHS continues to grow and there are clear synergies and opportunities in relation to staff health and wellbeing, for example in relation to active travel, access to green space and positive staff engagement.

The expectation is that Directors be kept updated and engaged through the delivery of key parts of the Strategy as identified below. This approach will encourage collective ownership and system leadership and will enhance discussions and decision making.

<table>
<tr><th>Executive Director</th><th>Executive Input to Objective</th><th>Role (to be further developed)</th></tr>
<tr><td>Director of Property & Asset Management</td><td>Lead</td><td>Proposed Role is lead Executive and will create management time and capacity to co-ordinate the strategy on a day-to-day basis. In addition will take responsibility for sustainable buildings and land, sustainable travel and reporting progress.</td></tr>
<tr><td>Director of Public Health</td><td>Contributor</td><td>Proposed role is Board Champion and will ensure that the Board is aware of the key priorities and responsibilities within the strategy.
Also lead for the development of sustainable communities and adapting to climate change impacts.</td></tr>
<tr><td>Medical Director</td><td>Contributor</td><td rowspan="5">Leading and developing the thinking and models around Sustainable Care for the future including:

• Sustainable Care Pathways
• Reducing harm and waste
• Medicines
• Green theatres
• Supporting Primary Care</td></tr>
<tr><td>Director of Nursing</td><td>Contributor</td></tr>
<tr><td>Director of Acute Services</td><td>Contributor</td></tr>
<tr><td>Director of Health & Social Care Services</td><td>Contributor</td></tr>
<tr><td>Director of Pharmacy & Medicines</td><td>Contributor</td></tr>
<tr><td>Director of Finance & Strategy</td><td>Contributor</td><td>Lead for Sustainable Goods and Services (circular economy) and consideration for PMO support for the programme and reporting regime.</td></tr>
<tr><td>Director of Workforce</td><td>Contributor</td><td rowspan="2">Lead for engaging NHS Fife staff and ensuring that Climate Emergency and Sustainability are at the heart of all that we do including staff training, awareness and communication.</td></tr>
<tr><td>Employee Director</td><td>Contributor</td></tr>
</table>

2.3.3 Financial

Additional posts will be required in line with the Policy and to support the delivery of the strategy.

All NHS Boards were asked by NESG to submit their resource requirements for posts required for implementation of the Strategy. Funding for delivery of the Policy and Strategy in relation to these requirements is being considered by NHS Scotland SG Health Infrastructure, Investment and PPE Division.

The following additional resources are required by the Policy:

Environmental Management Representative (EMR)	To be identified once role further understood.
Waste Management Officer (WMO)	NHS Fife has a WMO in place.
Greenspace and Biodiversity Officer	A Student Internship is proposed over the summer to take forward some key work in this area (cost c£8k to be managed within existing budgets). NHS Fife has identified a Consultant to support in this area who has been involved with Fife Council in creating Greener Kirkcaldy and Greener Dunfermline projects.
Green Travel Officer	NHS Fife has a part-time Transport/Fleet Manager. This will be replaced by a single post following the impending retirement of the current incumbent. A Student Internship is proposed over the summer to take forward some key work in this area (cost c£8k to be managed within existing budgets). NHS Fife is also planning on setting up a separate SLWG with a view to looking at an EV Charging Strategy for Fife for staff and patients and to investigate funding routes to support this.
Sustainable Care Planning Team	To be identified once the role is further understood.

In addition, the following posts already exist within NHS Fife and will have changed priorities:

Estates Manager - Compliance	This role will be extended to allow further management time for managing the programme.
Estates Officer - Sustainability	This role will be focused on Carbon Reduction and Energy Management. Capacity will be created through the use of a Bill Management Service to free up management time (cost c£10k per year).

2.3.4 Risk Assessment/Management

The key risks to NHS Fife are currently:

- Compliance with existing and new legislation across the spectrum of sustainability, in particular 2040 and interim carbon reduction targets.
- Public/staff/political perception if we are not able to accurately outline our journey to net zero and our relative progression year on year.

2.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed.

2.3.6 Other Impact

Global population, health and environment.

2.3.7 Communication, Involvement, Engagement and Consultation

Discussions continue with Fife Council and at an East Region level with NHS Lothian and NHS Borders to identify areas of sharing, learning and collaboration to support NHS Fife in taking this agenda forwards.

It is proposed that an initial Communication Plan will be developed to include internal and external stakeholders as part of the Addressing Climate Emergency Board work with Fife Council. Our own Communications team will be part of that work.

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:

- Portfolio Board on 17 March 2022
- Public Health & Wellbeing Committee 16 May 2022

2.4 Recommendation

The paper is circulated for member awareness, discussion and approval of the governance arrangements and approach to resourcing in order to support the formulation of a plan to develop NHS Fife's approach to the Policy and Strategy.

3 List of Appendices

The following appendices are included with this report:

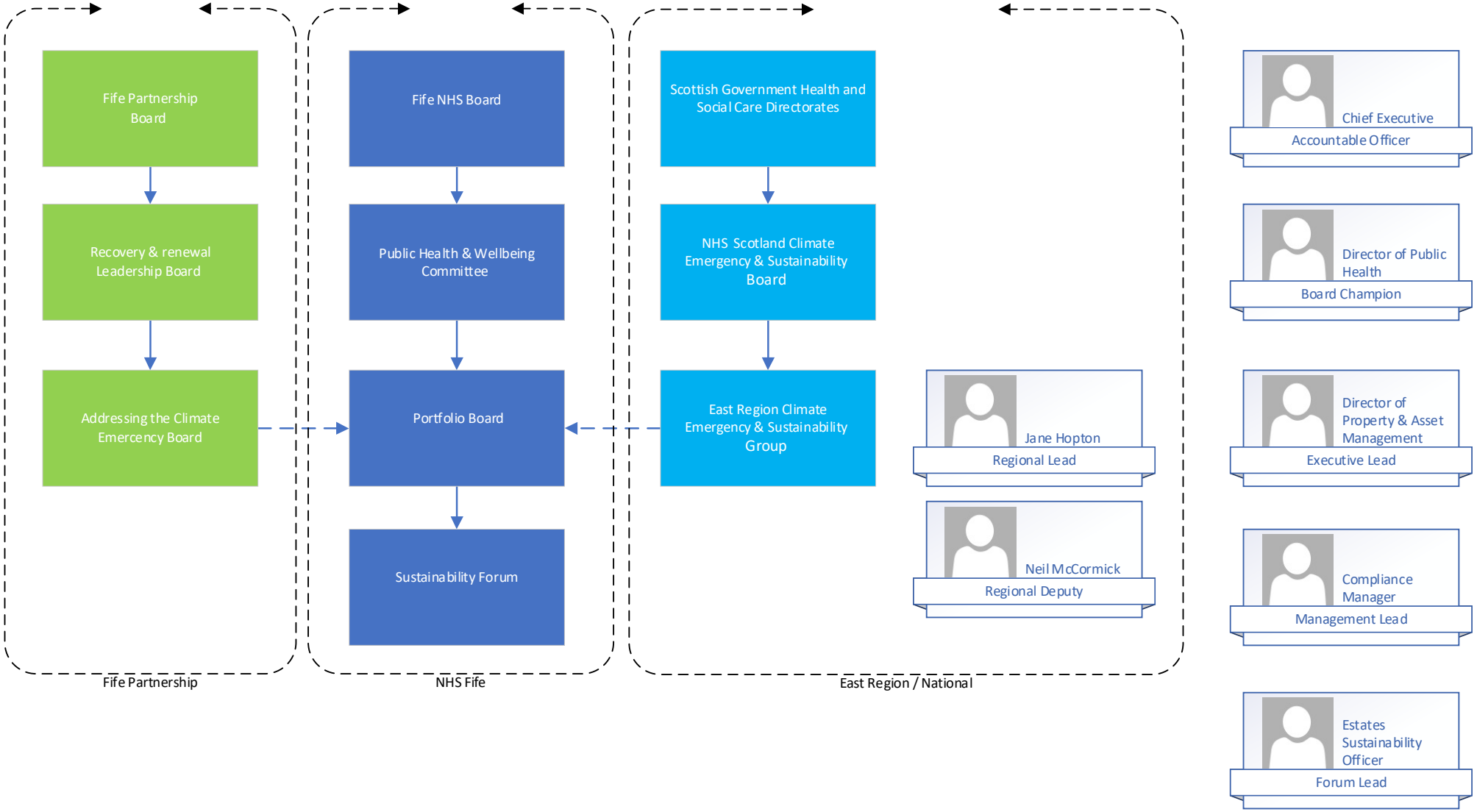
- Appendix 1 - Structure of the NHS Scotland Climate Emergency and Sustainability Draft Strategy
- Appendix 2 - Proposed Governance Arrangements

Report Contact
Neil McCormick
Director of Property & Asset Management
Email neil.mccormick@nhs.scot

Appendix 1: Structure of the NHS Scotland Climate Emergency and Sustainability draft Strategy: Action Areas and Themes

Sustainable Buildings and Land		Actions
	Reducing our building emissions	7
	Adapting to climate change impacts	14
	Environmental Stewardship (includes waste management)	14
	Valuing protecting and managing our green space	8
	Sustainable Development of the NHS estate	9
Sustainable Travel		
	Reducing the need to travel	6
	Promoting active travel	4
	Promoting public and community transport	3
	Decarbonising our fleet and business travel	8
	Climate change and access (transport resilience)	2
Sustainable Goods and Services (circular economy)		
	Embedding circularity within our supply chains	5
	Reducing the impact of our supply chains	16
	Supply chain resilience	4
	Minimising our waste	2
Sustainable Care		
	Sustainable care pathways	6
	Reducing harm and waste	3
	Medicines	8
	Green theatres	7
	Supporting primary care	5
Sustainable Communities		
	Supporting health and well-being	8
	Building community resilience	6
	Engaging our communities	5
Reporting Progress		

Appendix 2: Proposed NHS Fife Governance Arrangements



AUDIT & RISK COMMITTEE

(Meeting on 18 May 2022)

No issues were raised for escalation to the Board.

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON WEDNESDAY 18 MAY 2022 AT 2PM VIA MS TEAMS

Present:
M Black, Non-Executive Member (Chair)
A Grant, Non-Executive Member
A Lawrie, Non-Executive Member
K MacDonald, Non-Executive Member
A Wood, Non-Executive Member

In Attendance:
K Booth, Head of Financial Services & Procurement
A Clyne, Audit Scotland
P Cumming, Risk Manager
T Gaskin, Chief Internal Auditor
B Hudson, Regional Audit Manager
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
C Potter, Chief Executive
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting

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

1. Welcome / Apologies for Absence

A Wood was welcomed to her first meeting of the Committee, having agreed to step into the role of member over the next few months whilst the Committee was without a Fife Council representative, to ensure quoracy of meetings. Apologies were received from attendee T Fraser (Audit Scotland).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 17 March 2022

It was agreed to amend the wording under item 6.2, 2nd last paragraph, last sentence to: "Values and having an open and transparent culture will form part of the discussion, with reference also to the Whistleblowing Standards." This clarifies that the Board's discussion on Whistleblowing at its recent Development Session was part of a broader session on values and culture.

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

4. Action List / Matters Arising

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

5. GOVERNANCE MATTERS

5.1 Draft Governance Statement

The Head of Corporate Governance & Board Secretary advised that the draft Governance Statement is presented to the Committee for comment, and that there is time to incorporate any comments before it is submitted formally as part of the Annual Accounts.

It was reported at the next Committee meeting in June, a training session will be delivered on the Annual Accounts and will include an opportunity to review the Governance Statement in terms of questioning if it reflects the organisation, and that it covers all areas and risks identified appropriately.

The Director of Finance & Strategy reported that the first half of the Governance Statement is largely prescriptive and noted that the Accounting Manual provides direction on the type of information that needs to be included. From the 'Review of Adequacy and Effectiveness' section, there are opportunities to influence and make comment.

A Wood, Non-Executive Director, questioned where the control weakness that have been highlighted through the year's internal audit programme would be reported. The Chief Internal Auditor explained the process of measuring controls and issues and noted that there were no control weaknesses identified thus far that were significant enough to be included as a disclosure in the Governance Statement. The Director of Finance & Strategy added that anything that could materially impact the financial statements would be the type of information disclosed. The Regional Audit Manager added that there are other supporting assurance documents that will be provided to the Committee at future meetings (such as the individual Director's assurance letters), and the Governance Statement was only one aspect of the overall assurance pack. The Chief Executive noted that there are various assurances that come from Directors and cover a variety of points around risk, internal audit recommendations and accountability.

The Committee thanked everyone involved for their hard work in producing the draft Governance Statement.

The Committee **reviewed** the draft Governance Statement.

The Committee **approved** the Governance Statement, subject to any subsequent comments being received.

5.2 Review of Annual Workplan

The Head of Corporate Governance & Board Secretary reported that the Annual Workplan, will be provided to each meeting as a tracked version, detailing which items have been reported on schedule and any deferrals. It was advised that the tracked workplan would be for information and noting at future Committee meetings.

It was agreed to clarify in future iterations of the workplan that the Private Meeting with the Auditors involves both External and Internal Auditors.

Action: Board Committee Support Officer

The Committee **approved** the annual workplan.

5.3 Notification of External Audit Appointment from 2022/2023

The Director of Finance & Strategy reported that Audit Scotland have advised on the new five-year appointments to the external audit positions for all NHSS Boards, and the appointments were outlined. It was noted throughout 2022/2023 there will be a period of engagement to allow the new auditors to familiarise themselves with NHS Fife as an organisation.

The Committee took **assurance** from this appointment process.

5.4 Annual Accounts Preparation Timeline

The Head of Financial Services & Procurement advised that the draft Annual Accounts were submitted to Audit Scotland on 12 May 2022. It was noted the timeline has been reduced compared to last year, and an overview was provided on the timelines, as detailed in the paper.

The Committee took **assurance** from the Annual Accounts Preparation Timeline, commending the work done thus far to meet all deadlines.

6. RISK

6.1 Draft Risk Management Annual Report 2021/2022

The Risk Manager advised that the paper covers the improvement programme of work which commenced in November 2021. It was reported that Internal Audit have provided feedback on the draft report, and an appropriate statement will be added that confirms that "*adequate and effective risk management arrangements have been put in place throughout the year*".

The key points in the report were outlined. A Wood, Non-Executive Member, asked if some particular areas could be more explicit to provide clarity and this was agreed to.

The draft Risk Management Annual Report 2021/2022 will be brought back to the Committee at its next meeting. Comments were welcomed and will be considered for inclusion.

The Committee **considered** and took **assurance** from the content of the draft report.

6.2 Risk Management Improvement Programme – Progress Report

The Risk Manager advised that the paper outlines the current position. It was noted that some aspects of the report are covered within the draft Annual Report and summarises some of the key areas of work being undertaken and work still to be carried out.

The Committee took **assurance** from this update on the programme to refresh and improve the Risk Management Framework.

6.3 Board Assurance Framework (BAF)

The Risk Manager advised that the report reflects the components of the BAFs that have most recently been reported to the Governance Committees. It provides the position on each, the current risk levels relating to those components and summarises where there are particular changes to the respective areas of the BAF and linked risks.

It was advised that work is underway to move some risks from the BAF to the new corporate risk register. It was reported that a risk dashboard is under development and will become a feature of the Integrated Performance & Quality Report (IPQR) going forward.

It was advised that work is underway on the corporate risks related to environmental sustainability, climate change and health equalities, and a progress update will be provided at the next Committee meeting. The last iteration of the BAF in its current format will be presented at the July Governance Committee cycle of meetings.

A Wood, Non-Executive Member, questioned the number of risks remaining high, given that delivery of mitigations is being carried out, particularly for environmental sustainability, and that this needs to be reflected as we move to a corporate risk register. The Director of Finance & Strategy highlighted the challenges in scoring risks and ensuring mitigation impact is consistent with the scoring.

The Chief Internal Auditor advised it is important that target risks have an associated target date at which progress is due to be made.

The Director of Finance & Strategy advised that, going forward there will be two risks for financial sustainability; one that will monitor our in-year position and the creation of an additional corporate level finance risk which describes the level of risk on securing financial sustainability over the medium-term.

The Director of Finance & Strategy reported that work is underway to develop a proposed new risk appetite statement, and this is expected to conclude at the end of June 2022.

The Committee took **assurance** from the BAF and the working being undertaken to improve the risk management framework.

7. GOVERNANCE – INTERNAL AUDIT

7.1 Internal Audit Framework

The Chief Internal Auditor advised that the Internal Audit Framework is presented on a yearly basis to the Audit & Risk Committee and is a requirement of the Audit Standards. The Audit Standards are being reviewed and brought back to the Committee next year.

It was reported there are no significant changes from the previous year. An update will be brought back to the Committee setting out how information is shared between the Fife Integrated Joint Board (IJB) and the Audit & Risk Committee.

A Wood, Non-Executive Director, questioned if the wider governance of the organisation could be made more explicit. The Chief Internal Auditor agreed to widen the narrative and will bring back that extract from the framework to the next Committee meeting.

Action: Chief Internal Auditor

The Committee **approved** the Internal Audit Framework for 2022/23, subject to the change agreed.

7.2 Internal Audit Progress Report 2021/2022

The Regional Audit Manager introduced the report, which details progress made throughout the 2021/2022 plan and the commencement of the 2022/2023 annual plans.

The improvement activities were outlined, and the Regional Audit Manager requested any comments or feedback from Members on the FTF website. The advice and input section of the paper was also outlined.

A Lawrie, Non-Executive Member, questioned how to prevent the incomplete or missing audit information within the progress report from happening in the future. The Regional Audit Manager advised the management response to that section of the report will be presented to the next Clinical Governance Committee, who will take forward issues raised within the B23/22 Resilience Interim Report. The Head of Corporate Governance & Board Secretary noted that bringing back tracked workplans to Committee meetings will support evidencing items that are either deferred or have been removed, improving tracking and oversight more generally.

The Committee **discussed** and took **assurance** on the progress on the delivery of the Internal Audit Plan.

7.3 Draft Annual Internal Audit Plan 2022/2023

The Chief Internal Auditor spoke to the plan and noted that the risk profile is changing given the ongoing context of COVID 19 and through appropriate alignment with the strategic planning process, any new risks will be reflected in the corporate risk register.

A Wood, Non-Executive Member, noted that a number of areas within the non-financial Key Performance Indicators (KPIs) are at the status of red and questioned if a deep-dive into those areas through internal audit would support any improvements in terms of processes and controls. Examples were provided on some of the red status elements, including waiting times and delayed discharge. The Chief Executive advised that, as part of the Annual Delivery Plan, the Scottish Government have requested detail on how

we will address these areas through our strategic planning process. It was also advised there will be more connectivity in terms of our risks, performance and linking into our planning. The Chief Internal Auditor agreed to take forward the examples of the red status elements provided for further discussion and welcomed any other suggestions to take forward for the plan.

The Director of Finance & Strategy noted that, due to the pandemic, the plan appropriately covers the key financial control areas and recognises that, over the coming months, the plan will be further developed and refined. The Chief Internal Auditor noted that addressing sustainability is a key issue and will be built in at every stage.

The Head of Corporate Governance & Board Secretary noted there is an opportunity for the Committee to have sight of the list of areas being reviewed in the Integrated Joint Board (IJB), to help complete the full audit planning picture.

The Chief Internal Auditor thanked the Regional Audit Manager for all the hard work in producing the draft Annual Internal Audit Plan 2022/2023.

The Committee:

- **Approved** the audit plan for 2022/23 (Appendix A) and supported the approach to further developing the Internal Audit Plan for 2022/23 once the Strategic Priorities and Corporate Risk Register are formalised.

8. GOVERNANCE - EXTERNAL AUDIT

8.1 Patients' Private Funds - Audit Planning Memorandum

The Director of Finance & Strategy advised that the external audit planning memorandum on Patients' Private Funds is presented to the Committee for assurance, and the financial statements will be included in the Annual Accounts for review in July 2022.

The Head of Financial Services & Procurement advised that Alan Mitchell, Thomson Cooper, will be attendance at the July 2022 meeting to discuss the completed Patients' Private Funds audit.

The Committee took **assurance** from the Audit Planning Memorandum.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

10. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 16 June 2022 at 2pm via MS Teams.

CLINICAL GOVERNANCE COMMITTEE

(Meeting on 29 April 2022)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON FRIDAY 29 APRIL 2022 AT 10AM VIA MS TEAMS

Present:

C Cooper, Non-Executive Member (Chair)
M Black, Non-Executive Member
S Braiden, Non-Executive Member
A Wood, Non-Executive Member
S Fevre, Area Partnership Forum Representative
C McKenna, Medical Director
J Owens, Director of Nursing

In Attendance:

N Connor, Director of Health & Social Care
P Cumming, Risk Manager *(Item 5.5 only)*
C Dobson, Director of Acute Services
A Graham, Associate Director of Digital & Information
B Hannan, Director of Pharmacy & Medicines
H Hellewell, Associate Medical Director, H&SCP
G MacIntosh, Head of Corporate Governance & Board Secretary
A Mackay, Speech and Language Therapy Operational Lead *(observing)*
M McGurk, Director of Finance & Strategy *(Part)*
E Muir, Clinical Effectiveness Manager
E O'Keefe, Consultant in Dental Public Health *(Item 6.2 only)*
M Paterson, Head of Nursing *(Deputising for L Campbell)*
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair highlighted that as the easing of restrictions continue, there are still unprecedented pressures across the whole health and social care system.

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 members Cllr D Graham (Non-Executive Member), R Laing (Non-Executive Member), A Lawrie (Area Clinical Forum Representative), C Potter (Chief Executive) and J Tomlinson (Director of Public Health), and attendees L Campbell (Associate Director of Nursing), G Couser (Associate Director of Quality & Clinical Governance), J Morrice (Associate Medical Director, Women & Children's Services) and M Wood (Interim Associate Medical Director for 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 10 March 2022

The Committee formally **approved** the minutes of the previous meeting.

4. Matters Arising / Action List

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

Following a question on the timescale for action two (further detail to be provided on the number of reported self-harm cases and the link to the Psychological Therapies Services and Addiction Services waiting lists), it was advised that data is being collated and the paper will go to the Executive Directors' Group on 5 May 2022, before a full report is brought to the Committee in July. The Action list will be updated accordingly.

4.1 Covid Update

The Medical Director provided a verbal update on Covid noting that the previous four to six weeks had been challenging. The situation has started improving, however, a further wave of Omicron cases across our Health & Social Care system has put significant pressures on staffing and on elements of health care activity. Discussions on whole system approaches continue at the Executive Directors' Group Gold Command meetings on a weekly basis, and actions are taken.

Following a question, it was advised whole system preparations are being made for any new potential variants. It was reported that there is a new Head of Resilience who has been appointed, and the areas of focussed work are around emergency planning, resilience guidance documents, and assurance for the Business Continuity Plans that are in place across the organisation.

Discussion took place on staff wellbeing and continued working in pressurised and challenging situations. Alternatives are required on managing staff resources, and it was noted the Staff Governance Committee, and various Workforce Groups across all of our partnerships are addressing issues and staff resourcing.

Recognition was provided to staff, and senior nursing staff in particular, in keeping clinical services as safe as possible.

The Committee took **assurance** from the update.

5. GOVERNANCE MATTERS

5.1 Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups

The Head of Corporate Governance & Board Secretary provided background and advised that the reports provide the outputs from each of the groups and is a summary of the business undertaken. The reports seek to demonstrate that they have all undertaken and delivered on their individual remits, and that there are no matters of urgency or high risk to bring to the attention of the Clinical Governance Committee at this time that would otherwise be disclosed in the Governance Statement.

The Associate Director of Digital & Information informed the Committee that both the Digital & Information Board and the Information Governance & Security Steering Group Subcommittees recognise improving positions around governance, delivery and assurance that can be provided. The work of both subcommittees has been valued by the attendance of members from the Executive Directors Group and their input in ensuring we are aligned to the organisation's objectives and the development of the strategy.

S Braiden, Non-Executive Member to be added to the attendance schedule, and C Cooper, Non-Executive Member to be removed from the appropriate dates of the attendance schedule, for the Clinical Care Governance Committee of the IJB.

Action: Head of Corporate Governance & Board Secretary

In advance of finalising the Annual Assurance Statement for the Clinical Care Governance Committee of the IJB, A Wood, Non-Executive Member questioned the level of detail within the report, in terms of scope and depth of the business undertaken and provided some examples. The Director of Health & Social Care clarified that the Care & Clinical Governance Committee is a subcommittee of the IJB and is not a subcommittee of the NHS Fife Health Board or the NHS Fife Clinical Governance Committee. Through review of the IJB governance and the strengthening of the operational assurance arrangements then there is the ability to strengthen clarity for this reporting of assurance in the future. This will be able to be defined in the Clinical Governance Framework to demonstrate the connections of assurance. The Director of Health & Social Care accepted the feedback depth and agreed to take forward with the relevant colleagues and make clarification in the Annual Assurance Statement for the future.

Action: Director of Health & Social Care

The financial risks within the Board Assurance Framework were highlighted and it was questioned how this aligns within the Digital & Information Board Annual Assurance Statement 2021/22. The Associate Director of Digital & Information advised an improving position was presented to the most recent Digital & Information Board on the financial risk profile for Digital & Information, and this will be reflected on the next iteration of the Board Assurance Framework.

The Head of Corporate Governance & Board Secretary agreed to share a template for the Statements & Reports, for consistency.

Action: Head of Corporate Governance & Board Secretary

The Committee took **assurance** from the Statements & Reports.

5.2 Clinical Governance Committee Annual Statement of Assurance 2021/2022

The Head of Corporate Governance & Board Secretary reported that the Clinical Governance Committee Annual Statement of Assurance 2021/2022 provides a summary of the business undertaken. It was advised that Covid has had an influence on the workplan throughout the year, and priority meetings had also taken place.

A Wood, Non-Executive Member questioned if a further update is required within the Health & Safety Subcommittee Annual Statement of Assurance 2021/2022, as she felt there are a number of weaknesses within the controls of the health & safety risks. The Board Secretary agreed to discuss with the Director of Property & Asset Management

and add in an update on the Health & Safety Manager recruitment, and relevant health & safety training.

Action: Head of Corporate Governance & Board Secretary

It was agreed to reference the Hospital Standardised Mortality Ration (HSMR) within the Clinical Governance Committee Annual Statement of Assurance 2021/2022, with a paper to come to a future meeting of the Clinical Governance Committee for assurance. It was also agreed to incorporate reference to the Internal Audit Report.

Action: Head of Corporate Governance & Board Secretary

An updated draft of the Clinical Governance Committee Annual Statement of Assurance 2021/2022 will be circulated to members.

Action: Head of Corporate Governance & Board Secretary

The Committee **approved** the Clinical Governance Committee Annual Statement of Assurance for 2021/2022, subject to members comments regarding amendments necessary, for final sign off by the Chair and submission to the Audit & Risk Committee.

5.3 Board Assurance Framework (BAF) – Quality & Safety

The Medical Director discussed the unlinked risks and risks newly linked to the BAF.

In terms of Risk 2214: Nursing and Midwifery Staffing Levels, it was reported that this risk covers the workforce discussed within the Workforce Sustainability BAF at the Staff Governance Committee, and that there is a potential impact on quality & safety.

Following a question, it was advised workforce remains a high risk due to the current pressures of Covid.

A Wood, Non-Executive Member requested further information on the reasons for not meeting the Cancer Waiting Times 62-day target (Risk 2297). The Medical Director advised this would sit within the Finance, Performance & Resources Committee.

M Black, Non-Executive Member questioned if there should be a separation between Covid and long Covid. The Medical Director agreed long Covid is a separate issue, and advised consideration is required on where long Covid, if considered in a risk, would sit and what the risk of long Covid is to the organisation.

The Committee took **assurance** from the Quality & Safety BAF.

5.4 Board Assurance Framework (BAF) – Digital & Information

The Associate Director of Digital & Information reported that there has been limited change to the BAF since the last Committee meeting. The overall BAF is rated as a high risk.

It was advised that the risks associated with cyber security due to the situation in Ukraine has reflected in a change of rating to Risk 1338: NHS Fife at increased cyber attack risk. A number of actions have been identified by the National Centre of Excellence for Security and from the Digital & Information Team, and ensuring organisational awareness continues.

The Committee took **assurance** from the content and current assessment of the Digital & Information BAF.

5.5 Risk Management Improvement Programme Progress Report

The Risk Manager joined the meeting and spoke to the key points within the Risk Management Improvement Programme Progress Report.

The Committee took **assurance** from this update on the plan to refresh and improve the Risk Management Framework.

5.6 Review of Annual Workplan

The Clinical Effectiveness Manager advised that the Clinical Governance Committee approved the Annual Workplan at the March 2022 meeting. For assurance, the Annual Workplan, presented as a tracked version, will go to each future Committee meeting to enable the Committee to clearly track and monitor items that have been covered, carried forward to a future meeting, or removed.

Following a question, it was advised some national reports would go through the Acute Services Clinical Governance Committee, and any items for escalation would be brought to this Committee.

The Committee took **assurance** from the Annual Workplan.

6. STRATEGY / PLANNING

6.1 Proposed Corporate Objectives 2022/2023

The Director of Finance & Strategy advised a discussion on the Strategic Framework took place at the recent Board Development Session, and the proposed corporate objectives link into the framework as an annual output. Each of the corporate objectives will be linked into each of our four NHS Fife strategic priorities, with a relationship to the National Care Programmes.

It was reported that the 25 corporate objectives, as detailed in the paper, will support moving forward with aspects of our vision against our strategic priorities already agreed. The expectation is that a large number of corporate objectives will feature on the agenda of the Clinical Governance Committee in terms of progress throughout the year and that this may require some additional adjustments to the workplan to ensure they are presented at the appropriate time. Some other corporate objectives will also feature on the Staff Governance Committee and Finance, Performance & Resources Committee. It was noted each Committee will examine the corporate objectives from a specific perspective.

It was advised that Executive Leads have been identified for each of the corporate objectives, and they will be in discussion with the Executive Directors' Group in terms of who will have key contributing roles and supporting roles. Each corporate objective will be delivered as a collaborative effort.

The Director of Health & Social Care informed the Committee of the priority areas that sit under the Health & Social Care Partnership and will involve collaborative working;

Refresh Mental Health Strategy, Delivering Home First, Integrated and Primary Care Strategy and pace of delivery within the localities of Fife.

The Director of Acute Services advised that the corporate objectives within Acute Services require collaborate working in terms of achieving the objectives. The objectives reflect our position at this phase of the pandemic, and learnings from the pandemic in terms of remodelling our emergency department to cope with new levels of demand, how we can offer more interfaced care, early discharges, and recovery and remobilisation of our Elective Care Programme.

Following a question from A Wood, Non-Executive Member, the Director of Finance advised the BAF as it currently stands, does not reflect only corporate level risks, and includes operational risks. The Corporate Risk Register, that will replace the BAF, will reflect anything that could threaten delivery against corporate level objectives. It was noted that risk that is managed on a daily basis is at an operational level.

M Black, Non-Executive Member questioned the definition of Data Loch and was advised that this is the big data project that is a collaboration between Health Boards and Universities. NHS Fife and the Health & Social Care Partnership are in collaboration with the Data Loch team. Updates on Data Loch will be provided to the Committee in due course.

The Committee **considered** and **endorsed** the corporate objectives.

6.2 Emergency/Resilience Planning

The Consultant in Dental Public Health, Emma O'Keefe joined the meeting and provided a verbal update on emergency/resilience planning. The findings from the recent Internal Audit Report indicated the resilience arrangements across NHS Fife were not functioning with effectiveness and resilience. This was identified from within the strategic audit planning process as a high risk due to limited assurance.

It was advised a full system review will be undertaken this financial year as part of the Internal Audit Plan. Key issues and actions will be taken forward with priority. An update on timelines will be provided out with the meeting.

Action: Director of Public Health

A Head of Resilience was appointed on 7 March 2022, and it was reported that they are currently working on a status report for NHS Fife which will be shared with the Committee at the July meeting. It was advised that there is a new Emergency, Preparedness, Resilience & Response Hub which was established on the NHS Fife intranet at the end of March 2022. A business planning review is currently underway across NHS Fife, and Business Continuity Plans are being checked and refreshed across all departments; Business Continuity training is being offered to staff too. It was noted recent testing was undertaken by the Scottish Ambulance Service.

The Director of Finance advised full resilience planning has been ongoing on a daily basis over the pandemic, and an additional paragraph has been requested to be added to the internal audit report to reflect and give this more context.

Following a question from A Wood, Non-Executive Director, it was advised the Major Incident Plan will be included in the report at the July Committee meeting. to the Committee at the July meeting. Did we agree this? I think this sits with Acute CGC

The Associate Director of Digital & Information advised a Resilience Workshop on Cyber Security has been scheduled and will inform an update to the Committee in due course.

The Committee took **assurance** from the update.

6.3 Governance of Advanced Practitioners

The Director of Nursing advised that the Governance of Advanced Practitioners paper focusses on Advanced Nurse Practitioners and update was provided, as detailed in the paper.

Following a question from S Braiden, Non-Executive Member it was advised it will be ensured that clinical supervision is very much part of the support of Advanced Nurse Practitioners. It was noted clinical supervision is not mandated.

The Director of Pharmacy & Medicines advised that close working is ongoing around the governance of non-medical prescribing and other areas. The paper describes the beginning of the work for the Advanced Nurse Practitioners, and this will expand to other professional groups.

M Black, Non-Executive Member questioned if there is a financial risk with Advanced Nurse Practitioners. It was reported that developments are ongoing, and business cases will be developed going forward. It was noted the needs of the service will be identified before any posts are put in place.

Following a question from A Wood, Non-Executive Director on the timelines, it was advised work in advance practice has been ongoing for a few years. It has been identified through the work that clinical supervision is not as robust as it should be, and non-clinical time needs to be built in and developed slowly as we move forward. Work is currently ongoing nationally around the Advanced Nursing Practitioner role and it was reported that there are no concerns within NHS Fife, and we are on track with timelines.

The Director of Nursing confirmed that when the publication of a Scottish Government Transforming Roles for Advancing Practice in the Allied Health Professions is received, a paper will come back to the Committee. (Further reports will be brought back to the Committee throughout the year for assurance.)

It was noted that the implementation of a separate uniform for Advance Nursing Practitioners is being taking forward, and this will denote to members of the public and staff.

The Committee took **assurance** from the Governance of Advanced Practitioners paper.

6.4 Early Cancer Diagnostic Centre (ECDC) Report

The Medical Director provided an update and advised that NHS Fife is one of three pilot sites, and funding is available for another year. The ECDC will become an important

part of recovery of cancer services moving forward. It was noted the ECDC is not a centre and is a pathway, and work is underway to define the terminology.

It was highlighted that around 40% of patients are not diagnosed through the existing urgent suspicion of cancer (USC) pathway in Scotland, and that the ECDC may capture more of these patients.

The referral pathway was outlined, and it was noted that there may be reasons why the ECDC pathway is not used.

It was reported that the assessment of the ECDC is being carried out by Strathclyde University, and that patients are being asked to complete an evaluation form with findings published in due course. It was noted there has been some excellent feedback to date.

Following a question from the Chair, the Director of Health & Social Care advised that there is support from MacMillan Cancer Support which is ongoing, and the support will be integrated into the pathway as a partnership approach. Updates will be provided to the Cancer Strategy Group.

Following a question from A Wood, Non-Executive Member, the Medical Director advised that through ECDC it is expected that the number of tests and radiology that people receive could be reduced by avoiding multiple opinions and reviews.

M Black, Non-Executive Member questioned the patient navigator and was advised that this is provided for assurance to patients to move through the processes seamlessly.

It was reported there is too small a sample size to conclude the differential in males and females who have completed the ECDC pathway.

The Committee took **assurance** from the Early Cancer Diagnostic Centre (ECDC) Report.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Nursing provided an overview on the Clinical Governance measures and advised that the target for inpatient falls has been achieved locally. Work continues across Acute Services and the Health & Social Care partnership to improve pressure ulcer care, which has not yet reached the local target. It was advised that the measures will be closely monitored.

The Committee took **assurance** from the IPQR.

7.2 Progress on Annual Delivery Plan (RMP4) 2021/2022

The Associate Director of Planning & Performance provided an update on the progress of the Annual Delivery Plan (RMP4) for 2021/2022 and advised that the paper covers three related documents: Update on the actions from the RMP4, Winter Review Document and Winter Monitoring Report.

The status of the actions from the RMP4 were highlighted and it was noted that the majority of actions are on track, or the target has been met. Incomplete actions that have not been met will be carried forward. Guidance for next year has been received from the Scottish Government, and it was reported that the majority of the work has already been carried out through the Strategic Planning Resource Allocation (SPRA) process. The key actions for delivery through 2022/2023 from each of the Directorates has been considered, and this has also been reflected in the corporate objectives.

Following a question from M Black, Non-Executive Director it was advised that increasing beds in wards will be influenced by national guidance around the Infection Control Manual and from our Infection Control Department colleagues. The Director of Health & Social Care noted that there is a demand in our system which is affecting the number of available beds, and this is monitored closely between the Health & Social Care Department and Acute Services.

The Committee:

- Took **assurance** from the progress of deliverables within Joint Remobilisation Plan 4 (RMP4)
- Took **assurance** from the lessons learned from Review of National Response to Winter 2021/22
- Took **assurance** from the performance in the Winter Report 2021/22 – Data to March 2022

7.3 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing provided an update on the HAIRT and advised the report covers the previous quarter and highlighted the main areas within the report.

Following a question from A Wood, Non-Executive Director, the Director of Nursing agreed

Action: Director of Nursing

A Wood, Non-Executive Director praised staff noting that high occupancy has had no impact on infection & control.

The Committee took **assurance** from the HAIRT.

8. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

8.1 Patient Experience & Feedback Report

The Director of Nursing provided an update on the Patient Experience & Feedback Report and outlined the key points from the report.

The Recovery & Improvement Plan describes the work being taken forward to understand and improve the patient experience. The plan also describes how we are redesigning the Patient Relation Service to improve complaints handling. Workload is also being analysed, including length of time to draft responses to complaints. Updates on the Recovery & Improvement Plan will be provided to the Committee.

The new format for the Quarterly Reports that come to the Committee was highlighted, and it was advised that the report will be iterative and will include more detail on complaints. The Director of Nursing advised including staff experiences and stories to the report is being explored.

The contents of the Quarterly Report were outlined.

It was reported complements are recorded on Datix and not all department services use the system, and it is hopeful to encourage sight to the complement reports as we progress with the revised Quarterly Reports.

It was noted an update on adverse events will be added to the Quarterly Report.

The Committee took **assurance** from the Patient Experience & Feedback Report.

9. ANNUAL REPORTS

9.1 Radiation Protection Annual Report

The Medical Director advised the Radiation Protection Annual Report is provided to the Committee for assurance on an annual basis and noted there were no issues to highlight.

The Committee took **assurance** from the contents of the Radiation Protection Annual report.

10. LINKED COMMITTEE MINUTES

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

10.1 Acute Services Division Clinical Governance Committee Update

10.2 Minutes of the Area Clinical Forum held on 7 February 2022 (confirmed) & 7 April 2022 (unconfirmed)

10.3 Minutes of the Area Medical Committee held on 8 February 2022 (unconfirmed)

10.4 Minutes of the Area Radiation Protection Committee held on 2 March 2022 (unconfirmed)

10.5 Minutes of the NHS Fife Clinical Governance Oversight Group held on 15 February 2022 (unconfirmed)

10.6 Minutes of the Fife Drugs & Therapeutic Committee held on 9 February 2022 (unconfirmed)

10.7 Minutes of the Fife IJB Clinical & Care Governance Committee held on 4 March 2022 (confirmed)

10.8 Minutes of the Health & Safety Subcommittee held on 11 March 2022 (unconfirmed)

10.9 Minutes of the Infection Control Committee held on 2 March 2022 (unconfirmed)

10.10 Minutes of the Information Governance & Security Steering Group held on 4 March 2022 (unconfirmed)

10.11 Minutes of the Research, Innovation & Knowledge Oversight Group held on 31 March 2022 (unconfirmed)

11. FOR ASSURANCE

11.1 Internal Audit Report B23/22 Resilience - Interim Report

The Committee noted the contents of the report and took **assurance** from earlier discussions. A further paper will come to the Committee in due course.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters/issues to escalate to the Board.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 1 July 2022 at 10am via MS Teams.

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 10 May 2022)

- The Committee considered and endorsed the corporate objectives
- The Committee endorsed the Business Cases for both Kincardine and Lochgelly Health Centres and recommend for Board approval at the end of May 202.

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 10 MAY 2022 AT 09:30AM VIA MS TEAMS

RONA LAING
Chair

Present:

R Laing, Non-Executive Director (Chair)
W Brown, Non-Executive Stakeholder Member
A Grant, Non-Executive Director
A Lawrie, Area Clinical Forum Representative
M Mahmood, Non-Executive Director
M McGurk, Director of Finance & Strategy
A Morris, Non-Executive Director
J Owens, Director of Nursing
C Potter, Chief Executive

In Attendance:

N Connor, Director of Health & Social Care
C Dobson, Director of Acute Services
S Fraser, Associate Director of Planning & Performance
B Johnston, Head of Capital Planning & Project Director *(agenda item 6.4 only)*
N McCormick, Director of Property & Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
B Hannan, Director of Pharmacy & Medicines
P Cumming, Risk Manager *(agenda item 5.5 only)*
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to meeting. Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

The Chair acknowledged the ongoing pressures with services and staff and noted that the organisation is no longer operating under direction of the Scottish Government. It was advised that there has been little change since the restrictions ended in terms of the enormous pressure on services and the impact that is having on our service performance.

It was noted this is the last meeting for R Laing, who is retiring from the Board at the end of May. The Committee warmly thanked R Laing for her service and contribution to the Board and wished her all the very best for the future. A Morris has agreed to take up the position of Chair going forward.

1. Apologies for Absence

Apologies were received from members Dr C McKenna, Medical Director, and Dr J Tomlinson, Director of Public Health.

2. Declaration of Members' Interests

The Chair made a declaration of interest on item 6.4 Kincardine & Lochgelly Health Centres Business Cases, and advised she is presently a patient at Lochgelly Health Centre.

3. Minute of the last Meeting held on 15 March 2022

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 MATTERS

5.1 Finance, Performance & Resources Committee Annual Statement of Assurance 2021/2022

The Head of Corporate Governance & Board Secretary advised that the Committee Annual Statement of Assurances are issued to the Audit & Risk Committee and the Board on a yearly basis to demonstrate that the Committees, via its various meetings, has addressed all aspects of the remit. A Morris, Non-Executive Member, agreed the report has the right level of detail to provide appropriate assurance on the items covered by the Committee in the past year.

The Committee **approved** the paper, for final sign-off by the Committee Chair and submission to the Audit & Risk Committee.

5.2 Board Assurance Framework (BAF) – Financial Sustainability

The Director of Finance & Strategy advised that the version of the BAF presented to the Committee will be replaced with a new corporate risk register from June 2022.

The BAF reflects the year-end financial position as of 31 March 2022, subject to external audit of the financial statements in July 2022.

It was reported that the moderate risk score reflects the in-year financial position. The creation of an additional corporate level finance risk which describes the level of risk on securing financial sustainability over the more medium-term is being progressed for the new corporate risk register.

The Committee took **assurance** from the content of the Board Assurance Framework.

5.3 Board Assurance Framework – Strategic Planning

The Director of Finance & Strategy advised that the BAF reflects the year-end position, and the risk level remains at moderate. It was highlighted that this risk is expected to

reduce as we progress through the milestone plan activity in terms of the strategy development.

It was reported all the Directorates are reviewing content within the existing BAFs in advance of transitioning to the new corporate risk register.

The creation of an additional corporate level risk in this area which describes the level of risk associated with the successful implementation of an impactful new strategy is being progressed for the new corporate risk register.

The Committee took **assurance** from the content of the BAF and **approved** the current position in relation to the Strategic Planning risk of Moderate.

5.4 Board Assurance Framework – Environmental Sustainability

The Director of Property & Asset reported that the environmental sustainability risk remains high and will remain so until the commissioning of the new Fife Orthopaedic Elective Centre completes by the end of 2022.

The recommendations identified within the Internal Audit Internal Control Evaluation in terms of delivery of the Property & Asset Management Strategy (PAMS) and capital programme will remain on the corporate risk register until it can be demonstrated that the risks have been appropriately mitigated through delivery of the new Fife Orthopaedic Elective Centre.

The Committee took **assurance** from the content of the Board Assurance Framework.

5.5 Risk Management Improvement Programme Progress Report

The Risk Manager joined the meeting to speak to the paper, in terms of the development of the strategic risk profile, it was reported that work is underway to include climate change and equality risks. Risks for inclusion within the corporate risk register are currently being identified with a view to concluding that work by the end of May 2022. It was reported a risk dashboard is under development and will become a feature of the IPQR going forward. It was also reported the escalation process is under review around risks and how those are managed.

The Director of Nursing informed the Committee that the process has been very positive, in terms of nursing, quality & control and governance.

The Chair requested more detail on governance and asked if the dashboard will be presented to each Board Committee. In response, it was advised that the risks within the corporate risk register will be assigned and be specific to each Committee. It was advised the IPQR will include all the risk management information from each Committee. It was also advised the positive aspects of the Board Assurance Framework will be retained and some of the more extraneous information that does not necessarily support understanding will be removed.

The Chief Executive added that the work that has been carried out has been very positive and reported that a meaningful assessment of our risks and how it connects overall to all the work that we do will be presented to Committees going forward, which will provide greater assurance.

The Risk Manager and team were thanked for all their hard work.

The Committee took **assurance** from this update on the plan to refresh and improve the Risk Management Framework.

5.6 Review of General Policies & Procedures

The Head of Corporate Governance & Board Secretary introduced the report which is presented to the committee twice a year for assurance purposes.

It was reported that good progress has been made since the last report to the Committee. A General Policies and Procedures Guidelines Pack has been developed and a workplan established, which will enable a more proactive approach to reviewing policies & procedures. The Board Committee Support Officer noted that these documents will be available to staff through Stafflink in the coming weeks. It was advised that more work is required to reduce the backlog, particularly for procedures. The current pressures on staff were highlighted which has had an impact on progress in reducing the backlog.

A Morris, Non-Executive Director, suggested deadlines for completion for the outstanding policies & procedures. The Head of Corporate Governance & Board Secretary agreed and noted a discussion would be required on the escalation route internally in the first instance. It was also noted that some of the policies are part of the wider work that is ongoing, such as the Risk Management Improvement Programme.

It was reported an electronic system would have benefits across the organisation, and discussions are still underway on how this could be addressed.

The Committee took **assurance** from the contents of the report.

5.7 Review of Annual Workplan

The Head of Corporate Governance & Board Secretary reported that the Annual Workplan will be provided to each meeting as a tracked version. It was advised that the tracked workplan would be for information and noting at future Committee meetings.

The Committee **approved** the annual workplan.

5.8 Committee Development Sessions Programme 2022/23

The Director of Finance & Strategy spoke to the paper.

A Morris, Non-Executive Member, requested a timetable for the development sessions, and it was advised that timings will be aligned to the milestone plan for strategy development. The Director of Finance & Strategy will take forward a suggested timetable, and this will brought be back to the next meeting incorporated into the annual workplan.

Action: Director of Finance & Strategy

The Committee reviewed and **approved** the proposed development session topics for 2022/23, recognising that this may iterate over the course of the year.

6 STRATEGY / PLANNING

6.1 Corporate Objectives 2022/2023

The Director of Finance & Strategy advised that the corporate objectives align with the strategic framework, and progress against those relevant to this Committee will appear as substantive items throughout the year.

The Chief Executive advised that the corporate objectives links together strategic priorities and the outputs from the Strategic Planning Resource Allocation (SPRA) process.

A Morris, Non-Executive Member, welcomed the clarity provided on the direction of the corporate objectives, which provides a better understanding on the delivery of outcomes that we want to achieve.

Discussion took place on communicating the corporate objectives to staff. It was reported that the corporate objectives have been developed through the SPRA process at Directorate level.

W Brown, Employee Director, emphasised that not all staff will be aware of what the corporate objectives are and the importance of them. It was advised that comms and staff engagement will be carefully considered and include clear and meaningful explanations to groups of staff and individuals. It was noted there is an opportunity at the next stage of the strategy development to present the corporate objectives aspects to the wider organisation and provide opportunities for staff input and discussion.

The Chief Executive thanked the Director of Finance & Strategy and the Director of Workforce, for the work in reaching the current position and noted that the corporate objectives have been discussed in detail with the Executive Directors' Group.

The Committee considered and **endorsed** the corporate objectives.

6.2 Fife Capital Investment Group Report 2022/2023

The Deputy Director of Finance highlighted the main points from the report.

The Committee took **assurance** from the Fife Capital Investment Group Report 2022/2023

6.3 Orthopaedic Elective Project

The Director of Nursing spoke to the paper.

Following a question from A Morris, Non-Executive Director, on recruitment for the new build, an update was provided, and it was noted that there are no issues at this time.

The Chief Executive noted that staff transferring to the new build will be supported with the transition. W Brown, Employee Director, noted that there may be issues with the transition of theatre staff, and the Director of Nursing advised that this will be considered during the recruitment process.

The Committee took **assurance** from the update on the Orthopaedic Elective Project.

6.4 Kincardine & Lochgelly Health Centres Business Cases

The Head of Capital Planning & Project Director spoke to the key points on the Kincardine & Lochgelly Health Centres Business Cases.

A Morris, Non-Executive Member, questioned the involvement with Forth Valley Health Board on the Kincardine Centre and was advised that the Health & Social Care Partnership are in discussions and engaging with Forth Valley Health Board as they will provide the General Practitioner (GP) services and that NHS Fife will provide all other services within the centre.

The Director of Property & Asset Management supported the business cases and noted that they align well with the primary care premises strategy work that is ongoing.

Following a question from the Chair on the action list in relation to the IT & digital elements of the project, it was advised that the buildings will be flexible to accommodate a range of IT initiatives. Discussions are ongoing with Digital & Information and the Health & Social Care Partnership, and a subcommittee has been formed with various stakeholders. It was reported that the IT & digital elements will be incorporated through the full business case process, and the action list will be updated accordingly.

The Committee **endorsed** the Business Cases and recommended for Board approval at the end of May 2022.

7 QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

Acute Services

The Director of Acute Services provided an update on operational performance which has experienced unprecedented levels of demand from an unscheduled care perspective. The operational performance does however benchmark favourably against other Health Boards in Scotland. A focus continues on clinical prioritisation and maintaining this current level of service in demanding circumstances.

Health & Social Care Partnership

The Director of Health & Social Care Partnership advised delayed discharge continues to be report to the Finance, Performance & Resources Committee, with the other targets now reported to the Public Health & Wellbeing Committee.

It was advised that this period of reporting reflects an incredibly challenging time with very high number of ward closures, community ward closures and care home closures which has had a significant impact on flow. Significant pressures in relation to workforce was also reported.

It was noted that the Health & Social Care Partnership and Acute Services teams are working closely together on the pressures being experienced. Assurance was provided that there has been a significant improvement in delays and total delays in Fife, which

is reflected in the national data. It was noted delays is a national challenge and remains a priority for NHS Fife.

Finance
The Deputy Director of Finance provided an update on the revenue expenditure and noted that in-year targets have been met and are now subject to external audit.

It was reported the final tranche of Covid monies was received in February 2022, unallocated funding from this allocation will be carried forward by the Integration Joint Board (IJB) in a reserve for 2022/23.

Following a question from the Chair on the Covid reserve, the Deputy Director of Finance advised discussions have commenced with the Chief Financial Officer (CFO) on appropriately earmarking for Health Board delegated costs against this reserve.

The Committee took **assurance** from the Integrated Performance & Quality Report

7.2 Progress of Annual Delivery Plan (RMP4) 2021/2022

The Associate Director of Planning & Performance provided an update on the progress of the Annual Delivery Plan (RMP4) for 2021/2022 and advised that the paper covers three related aspects: Update on the actions from the RMP4, Winter Review Document and Winter Monitoring Report.

The status of the actions from the Annual Delivery Plan were highlighted and it was noted that the majority of actions are on track, or the target has been met. Incomplete actions that have not been met will be carried forward into the annual delivery plan for 2022/23.

Guidance from the Scottish Government has been received for the 2022/23 Annual Delivery Plan (which will replace the RMP).

The Committee took **assurance** from:

- The progress of deliverables within Joint Remobilisation Plan 4 (RMP4)
- The lessons learned from Review of National Response to Winter 2021/22
- The performance in the Winter Report 2021/22 – Data to March 2022

8 LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

8.1 Minute of Fife Capital Investment Group, dated 9 March 2022
8.2 Minute of Pharmacy Practice Committee, dated 18 March 2022

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary.

9.2 Chair's comments on the Minutes / Any other matters for escalation to

NHS Fife Board

The Chair and Director of Finance & Strategy will discuss any issues to be escalate to the Board.

10. ANY OTHER BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 12 July 2022 at 9.30am via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 16 May 2022)

No issues were raised for escalation to the Board.

Public Health & Wellbeing Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 16 MAY 2022 AT 10AM VIA MS TEAMS

Present:

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

In Attendance:

R Bennett, Health Promotion Service Manager *(agenda item 8.2 only)*
N Connor, Director of Health & Social Care
G Couser, Associate Director of Quality & Clinical Governance *(agenda item 5.2 only)*
B Davis, Head of Primary & Preventative Care *(agenda item 6.7 only)*
S Fraser, Associate Director of Planning & Performance
G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormick, Director of Property & Asset Management
F Richmond, Executive Officer to the Chief Executive & Board Chair
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

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

2. Declaration of Members' Interests

R Laing, Non-Executive Member, declared an interest on item 6.7 Kincardine & Lochgelly Health Centres Business Cases, advising she is presently a patient at Lochgelly Health Centre.

3. Minutes of Previous Meeting held on Tuesday 8 March 2022

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

4. Matters Arising / Action List

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

4.1 Primary Care Governance and Oversight

The Committee thanked all the team involved for their hard work, noting the update provided in the paper on Primary Care governance arrangements.

The Committee took **assurance** from the proposal for the establishment of a Primary Care Governance and Strategic Oversight Group.

5 GOVERNANCE MATTERS

5.1 Public Health & Wellbeing Committee Annual Statement of Assurance 2021/2022

The Head of Corporate Governance & Board Secretary provided background and advised that the Committee Annual Statement of Assurances are issued to the Audit & Risk Committee and the Board on a yearly basis to demonstrate that the Committee, via its various meetings, has addressed all aspects of the remit. The reports are detailed to provide assurance on individual topics. It was noted for 2021/2022, only part of the year has been reported and the report is briefer than is the case for other committees, reflecting the fact the Committee was only established in October 2022.

The Chair thanked everyone on the progress made since the Committee was established.

The Committee **approved** the Public Health & Wellbeing Committee Annual Statement of Assurance 2021/2022, for final sign-off by the Chair and submission to the Audit & Risk Committee.

5.2 Risk Management Improvement Programme Progress Report

The Associate Director of Quality & Clinical Governance joined the meeting and provided an update. It was advised that the draft Strategic Risk Profile is currently being refined through the engagement sessions that are taking place. Close working has taken place with Senior Leadership Teams in relation to development of the corporate risk register. In addition, a refresh of the escalation and de-escalation process is taking place. It is expected that the first meeting of the Risk & Opportunities Group will take place in August 2022, which will support the new approach to strategic planning.

It was reported work is underway for the requirement of a risk appetite Board statement agreement, and this is expected to conclude at the end of June 2022.

The Committee took **assurance** from the update on the plan to refresh and improve the Risk Management Framework.

5.3 Board Assurance Framework – Strategic Planning

The Director of Finance & Strategy reported that the current risk level has been assessed as moderate and it is expected that this level of risk is likely to reduce over the next 3 to 6 months due to all the work being carried out in relation to creating structures and governance to support our strategy development work. It was also advised that this risk is in relation to the governance of strategy development and, going

forward, a new risk is being drafted in the corporate risk register, for consideration, around the effectiveness of strategy and delivery.

The Committee **approved** the current position in relation to the Strategic Planning risk of Moderate.

5.4 Review of Annual Workplan

The Director of Public Health advised that the workplan will be reviewed periodically throughout the year and will be brought back to the Committee at each meeting for consideration. The workplan will be tracked throughout the year to monitor business of the Committee against our intended annual workplan. Also included are items that are ad-hoc and potential items to be added to the workplan in relation to risk profile changes.

The Chair requested that the Mental Health Strategy Implementation item is not deferred further than July 2022, given the current priorities of focus on mental health.

The Committee took **assurance** from the Annual Workplan.

6 STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy - Public and Staff Engagement

The Director of Nursing reported that a key element of the Population Health & Wellbeing Strategy is having wide engagement with the citizens of Fife, staff and partners.

It was advised that the engagement process commenced in December 2021, with community and colleague conversations, and the results of that engagement has informed the plan for the next phase. It was stressed that the plan will be delivered in collaboration with NHS Fife and the Integrated Joint Board, to connect our health & social care services seamlessly and not duplicate any engagement activity.

It was reported that a second phase of conversations is expected to be delivered over a 12-week period between July and September 2022. It is recognised community engagement is a key component of the strategy. It was also reported that Health Improvement Scotland have published an Equality Framework for Engagement & Participation and this, and a number of other tools, will be used going forward to inform the strategy.

It was advised that the proposed questions will be further developed following discussions with the Health & Social Care colleagues. It was noted the EQIA has been completed.

Following a number of points raised by Committee Members, it was advised that Committee Members' comments will be considered through the process of developing the strategy. It was reported that Focus Groups will take place, which will discuss reaching out to other subgroups within the population. The EQIA sets out differential needs with our engagement groups, and the Public Health Team will be working with some of these groups, particularly children & young people. It was also advised that

Locality Workers in the Health & Social Care Partnership will be engaging with the harder-to-reach communities directly. Initial discussions have commenced with the voluntary sector to support reaching specific groups. The Chair highlighted that some groups are self-selecting, and to take this into consideration.

Committee members discussed the benefits of open-ended and positive-framed questions. The Chair requested that the external facilitator is fully briefed on the format of the questions and the particular local needs of Fife that the strategy is seeking to address.

The Committee:

Approved and **noted** the public and staff engagement plan for the Population Health and Wellbeing Strategy and progress made.

Approved and **supported** the proposal to engage an external facilitator to deliver the engagement plan.

6.2 Corporate Objectives 2022/2023

The Director of Finance & Strategy advised that the corporate objectives link into the strategic framework, and some of the objectives will feature at this Committee as substantive items. It was also advised the objectives will form the core of the transitional plan 2022/2023.

Two proposed late changes were outlined; corporate objective 12 and 14, which sit more appropriately under 'To Improve Health & Wellbeing' strategic area.

It was advised that the corporate objectives were on the agenda at other Committees for this cycle of meetings, and the Chair requested that this is detailed in cover papers going forward for clarity.

The Committee **considered** and **endorsed** the corporate objectives for onward approval at the Board.

6.3 Anchor Institution Programme Board and Community Benefit Gateway

The Director of Public Health advised that since April 2021, a lot of progress has been made on Anchor Institutions, however, progress was slightly slower than originally expected due to the impact of the pandemic. The progress made and next steps were outlined, as detailed in the paper. It was advised that the Scottish Government have not provided timelines, which is positive in terms of the pace of developing the Anchor Institutions.

It was noted that Community Benefit Gateway will also support our ambition, and it is a national initiative which Fife is taking part in.

The Chief Executive provided an outline on the detailed discussions which took place at the recent national Chief Executives meeting and the Place and Wellbeing Programme Board. It was reported that the Anchor Institutions and Health Boards commitment to it will form a foundation as part of the annual delivery plans to be

submitted in July 2022. The Chief Executive provided assurance that work is ongoing in terms of embedding the Anchor approach, and ensuring it becomes part of our core business.

Following a question from the Chair, it was advised that there is work ongoing in terms of a national procurement guidance, and a National Procurement Workstream, which the Government is leading on, is taking this forward. To date, the guidance has not been received and it was reported that we will continue to do what we can locally around procurement, employability and initiatives with direct impact on the citizens of Fife.

It was noted that there has been no critical or short supply of medicines due to Brexit, and that this is being monitored closely.

The Committee **considered** and **discussed** the contents of the paper and those areas of business included in development as an Anchor Institution.

6.4 Mental Health Estate Re-Design Programme

The Medical Director provided an update on progress to date and reported that engagement has been, and continues to be, a key aspect of the programme.

The key elements of work facilitating completion of the initial Agreement (IA) was outlined, and it was noted that the programme is in the very early stages.

The Chair highlighted the importance of communication around the programme. Following a question, it was advised communication, at this time, does not include an approach to those who are visually impaired or hard of hearing. The Medical Director agreed to raise this point about the consultation.

The Chair agreed with the Chief Executive that at the next MSPs' meeting, an update would be provided to MSPs on the programme.

The Committee took **assurance** from the Mental Health Estate Re-Design Programme.

6.5 Implementation of the Immunisation Strategic Framework/Governance Assurance

The Director of Health & Social Care spoke to the paper, summarising its content.

The Committee:

- Took **assurance** regarding the implementation of the strategic framework and the plans being progressed to ensure the four priorities are achieved, with assurance of an effective governance structure and commitment to an ongoing evaluation and review within the transition period agreed.

- Took **assurance** regarding safe and effective delivery supported by effective governance arrangements in line with the national issues communicated.

6.6 Briefing Paper on NHS Scotland Policy for Climate Emergency and Sustainable Development

The Director of Property & Asset Management joined the meeting and spoke to the key points on the Briefing Paper on the NHS Scotland Policy for Climate Emergency and Sustainable Development. The action areas and themes within Appendix 1 were highlighted, and the proposed governance arrangements within Appendix 2 were outlined.

R Laing, Non-Executive Member, commented that there is a strong link with the action areas / themes and the existing work of the Fife Health Charity, who may be able to support in some areas.

The Chief Executive advised that the Annual Delivery Plan for 2022/2023 will include climate sustainability as a common thread.

The Committee took **assurance** and **approved** the governance arrangements and approach to resourcing in order to support the formulation of the plan to develop NHS Fife's approach to the Policy and Strategy.

6.7 Kincardine & Lochgelly Health Centres – Outline Business Cases

The Head of Primary & Preventative Care joined the meeting and provided an update on the service model that will be delivered within the Kincardine & Lochgelly Health Centre developments. It was advised that there has been a large amount of early engagement over the previous months, which has informed a service schedule of accommodation and was developed alongside the design of the building. The model, as it stands, is based on primary care improvement and having a multi-service approach. It was reported a project outline is being developed, along with a high level project plan, and the aim is to have a finalised model, for approval, by March 2023.

The Director of Public Health highlighted the main challenges faced in the previous year. It was reported the outline business cases have been scrutinised through the Fife Capital Investment Group (FCIG) and the Portfolio Board, and there has also been external scrutiny of costings.

M Black, Non-Executive Member, questioned if the model could be replicated in Health Centres that NHS have responsibility for. It was advised that a primary care strategy is being developed for Fife and will outline our ambition for primary care locally and will also sit alongside the national priorities around primary care improvement. The strategic approach was described.

The Committee **endorsed** the Business Cases to allow for development of both Full Business Cases in advance of the construction delivery.

7 QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Finance & Strategy introduced the IPQR and advised that although performance levels are lower than pre-Covid levels, NHS Fife is benchmarked favourably against other Health Boards in Scotland.

The Director of Health & Social Care noted that there is a delay in reporting for the smoking cessation due to it being a 12-week programme that is undertaken. It was reported that the majority of services continue to be delivered remotely, and the translation services have also been available during this time. The team are exploring ways in moving the services, where possible, to face-to-face. A fuller report will come back to this Committee at the July meeting on smoking cessation and prevention work.

An update was provided on CAHMS performance, recruitment and workforce development. The key points from the Psychological Therapies performance were provided.

Concern was raised on the lower levels of performance, and it was advised that a list of improvement actions are now included within the report, and that those areas of low performance are a priority.

The Committee **discussed** and took **assurance** from the report.

7.2 Test & Protect Update

The Director of Public Health spoke to the paper and advised that this will be the last regular stand-alone report to the Committee on Test & Protect. Future updates, when available, will be provided to the Committee on the future national surveillance programme.

The Chair thanked the Test & Protect Team for all their hard work over the pandemic period.

The Committee took **assurance** from the test & protect update.

7.3 Flu Vaccine & Covid Vaccine (FVCV) Programme Delivery Update

The Director of Health & Social Care highlight the key points from the paper.

M Black, Non-Executive Director, questioned if there could be an opportunity for media coverage around the total number of vaccinations that have been given. It was advised that this will be highlighted at the next Board meeting, which the media are in attendance for.

The Committee took **assurance** of the progress achieved and updated information regarding the programme and ongoing developments in the approach.

7.4 Progress of Annual Delivery Plan (RMP4) 2021/22

The Associate Director of Planning & Performance provided an update on the progress of the Annual Delivery Plan (RMP4) for 2021/2022 and advised that the paper covers three related documents: Update on the actions from the RMP4, Winter Review Document and Winter Monitoring Report.

The status of the actions from the Annual Delivery Plan were highlighted and it was noted that the majority of actions are on track, or the target has been met. Incomplete

actions that have not been met will be carried forward into this year's annual delivery plan.

Guidance from the Scottish Government has been received for the 2022/23 Annual Delivery Plan (which will replace the RMP) and is due to be submitted by the end of July 2022.

The Committee:

- Took **assurance** from the progress of deliverables within Joint Remobilisation Plan 4 (RMP4)
- Took **assurance** from the lessons learned from Review of National Response to Winter 2021/22
- Took **assurance** from the performance in the Winter Report 2021/22 – Data to March 2022

8 ANNUAL REPORTS

8.1 Director of Public Health Annual Report 2020/2021

The Director of Public Health spoke to the report.

The Medical Director highlighted that further discussion and research is required on the impact of the previous two years due to Covid, and the future impact of the cost of living situation, on the health of the population. It was noted that the Fife Health Charity may be able to support with funding for any research projects.

R Laing, Non-Executive Member, noted it would be helpful to see improvements and deterioration in areas within the report.

The Chief Executive advised that actions will be developed through the strategy milestone plan and work.

The Committee **considered** the emerging issues set out within the Director of Public Health Annual Report and **endorsed** the future opportunities listed for each priority.

8.2 Health Promotion Service Annual Report 2021/2022

The Health Promotion Service Manager joined the meeting and spoke to the report.

The Committee took **assurance** from the work undertaken by Fife Health Promotion Service during 2021/22 to support delivery of strategic priorities and public health priorities for the people of Fife and the priorities for 2022/23.

9 LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

9.1 Minutes of the Population Health & Wellbeing Portfolio Board held on 17 March 2022 (unconfirmed)

9.2 Minutes of the Public Health Assurance Committee held on 9 February 2022 (unconfirmed) & 6 April 2022 (unconfirmed)

10 ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Monday 4 July 2022 at 10am via MS Teams.

NHS FIFE STAFF GOVERNANCE COMMITTEE MEETING

(Meeting on Thursday 12 May 2022)

1. Current sickness absence rates of 5.59% in March and 5.14% in April 2022 respectively. COVID-19 absence rates of 3.69% in March and 2.46% in April 2022 respectively.

2. In terms of the IPQR:

   - While there was an increasing trend in sickness absence during 2021 / 2022, the rate of 5.63% in February 2022 was a reduction of 0.30% from the rate of 5.93% in January 2022. The average rate for the financial year to February 2022 is 6.06%. This is an increase of 0.96% in the average rate during the same period of the previous financial year.

     Given continuing workforce pressures and service challenges (and the current actions and mitigations in place), it was noted that a reduction in sickness absence levels to meet the HEAT standard will not be achieved in the current financial year, despite the range of actions and support services in place to support a reduction in sickness absence.

   - It was also noted that COVID-19 related absence rates were 3.68% in January 2022 and 2.79% in February 2022, increases from the December 2021 position of 2.13%.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 12 MAY 2022 AT 10AM VIA MS TEAMS

Present:

S Braiden, Non-Executive Member (Chair)
W Brown, Employee Director
M Mahmood, Non-Executive Member
S Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF) *(part)*
A Morris, Non-Executive Member
J Owens, Director of Nursing
C Potter, Chief Executive
A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum (LPF)

In attendance:

N Connor, Director of Health & Social Care
P Cumming, Risk Manager *(agenda item 5.3 only)*
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
S Fraser, Associate Director of Planning & Performance *(agenda item 7.3 only)*
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
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
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, noting that P Cumming, Risk Manager, will be attending to speak to agenda item 5.3, Risk Management Improvement Programme Progress Update. It was also noted that S Fraser, Associate Director of Planning and Performance, will be attending to speak to agenda item 7.3, Progress of Annual Delivery Plan (successor to RMP4) 2021/2022.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair acknowledged that the Emergency Footing ceased across NHS Scotland on 30 April 2022 and expressed the Committee's sincere thanks to all colleagues for their efforts during this continued period of extended pressure and very challenging levels of activity.

1. Apologies for Absence

Apologies for absence were received from member K Macdonald (Whistleblowing Champion & Non-Executive Member) and attendee K Berchtenbreiter (Head of Workforce Development & Engagement).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 3 March 2022

The minutes of the last meeting were **agreed** as an accurate record.

4. Matters Arising / Action List

There were no matters arising.

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

5. GOVERNANCE / ASSURANCE

5.1 Draft Staff Governance Committee Annual Statement of Assurance 2021 – 2022

The Head of Corporate Governance & Board Secretary provided background and advised that the Committee Annual Statement of Assurances are issued to the Audit & Risk Committee and the Board on a yearly basis, to demonstrate that the Committees, via their various meetings, has addressed all aspects of the remit. The reports are detailed to provide assurance on individual topics covered during the course of the year.

The Chair requested that any further comments be submitted directly to the Head of Corporate Governance & Board Secretary via email, and should any further amendments be made, a revised draft would then be circulated to members for final approval.

The Committee **approved** the Annual Statement of Assurance (subject to members' comments regarding any amendments necessary), for final sign-off by the Chair and onward submission to the Audit & Risk Committee.

5.2 Board Assurance Framework (BAF) – Workforce Sustainability and Linked Operational High Risks Update

The Director of Workforce spoke to the BAF and advised that there are a few minor changes to the content of the BAF, which are tracked in Appendix 1. It was confirmed that there are no new linked operational high risks. The review of content of this BAF will be taken forward in line with the Risk Management Improvement Programme work.

S Fevre, Co-Chair, Health & Social Care LPF, questioned how to recognise improvements within the content of the BAF, in relation to risks facing services, and noted that staff do not feel there have been any improvements. The level of

assurance within the BAF was also questioned, given the ongoing high levels of activity facing clinical staff. The Director of Workforce advised that the BAF is only one aspect of providing assurance and agreed that there is a high level of pressure within the system, which is due to staff capacity. The work that is ongoing to address the staffing capacity issues was outlined, and the supply issue in terms of the general labour market in NHS Scotland was highlighted.

The Director of Finance & Strategy described the purpose of the BAF, noting that it is intended to provide assurance on the risk levels associated with workforce sustainability and to ensure these are recorded at the right level. It was reported that it is recognised in the BAF that workforce sustainability remains a high risk area, and the purpose of the BAF is to articulate, as far as possible, everything that is being done to mitigate that risk.

The Director of Nursing added that care assurance is being considered, as part of the care assurance framework in relation to staff experience, and how that strand of care assurance will be included and be captured within the Board's risk profile. Risks around availability of workforce are also being identified, and discussions are taking place on what else can be done to improve in this area.

Discussion took place on the BAF and its contents. A Morris, Non-Executive Member, highlighted the difficulty in connecting all staff to the work of the BAF, due to the complexity and size of the organisation. W Brown, Employee Director, expressed frustration on the structure and content of the BAF and its relevance to staff generally. It was noted that through the Risk Management Improvement Programme work, the structure and contents of the BAFs are being reviewed. A further update on the risk management improvement work was provided at item 5.3.

Following a question from W Brown, Employee Director, on the definition of the sentence within the paper at point 2.3.2 "This report meets all strands of the NHS Scotland Staff Governance Standard", the Director of Workforce provided an explanation, highlighting this was addressing a previous ask of members, and agreed to clarify the wording in future papers. It was noted that development sessions are being arranged, in order to brief members on each strand of the Staff Governance Standard and how the Committee's workplan and agenda items relates.

Action: Director of Workforce

The Committee took **assurance** from the content of the report, including the current risk ratings for the Workforce Sustainability elements of the BAF.

5.3 Risk Management Improvement Programme Progress Update

P Cumming, the Board Risk Manager joined the meeting and spoke to the key points within the Risk Management Improvement Programme Progress Report and the approach on moving forward with risk management arrangements for NHS Fife. It was noted that the previous discussion on the relevance of the BAF highlighted the need to review the current approach.

In terms of the development of the strategic risk profile, it was reported that work is underway to include climate change and health & equalities risks. It was advised that there is an intention to move some components from the Board Assurance Framework and create a corporate risk register. It was reported that a risk

dashboard is under development and will become a feature of the Integrated Performance & Quality Report (IPQR) going forward. It was also reported that the escalation process is under review around risks and how those are managed.

A Morris, Non-Executive Member, commended the progress of the risk management improvement programme and thanked all those involved. W Brown, Employee Director, agreed, though highlighted the challenges in meeting the stated timescales detailed in the programme summary.

The Director of Finance & Strategy agreed to circulate an example of the new risk dashboard for members' feedback.

Action: Director of Finance & Strategy

The Committee took **assurance** from the update on the plan to refresh and improve the Risk Management Framework.

5.4 Staff Governance Standard – Update on Equality, Diversity and Human Rights including Equality, Inclusion & Diversity Report

The Director of Nursing and Head of Workforce Planning & Staff Wellbeing presented on the Staff Governance Standard by providing an update on Equality, Diversity and Human Rights.

W Brown, Employee Director, raised a question on behalf of S Fevre, (who had to leave the meeting for a short period of time) regarding the BAME (Black, Asian & minority ethnic) network and lack of involvement. Head of Workforce Planning & Staff advised that agreement has been made with the co-chairs to reinvigorate the BAME network during the course of 2022 and progress with actions that group members feel are important. It was noted it was not intended to be an NHS Fife Management led group.

Following a question from A Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates LPF regarding the lack of self reported staff data within the Equality, Inclusion & Diversity Report, and ways to get people engaged with providing this information, the Head of Workforce Planning & Staff Wellbeing advised that this will be encouraged in the new communication plan and discussions have taken place with the new Equality & Diversity Lead Officer, on ideas to promote to staff. It was noted it will become mandatory for new starts to complete this information, albeit there will be an option to 'prefer not to say'.

The Committee took **assurance** from the update provided in respect of Equality, Diversity and Human Rights and the ongoing work in this area.

5.5 Whistleblowing Quarter 3 Report

The Head of Workforce Resourcing & Relations spoke to the Whistleblowing Quarter 3 Report. It was noted that a third online training module has been added on whistleblowing for managers who are responsible for recording and reporting. Future reports will include data on the completion rates of that module.

The Chief Executive advised that the next iteration of this report will also include an acknowledgement on instances where we have been approached by the media for comment on staff concerns raised externally.

W Brown, Employee Director, questioned the timing and frequency of the report, including the training report, noting that there was an opportunity for the Committee to receive more recent data than has been tabled. The Deputy Director of Workforce advised that the training information was added in-year and explained the delay in timings and the internal governance route for the report, prior to its submission to Staff Governance. It was noted that improving the timing of reports being considered via the governance routes will be addressed in the year ahead.

It was noted that there are various routes for staff to raise a concern, and work is ongoing to be more overt in encouraging staff to raise concerns. Further detail on the work publicising the routes for raising concerns was requested, and a brief update was provided. A more detailed update will be brought back to the Committee at a future meeting.

Action: Director of Workforce

The Deputy Director of Workforce reported that the Board had, at their April 2022 Development Session, a vibrant discussion around developing an open and transparent culture. A dedicated morning session was given to discussing issues of culture, including whistleblowing, and feedback from Board members involved had indicated they were very supportive of the processes in place that value staff and the staff voice.

The Director of Nursing added that encouraging staff to use Datix to report any incidents of concern will also support our quality and clinical governance processes.

The Director of Health & Social Care advised that regular walk-arounds are taking place within HSCP, which involves talking informally to individuals, with some issues being addressed immediately. It was also advised that feedback is being collated, utilised and actions created. The importance of face-to-face interaction was noted.

Assurance was provided to the Committee that Datix reporting is strongly encouraged and that it supports resolving individual and organisational issues.

The Committee agreed to take **assurance** from the report at the next meeting, following further discussions to be had outwith the meeting.

Action: Head of Workforce Resourcing & Relations

5.6 Review of Staff Governance Committee Workplan 2022/2023

The Director of Workforce spoke to the report and highlighted the deferred items on the Staff Governance Committee Annual Workplan. For assurance, the Annual Workplan, presented as a tracked version, will go to each future Committee meeting to enable the Committee to clearly track and monitor items that have been considered, carried forward to a future meeting, or removed.

The Head of Workforce Planning & Staff Wellbeing highlighted the provisional dates for the future Development Sessions and thanked those for suggesting discussion topics, noting further suggestions would be welcomed from all members.

W Brown, Employee Director, noted that sickness absence is not a substantive item on the workplan, despite it being a high priority for the organisation, and recommended that this be considered for inclusion. In response, it was advised that sickness absence is an area which is being developed further via data reporting within the IPQR, and that there is also a group having detailed discussions on sickness absence, supporting staff on returning to work, and taking that work forward. The Chief Executive highlighted the governance aspect around the roles and responsibilities of the Committee, noting it was important the Committee took assurance from the ongoing work in this area, but did not become operationally involved in the work itself.

The Committee **approved** the updated Staff Governance Committee Workplan for 2022/2023.

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2022/2023

The Director of Finance & Strategy advised that a discussion on the Strategic Framework had taken place at the recent Board Development Session, and the proposed Corporate Objectives link into the framework as an annual output. Each of the Corporate Objectives will be linked into each of the four NHS Fife strategic priorities, with a relationship to the National Care Programmes.

It was reported that the 25 Corporate Objectives, as detailed in the paper, will support moving forward with aspects of our vision against our strategic priorities already agreed.

The Corporate Objectives will be brought back to the Committee for endorsement and assurance that the process is in place to appropriately create a set of objectives and seeking endorsement on what is being proposed.

The Chief Executive added that communication and staff engagement will be carefully considered and include clear and meaningful explanations to groups of staff and individuals on the Corporate Objectives, to which they can support generally with their own work. Assurance was provided to the Committee that there will be engagement with all staff to communicate the overall organisational objectives and aims.

The Committee **considered** and **endorsed** the Corporate Objectives.

6.2 Draft NHS Fife Three Year Workforce Plan for 2022- 2025

The Head of Workforce Planning & Staff Wellbeing advised that the Three Year Workforce Plan for 2022-2025 will align to the Annual Delivery Plan, Population Health & Wellbeing Strategy and the future NHS Fife Workforce Strategy.

It was reported that the document presented to the Committee is the initial draft for comment, before it is submitted in a final draft to the July Staff Governance Committee and the July Population Health & Wellbeing Portfolio Board for onward submission to the Scottish Government at the end of July 2022. Feedback will then

be provided by the Scottish Government, and revisions will be made prior to publication on the website in October 2022. It was noted that the plan in its current format requires some refining, including more work on the workforce risks.

It was advised that the National Workforce Strategy for Health & Social Care was published in March 2022, and Appendix 1 'Workforce Guidance' was published in April 2022. Consideration is being given to both of those documents in relation to the draft Three Year Workforce Plan for 2022-2025. Other aspects that have been considered in the development of the plan were outlined.

A Morris, Non-Executive Member, commended the work thus far in developing the plan and questioned if there is work ongoing with university graduates to address the gaps in particular specialisms. It was advised that the Scottish Government colleagues would take this forward in terms of the training, structure, and the number of eligible university graduates. It was also advised this was a suggested topic for one of the Workforce Development Sessions in the future for the Committee.

Following a question from A Morris, Non-Executive Member, on addressing the cohorts in terms of the lower and higher end of the age profile, it was reported that this detail will be included within the plan.

W Brown, Employee Director, questioned how we evidence the Fair Work agenda, how international recruitment is progressing, and the short-term review on the skillset and banding of Health Care Support Workers. It was agreed a discussion would take place out with the meeting on these points and an update brought back to the Committee with the Plan's next iteration.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee **supported** the content of the draft Three Year Workforce Plan 2022–2025, prior to approval of the final content at the July 2022 Staff Governance Committee and Population Health and Wellbeing Strategy Portfolio Board meetings, for submission thereafter to the Board and Scottish Government.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Workforce reported that a focus within the IPQR is sickness absence and noted that the data will rise and fall quickly due to a number of factors. It was advised the Scottish Government will review the sickness absence target overall, as part of benchmarking across Boards.

The Committee **examined**, and **considered** NHS Fife performance, with particular reference to the year-end position in terms of staff sickness absence, and noted the improvement work that is being undertaken.

7.2 NHS Fife Workforce Information Overview

The Deputy Director of Workforce highlighted the background to the paper.

It was reported that, in terms of vacancies, we are working towards the provision of establishment gap information, and the most recent publication of the workforce

statistics, which have not been released yet, shows some degree of reduction in job vacancy and recruitment activity. It was also reported that ongoing discussions are taking place with the HR Directors' Network around improvements in this area, involving Scottish Government colleagues. It was noted that colleagues are currently working on addressing the establishment gap, and, through development of the IPQR, an update will be brought back to the Committee.

S Fevre, Co-Chair, Health & Social Care LPF, questioned the range of wellbeing activity being offered and noted that some staff are unable to access activities due to workforce pressures not permitting their release from their core role. It was noted that the Wellbeing Group has planned activity to help address this concern and consideration is being given to a Staff Health & Wellbeing Framework going forward. It was also noted Wellbeing Champions will be introduced to provide local support.

W Brown, Employee Director, noted that the number of employee relations cases has not changed. It was also noted that the timeframes for certain processes to be resolved are lengthy, and that this has a negative effect on staff morale. The Deputy Director of Workforce advised that work is underway to address cases with extended timescales.

M Mahmood, Non-Executive Member, highlighted confidentiality being retained in relation to spiritual care services and noted that feedback is being collated to look at ways to improve these services.

The Committee took **assurance** and **noted** the contents of the NHS Fife Workforce Information Overview report and the related appendices.

7.3 Progress of Annual Delivery Plan (successor to RMP4) 2021/2022

The Associate Director of Planning & Performance joined the meeting and provided an update on the progress of the Annual Delivery Plan (RMP4) for 2021/2022. She advised that the paper covers three related documents: Update on the actions from the RMP4, Winter Review Document and Winter Monitoring Report.

The status of the actions from the Annual Delivery Plan were highlighted and it was noted that the majority of actions are on track, or the target has been met. Incomplete actions that have not been met will be carried forward into this year's Annual Delivery Plan. The key themes from the actions that have not been met were outlined, along with key areas from the Winter Review document. It was reported that the Winter Monitoring Report reflects the current pressures.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted the flexibility of staff during the Winter period, with many staff being reassigned from their core roles. He noted that there was a resultant negative impact on staff, which needs to be considered going forward into the next Winter period.

The Committee:

- Took **assurance** on the progress of deliverables within Joint Remobilisation Plan 4 (RMP4) and that in future these plans will be called the Annual Delivery Plan
- Took **assurance** from the lessons learned from Review of National Response to Winter 2021/2022

- Took **assurance** from the performance in the Winter Report 2021/2022 – Data to March 2022

8. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked committee minutes:

8.1 Minutes of the Area Partnership Forum held on 23 March 2022 (unconfirmed)
8.2 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 17 February 2022 (unconfirmed)
8.3 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 16 March 2022 (unconfirmed)
8.2 Minutes of the Strategic Workforce Planning Group held on 22 February 2022 (unconfirmed)
8.3 Minutes of the Health and Safety Sub-Committee held on 11 March 202 (unconfirmed)

Following a question, it was advised that the Health & Safety Sub-Committee is formally a subcommittee of the Clinical Governance Committee. The minutes are presented to this Committee for noting, given the potential for cross-over into matters of staff governance.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary, notwithstanding the sickness absence position.

9.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters for escalation to NHS Fife Board.

10. ANY OTHER BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

Thursday 14 July 2022 at 10.00am via MS Teams.

COMMUNITIES & WELLBEING PARTNERSHIP (CWP)

(Meeting on 5th April 2022)

Key items discussed at the partnership were as follows:

Terms of Reference
Lucy Denvir presented revised ToR. These were approved with minor amendments discussed including removal of specific reporting from Diabetes Prevention Partnership as this is already included in the delivery plan. FHSCP representation was also to be further clarified.

Delivery Plan
The Delivery Plan was approved for submission to the Recovery and Renewal Leadership Group. The CWP were positive and enthusiastic about the opportunity the plan presented for future collaborative working where gaps are identified. The CWP agreed the plan and work programme should not be set in stone and needed to evolve. The arrangements for future monitoring and reporting were agreed.

The CWP discussed plans for future meetings to time in with reporting arrangements and to consider prospects for some face to face meetings.

Unconfirmed

Communities & Wellbeing Partnership
Meeting by Teams, Tuesday 5th April 2022, 11.00am
Note

Present: Bryan Davies, Emma Walker, Fiona McKay (first part of meeting), Heather Stuart, Helen Rorrison, Jo-Anne Valentine, Cllr Judy Hamilton, Kenny Murphy, Lucy Denvir (chair), Paul Vaughan

Attending: Gill Musk

Apologies: Andrew Gallacher, Ruth Bennett, Sinead Braiden

1. Welcome and introductions

Lucy welcomed members to this first meeting of the revised partnership group and asked members to introduce themselves. Apologies were noted as above.

2. Note of last meeting on 7th December

Note was approved as an accurate record. There were no matters arising.

3. Terms of Reference

Lucy introduced the draft ToRs by giving brief background information on the review of partnership groups. She invited comments on the proposed purpose, remit and membership.

Members were broadly in agreement with the ToRs but agreed that:

- reference to reporting by the Type 2 Diabetes Prevention Partnership should be removed, as this work is already included in the delivery plan (so will already be reported)
- while we should avoid duplication with other partnership groups, key stakeholders should be invited to contribute to meetings as appropriate.

H&SCP are reviewing their attendance at key groups. Bryan and Ruth are likely to be the H&SCP reps on CWP, though Fiona should be kept on the distribution list for now.

ACTION: Gill to update ToRs and distribution list

4. Health & wellbeing delivery plan

Lucy introduced the draft delivery plan and noted that an agreed version was to be submitted to the Recovery & Renewal Leadership Board for its 20th April meeting (papers by 11th April). She expressed thanks to the working group and all who had contributed to the plan.

Gill highlighted the two areas which require further work, though this should not delay submission to the R&R Leadership Board.

Emma noted that the Sports & Leisure Leadership Group is relatively new and further work was needed to tease out milestones for the physical activity outcomes. However, this will not involve any structural change and she is happy that the plan go in its current form to the Board.

Kenny asked whether the group had the expertise to have strategic oversight of the work on the air quality outcome. Paul suggested Nigel Kerr [Senior Manager, Protective Services] should be asked for his view. **ACTION: Gill to contact Nigel**

[Fiona left the meeting.]

Heather suggested that there could be one or two key areas where the group could work collaboratively, especially in terms of preventative approaches (e.g. social prescribing). Lucy agreed that the purpose of the plan was not only to enable monitoring and reporting of progress towards outcomes, but also to help us identify gaps and potential for collaboration.

Emma highlighted the excellent collaborative working on physical activity and sport that had been developed between the Council and FSLT through 4DX and suggested there could be merit in including other partners in the discussion of what happens next.

Members agreed the proposals for ongoing monitoring and review of the delivery plan and confirmed that the plan should now be submitted to the Recovery & Renewal Leadership Board. **ACTION: Gill**

5. 2022-23 Work programme

Gill introduced the draft forward work programme and asked for feedback.

Bryan noted forthcoming work on an Early Intervention and Prevention Strategy and a Primary Care Strategy, where partners' input would be of value. NHS Fife will also be producing a Health & Wellbeing Strategy. Gill confirmed that the programme could include any items of relevance to the partnership, not just those for which CWP has a governance role.

Members should in addition feel free to suggest agenda items in advance of each meeting.

Other items for inclusion in the work programme to be sent to Gill. **ACTION: all**

6. Any other business

No items raised

7. Date of next meeting

Gill will aim to schedule meetings in June, September and December, and asked for views on whether these should be virtual or in person.

Members agreed that one face-to-face meeting per year would be valuable, with other meetings held by Teams. Heather suggested an in person annual review and development day. **ACTION: Gill to circulate appointments**

EAST REGION PROGRAMME BOARD (Meeting on 29 April 2022)
No issues were raised for escalation to the Board.

East Region Programme Board

Date: Friday 29th April 2022
Time: 14.15-16.15
Venue: Via Microsoft Teams

MINUTES

Present:	
C Campbell (Chair)	Chief Executive, NHS Lothian
J McClean	Director of Regional Planning, East Region
J Balkan	Regional Workforce Planning Manager, East Region
G Clinkscale	Director of Acute Services, NHS Borders
A Carter	HR Director, NHS Borders
J Smyth	Director of Planning, NHS Borders
M McGurk	Director of Finance, NHS Fife
C McKenna	Medical Director, NHS Fife
C Dobson	Director of Acute Services, NHS Fife
L Douglas	Director of Workforce, NHS Fife
S Fraser	Associate Director of Planning, NHS Fife
J Campbell	Chief Operating Officer, NHS Lothian
C Briggs	Director of Planning, NHS Lothian
J Butler	Director of Human Resources, NHS Lothian
J Hopton	Programme Director – Sustainability Lead NHS Lothian
L Cuthell	East Region Project Support (Minutes)
In Attendance	
P McLoughlin	Programme Manager, NHS Lothian For item 4
S Muir	General Manager, NHS Lothian For item 4

Apologies:	
R Roberts	Chief Executive, NHS Borders
C Potter	Chief Executive, NHS Fife
L McCallum	Medical Director, NHS Borders
A Bone	Director of Finance, NHS Borders
T Gillies	Medical Director, NHS Lothian
N Connor	IJB Chief Officer, NHS Fife
C Myers	IJB Chief Officer, NHS Borders

		ACTION
1.	**Welcome & Apologies**	
	C Campbell welcomed everyone to the meeting. Apologies were noted as above.	
2	**Minutes of Previous Meeting – 2nd February 2022**	
	The minutes of the meeting held on 2nd February 2022 were approved as an accurate record.	

3	**Matters Arising**	
	Regional RAS Strategy	
	J McClean reminded the group of previous discussions that as part of the agreed Regional RAS Strategy, Boards with RAS systems had committed to contribute to the national process of collating utilisation data. It had been agreed that ERPB would receive an update on progressing this important element once discussions had been progressed with NHS Lothian and Fife. J McClean confirmed that the Regional Team have been working with the 2 boards, National RAS Oversight Board and Public Health Scotland (PHS) to facilitate consistent data submissions and to minimise any duplication of work. A robust process is in place for Fife data submissions with discussions still to be progressed in NHS Lothian. Board RAS Clinical Leads are keen to establish a regional forum and progress discussions on utilisation and outcomes. The 3 Medical Directors have been asked to support this process in particular advise on the appropriate timing to establish a regional forum. A further update will be provided once progress is made.	**JMcC/MDs**
4	**SMART Service**	
	P McLoughlin, NHS Lothian Programme Manager and Sheena Muir, General Manager Edinburgh HSCP joined the meeting to provide an update on the SMART Service. P McLoughlin informed the group that following the discussion at the last meeting of ERPB, progress has been made with developing a performance framework to support the SMART Service, with a proposal to establish a refreshed Regional Group to support planning and commissioning. Progress made to date includes reviewing data to set a benchmark; improvements in wheelchair and seating services and addressing waiting time challenges. The next steps will be to look at options for the service going forward along with costs and bring back to ERPB for further discussion. Boards were asked to provide appropriate nominations for the Regional Group by the end of June. It was noted that P McLoughlin attended a recent East Region Directors of Finance meeting to discuss the finance issues. J McClean noted that the Directors of Finance had agreed to support the financial discussions to allow the Regional Group to focus on service delivery, performance and quality issues. ERPB noted the ongoing financial challenges within Boards and the importance of getting as much value for money as possible from the service with a need for clarity on what services will be provided. M McGurk noted that M Michie (Deputy Director of Finance), will provide support from NHS Fife. C Campbell highlighted the importance of a Business Case being developed to include details of what Boards currently receive for their financial contribution. Boards were asked to nominate 2 representatives by the end of June to join the Regional Group. ERPB noted the work to date and agreed to receive further updates as the work progressed.	**Board Leads** **P McLoughlin**
5	**Climate Emergency and Sustainability**	
	J Hopton provided an update on Climate Emergency and Sustainability advising that so far 3 regional meetings had taken place, noting that NHS Borders lead has not been able to attend. National work has been focusing on discussions around resources with SG setting up a subgroup to prioritise this item. L McCallum is leading on engagement with clinical staff and will provide an update on this to J Hopton in due course. Boards noted that their	

	respective corporate objectives will help articulate the regional elements of this work. J Hopton noted that due to a number of issues there had been a delay in preparing a paper for discussion by ERPB which would include the areas which would benefit from a regional collaborative approach. It was agreed that the paper will be presented at the next meeting in early summer. ERPB agreed to the revised timescale.	**JHopton**
6	**Regional Diabetes Prevention Programme**	
	J McClean spoke to the previously circulated paper highlighting progress since the last meeting regarding engagement with stakeholders, confirming supporting infrastructure and transitioning to local responsibility. Significant work has been undertaken over the last month to develop the 2022/23 Implementation Plans and confirm the position on board funding requirements. This has been shared with East Region DoFs and Senior Board Leads to raise awareness and confirm the need to plan for a sustainable weight management workforce within an affordable and cost effective strategic plan. With regards to the financial position, J McClean confirmed that services have requested £2m funding for 2022/23 with a requirement to utilise the £1m underspend from last year. The regional governance group overseeing this work will be refreshed to ensure the right level of oversight and decision making in boards The Whole Systems Approach which was an initiative focussed in Health and Social Care Partnership with the East of Scotland Partnership providing financial support for pilot projects. It is proposed that IJBs oversee these pilots which are ow at implementation stage. J McClean confirmed that she and R Roberts have written to the Council CEs and IJBs to set up discussions between Chief Executives of Councils and Health Boards. The Employer Scope work was scaled down during the pandemic with no further regional work planned however there is acknowledgment that some individual boards may wish to pick up further work in this area locally. The Public Awareness Campaign run on behalf of Scottish Government has been successful and is awaiting the formal evaluation from the agencies involved. The HBA1c Pharmacy Project pilot, a research project initiated by NHS Tayside, has also been funded by the East of Scotland Partnership to test the feasibility of patient testing within 3 pharmacies in each of the 3 East Region boards. While it is recognised that this may support a broader approach to developing services for citizens at risk of Type 2 Diabetes, there are no plans for the East Region to financially support the next phases of the pilot. J McClean highlighted the ongoing challenges Boards have with recruitment to dietetic and psychology posts, noting that this has led to the accrual of the £1m underspend over the last 2 years. Boards are in agreement that there is the potential to work together on developing creative solutions and maximising scarce workforce resource. C McKenna asked if support is available for patients who access bariatric surgery oversees through the Weight Management structure as hospitals are seeing an increasing number of patients with post op complications. J McClean confirmed that funding from SG has so far been targeted at Tier 1 and Tier 2 services with bariatric surgery classed as Tier 4.	

	The group were asked to confirm support for these changes in the programme arrangements. ERPB confirmed support for all aspects of the paper.	
7	**Planned Care**	
	Regional Opportunities for Collaborative Work J McClean introduced this item noting that the NHS Scotland Chief Operating Officer had requested Boards consider regional opportunities for collaborative working on planned care, with a request to respond to his office by 7th May. J McClean confirmed that Chief Operating Officers and Directors of Planning had met on 2 occasions to explore possible options, with Board leads summarising their respective positions and challenges. The accompanying presentation summarised the current TTG and out-patient positions in the 3 Boards and reflected the workforce challenges with vacancy rates across a range of professional groups. Following discussion, ERPB noted that there were currently limited opportunities as the small amount of capacity available did not have associated workforce. It was noted that workforce was the significant rate limiting factor with gaps across nursing, AHP and medical workforce. Members also noted that planned care could not be considered in isolation from unscheduled care given the synergies and dependencies. C Campbell highlighted work underway in NHS Lothian on DCAQ modelling and suggested that this methodology could be shared with other Boards. ERPB agreed that J McClean would draft a reply to J Burns confirming that regional discussion had taken place however Boards had noted that there were currently limited opportunities for regional collaboration on planned care, noting the key points from discussion.	**JMcC**
8	**Regional Transformation Fund**	
	J McClean confirmed that there remains c£440k from the Regional Transformation fund, with this being carried forward in 2022/23. There are no immediate plans to utilise this funding, however options may emerge once there is greater clarity on the regional priorities to be discussed in August.	
9	**Paediatric Respiratory Infections / RSV**	
	J McClean spoke to a paper which set out the regional work which had been commissioned to support the planning for an anticipated surge in paediatric respiratory infections in the approach to winter 2021/22. Noting the range of activities that had been supported, J McClean requested that, with the peak season for infections having now passed, the regional approach was formally stood down including the twice weekly regional reporting. It was agreed that a summary report including lessons learned will be prepared and shared with key stakeholders. ERPB supported the proposal to formally stand down the work including reporting.	
10	**Board Updates**	
	NHS Lothian J Campbell provided an update on behalf of NHS Lothian noting that there continues to be a sustained pressure on unscheduled care services with overcrowding and queues impacting the flow through the system. Covid in-patient numbers have dropped within adult services however the RIE has seen cases of norovirus which has impacted on capacity due to infection control measures. It has also been noted that there has been a higher volume of trauma cases recently. Workforce pressures continue to impact on service	

	delivery with continued staff absence and evidence of burnout rising. Issues in mental health services were also highlighted. **NHS Borders** G Clinkscale provided an update advising that the board still faces ongoing service pressures and challenges around workforce, however on a positive note, they have recently managed to recruit international nurses. There has been the added pressure of norovirus which has closed 1 of 2 surgical wards and a general medicine ward recently. The Board will be undertaking a whole systems review over the next few months. G Clinkscale also noted concerns with the urgent surgery waiting times. **NHS Fife** C McKenna provided an update advising that difficulties within the Board have eased slightly. NHS Fife continue to provide as much elective activity as is safe to do so but also face challenges around workforce along with delays in transfer of care.	
11	**AOB**	
	No additional items raised.	
12	**Date of Next Meeting**	
	Monday 11th July 2022, 1pm – 3pm – Microsoft Teams	

INTEGRATION JOINT BOARD

(Meeting on 28 January 2022)

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 28 JANUARY 2022 AT 10.00 AM

Present	Christina Cooper (CC) (Chair) Rosemary Liewald (RLi) (Vice-Chair) Fife Council –Tim Brett (TB), Dave Dempsey (DD), Jan Wincott (JW) NHS Fife Board Members (Non-Executive) – Martin Black (MB), Sinead Braiden (SB), Alistair Morris (AM), Arlene Wood (AW) Chris McKenna, NHS Fife Board Member (Executive Director) Medical Director NHS Fife Janette Owens (JO), NHS Fife Board Member (Executive Director), Director of Nursing, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Ian Dall (ID), Service User Representative Morna Fleming (MF), Carer Representative Simon Fevre (SF), Staff Representative, NHS Fife Debbie Thompson (DT), Joint Trades Union Secretary
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associate Medical Director
Attending	Bryan Davies (B), Head of Primary & Preventative Care Services Rona Laskowski (RLas), Head of Complex & Critical Care Services Lynn Barker (LB), Associate Director of Nursing Lynne Garvey (LG), Head of Community Care Services Jane Brown (JB), Principal Social Work Officer Joy Tomlinson (JT), Director of Public Health Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Scott Garden (SG), Director of Pharmacy Norma Aitken (NA), Head of Corporate Services Kenny Murphy, Third Sector Representative Katherine Paramore, Medical Representative Hazel Williamson (HW), HSCP Communications Officer Lindsay Thompson (LT), Head of Legal & Democratic Services Paul Dundas (PD), Independent Sector Representative Avril Sweeney (AS), HSCP Risk Compliance Manager Elizabeth Butters (EB), Co-ordinator, Fife Alcohol and Drug Partnership Carol Notman (CN), Personal Assistant (Minute)

NO	TITLE	ACTION
1	**CHAIRPERSON'S WELCOME / OPENING REMARKS** The chair welcomed everyone to the first Integration Joint Board of 2022 and wished to take this opportunity, to thank Scot Garden for all his contributions over the years and wish him all the best in his new role within NHS Lothian.	

NO	TITLE	ACTION
2	**CONFIRMATION OF ATTENDANCE / APOLOGIES** Apologies had been received from David Alexander, David Graham, David J Ross and Fiona Grant.	
3	**DECLARATION OF MEMBERS' INTERESTS** There were no declarations of interest.	
4	**CHIEF OFFICERS REPORT** Nicky Connor advised that the services continue to face increased pressures relating to winter and the ongoing pandemic and wished to thank the staff for their significant efforts to support the service and the people of Fife. Nicky advised that the Bronze and Silver Command Structure remained in place to support the daily management for the whole Partnership. Chris McKenna advised that the last 8 weeks had been exceptionally complex in response to the delivery of both health and social care. Dr McKenna advised that the Vaccination Programme Roll Out had been an overwhelming success for the whole of Fife which has helped the anticipated wave not to be as serious as initially predicted. Nicky Connor agreed noting that the "Boosted by the Bells" Campaign had been very successful exceeding the 80% target population in Fife receiving their booster by Christmas Eve. Janette Owens advised the impact of ongoing vacancies and the additional surge beds has impacted across all staff groups. Janette advised that the international recruitment drive had been successful with the first of the international nurses commencing their employment with NHS Fife in February 2022 with more anticipated to arrive in the next four to five months. Janette noted in addition to the international recruitment there has been additional funding received for 68 healthcare support workers and 60 of these positions have already been recruited to. Janette was please to advise that the 'essential visiting' restrictions will be eased this week and patients will be able to receive one visitor a day unless there is a covid outbreak within the ward area. Joy Tomlinson wished to take this opportunity to note the efforts and responsiveness of the whole population of Fife in all aspects of protecting oneself and others from the pandemic, whether it be being boosted to wearing masks and social distancing, which has made a significant impact. Tim Brett noted that NHS England had made it mandatory for staff to be vaccinated and asked whether staff within the Partnership who are not vaccinated would be restricted in where they could work. Nicky Connor advised that this approach will not be mandated and that there were mechanisms in place to maintain the safety of both staff and patients. Wilma Brown confirmed that a risk assessment has been in place for staff since the start of the pandemic. The Chair thanked Nicky, Chris and Janette for their updates and was assured that work was continuing to ensure staff and patient safety was paramount.	

5	**MINUTES OF PREVIOUS MEETING 26 NOVEMBER 2021** Tim Brett wished to clarify under Section 12 whether it was START or STAR beds that was being discussed. Nicky Connor confirmed that it would be the community-based service STAR Beds. Arlene Wood queried with regards Section 8 there had been discussion at the Audit & Risk Committee around the outstanding recommendations from the 2020 Annual Audit and asked if this will be reported back to this Committee. Norma Aitken confirmed that a high-level mid-year report will be brought to provide assurance that actions are being closed off. All agreed that the minutes were an accurate reflection of the meeting.	**AV**
6	**MATTERS ARISING – ACTION NOTE** The Action Note from the meeting held on 26 November 2021 was approved.	
7	**FINANCE UPDATE** The Chair advised that this report was discussed at the Finance & Performance (F&P) Committee on Friday 14 January 2021 and introduced Audrey Valente who presented the report. Audrey Valente noted that the report presents the projected outcome position at November 2021. She confirmed that the delegated services are projecting a surplus of £0.566m which is a movement of £5M from the previously projected figure in September. This is due to the recovery actions which was presented at the last committee meeting, the continued refinement of the costs associated to covid, the ongoing vacancies across community services and the late notification of funding to cover the increase to the living wage. Tim Brett wished to confirm if funding received at the end of the financial year that is not fully spent is able to be carried forward. Audrey confirmed that Health & Social Care Partnerships are a Section 106 Governing Body and can carry funds forward with the Council undertaking this on the Partnership's behalf. Tim Brett queried when the governance committees had previously discussed winter activity there had been concern that there would not be enough finances to cover the extra activities. Audrey Valente advised that the funding received late 2021 the majority was earmarked for additional staff and any underspend associated with this will be carried forward into next financial year. Ian Dall noted that the number of staff vacancies must be having an impact on the services being delivered and was pleased to note that further analysis on this issue will be provided. Audrey Valente advised that there had been robust discussion at the Finance & Performance Committee and that a multi-disciplinary approach is required to understand the number and length of vacancies, their impact to the whole service and confirmed that the report once completed will come to the IJB through the escalation route. Alastair Morris advised that Fife H&SCP were in the fortunate position of having substantial reserves and was keen to have these carried forward to the next financial year which he anticipated will be challenging as he did not think that funding received will be as it has been over the pandemic. He queried whether a fresh approach was required going forward as there had always been assumption that vacancies would be recruited to and history shows that this is not always the case. Alastair queried whether there were plans to align the	

NO	TITLE	ACTION
7	**FINANCE UPDATE (CONT)** budget so that it is more realistic to the current situation. Audrey Valente confirmed that funding is able to be carried forward therefore the service could take time to ensure that the budget is spent wisely. She also confirmed that the Senior Leadership Team were looking to flex budgets to ensure that the funding is where the service priorities are. The Chair thanked Audrey Valente for the detailed report and confirmed that the Board were happy to approve the monitoring position.	
8	**PERFORMANCE REPORT – EXECUTIVE SUMMARY** The Chair advised that this report was discussed at the Finance & Performance (F&P) Committee on Friday 14 January 2021 and introduced Fiona McKay who presented the report. Fiona McKay advised report is a summary of the information which was discussed in full at the F&P Committee. The report highlights the areas are continuing to see significant pressures due to staffing challenges and care home closures. Tim Brett noted that he did not feel that the recommendation 'for awareness' was correct and felt going forward this should be reviewed. It was agreed that report should be for assurance and the board was asked to consider it in that context. Tim Brett queried the 6 high level indicators (pg 37) and asked if Indictor No. 3 regarding developing plan to implement Out of Hours Review had been completed. Fiona McKay advised that the high-level indicators had been set at national level and was part of the work that the Scottish Government had asked Boards to look at and due to pandemic the review may not be concluded. Fiona noted that as we come out of the pandemic the Strategic Group will be required to set new indicators. Paul Dundas wished provide assurance that the Fife Care at Home Collaborative is proving to be successful but is still within an early period of development, having been established from mid-November 2021. Fiona McKay wished to thank Paul for the significant effort there has been to implement the programme. Ian Dall queried the performance of the flagship projects, noting prior to the pandemic the performance had been going the wrong way and as services are remobilising following the pandemic if they do not prepare carefully and improve performance there is still going to be bottlenecks and numbers above the projected targets. Fiona McKay advised as services resume after covid there is a risk of the unknown and the unmet need is significant and advised that she was confident that there is a strategic plan in place and confirmed that any investment will be spent wisely to ensure best value for money. The Chair thanked all for the fruitful discussions and confirmed that the Board was aware of the report and the assurance being provided.	

NO	TITLE	ACTION
9	**STRATEGIC RISK REGISTER REVIEW** The Chair advised that this report had been discussed at the Audit and Risk (A&R) Committee on Thursday 13 January 2021 and introduced Audrey Valente who presented the report. Audrey Valente advised that work has been ongoing to review the risk register ensuring that the risks recorded within the IJB Risk Register were strategic risks with the operational risks being logged with the appropriate partnering body. Audrey advised that the document had been discussed and well-received at the A&R Committee. Audrey advised that the format of the revised register may still evolve and requested any feedback to be forwarded to her. The Chair confirmed that all were happy that the risk register discussions and that feedback would be individually forwarded on and confirmed that the Board approved the revised risk register and noted the ongoing development.	
10	**FIFE ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT 2020/21 AND DRUG RELATED DEATH ANNUAL REPORT 2020** The Chair advised that this report had been discussed at the Clinical & Care Governance (CC&G) Committee on 7 January 2022 and introduced Fiona McKay who presented the report. Fiona McKay advised that this annual report is a requirement of the Scottish Government. She noted that the drug related report which was also attached highlights the areas which the Government is focussing on. Tim Brett confirmed that there had been engaged discussion and was pleased to note that ADP will be discussed in more detail at a future development session. He wished to thank Fiona McKay, Elizabeth Butters and the ADP Support Team for their efforts noting that it is difficult to identify which of the various initiatives is making the most significant changes but advised that the team is striving to provide this information. Arlene Wood queried the narrative regarding the drug related deaths and asked if there was any specific initiative going forward to meet this unmet need. Fiona McKay advised that there is a Service Level Agreement in place for the third Sector Organisations who work closely with the ADP Team and their performance is monitored on a regular basis. She advised that a gaps analysis was completed by Fife Council colleagues which highlighted areas requiring investment. Elizabeth Butters advised in addition the service is now complying fully with the Medical Assistant Treatment Standards and there has been investment in the retention service to allow team members to follow up people if they have not been attending services as expected. There has also been increased provision in pharmacy interaction where people can access needles in a safe environment. Ian Dall noted that there has been an increase in the THN programme and queried whether this had helped in preventing deaths. Elizabeth advised that the service call review the refills that have been requested but is only able to follow up when it has been administered by a professional. Scott Garden confirmed that the use of the drug naloxone has increased and that there has been a robust multi-disciplinary review group reviewing and ensuring user and household contacts are confident to administer the drug.	

NO	TITLE	ACTION
10	**FIFE ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT 2020/21 AND DRUG RELATED DEATH ANNUAL REPORT 2020 (CONT)** Chris McKenna requested that the information around hospital service and intervention is included in future reports going forward. The Chair asked that future reports include a summary to allow for an easier read. Fiona McKay agreed that a summary report would be beneficial. The Chair thanked both Fiona McKay and Elizabeth Butters for their report and confirmed that the Board approved the recommendations outlined in the report.	
11	**MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED** Nicky Connor asked the Chairs of the Governance Committees and Local Partnership Forum for feedback from the committee's and if they had any items to escalate to the IJB. **Tim Brett - Clinical & Care Governance – 12 December 2021 (Confirmed)** Tim Brett confirmed that the items from this minute had been dealt with at the IJB meeting in December 2012. Arlene Wood queried the narrative that highlights random variations across falls and pressure ulcers (pg 144). Nicky Connor asked the authors of the Quality Report to review and to arrange a meeting to discuss LB/HH to organise discussion with TB/AW **David Graham - Finance & Performance Committee - 14 January 2022 (Unconfirmed)** In the absence of the Chair of the F&P Committee, Nicky Connor confirmed that there were no issues for escalation **Dave Dempsey - Audit & Risk Committee – 13 January 2022 (Unconfirmed)** Dave Dempsey confirmed no items for escalation **Simon Fevre - Local Partnership Forum – 14 December 2021 (Confirmed)** Simon Fevre advised that there had been a further meeting of the Local Partnership Forum on 19 January 2022 and at this meeting the committee wished to raise the difficulties that services are facing balancing staff wellbeing and patient safety with the ongoing challenging situation with many staff still being redeployed.	**LB/HH**
12	**AOCB** No items were raised under AOCB.	
13	**DATES OF NEXT MEETINGS** **IJB DEVELOPMENT SESSION - FRIDAY 25 FEBRUARY 2022 – 9.30 am** **IJB BOARD MEETING – FRIDAY 25 MARCH 2022 – 10.00 am**	

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 17 MARCH 2022 AT 2PM VIA MS TEAMS

Present:
M Black, Non-Executive Member (Chair)
D Graham, Non-Executive Member *(part)*
K MacDonald, Non-Executive Member

In Attendance:
K Booth, Head of Financial Services & Procurement
A Clyne, Audit Scotland
G Couser, Associate Director of Quality & Clinical Governance
P Cumming, Risk Manager
T Gaskin, Chief Internal Auditor
T Fraser, Audit Scotland
B Hudson, Regional Audit Manager
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy *(part)*
M Michie, Deputy Director of Finance
H Thomson, Board Committee Support Officer (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to the meeting and extended a warm welcome to M Michie who is attending alongside M McGurk.

Apologies were received from members A Grant (Non-Executive Member) and A Lawrie (Non-Executive Member) and from attendee C Potter (Chief Executive).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 9 December 2021

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

4. Action List / Matters Arising

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

National Datix System

The Risk Manager advised that a business case is being developed in April 2022 for NHS Fife, and the preferred upgrade package is Datix Cloud IQ. It was noted this may

not be the same approach taken nationally. An update will be brought back to the Committee on developments as the business case is finalised.

Corporate Risk Register

The Director of Finance & Strategy advised that the Corporate Risk Register will be available in June 2022, and an update on progress of each of the workstreams on the risk management improvement plan will be provided to the Committee at the May meeting. The action list will be updated accordingly.

5. STRATEGY / PLANNING

5.1 NHS Fife Population Health & Wellbeing Strategy Development Proposal

The Director of Finance & Strategy advised that it was important that the Audit & Risk Committee review and take assurance from the proposed process in terms of the strategy development work, and the proposed governance route for each of the different aspects of work in phase 2. The proposal tabled was presented to all the Standing Committees this month and will also go to the full Board.

The paper sets out the journey so far in terms of taking forward the strategy development. Although Covid has held back progress, some of the initial stages and governance arrangements have progressed. The Public Health & Wellbeing Committee and the Portfolio Board will both have a significant role in terms of oversight and scrutiny in relation to the strategy development work as it develops.

The phased approach to the strategy work and milestone plan was outlined, and it was advised that the Board and Governance Committees will have an ongoing involvement and review, with the ability to influence each of the specific parts of the strategy work.

The Chief Internal Auditor stated the strategy work will feature in audit plans and will be considered in detail.

The Committee took **assurance** on the process described in the proposal to phase the development of the strategy as set out in section 2.3 of the paper.

6. GOVERNANCE – GENERAL

6.1 Losses & Special Payments Quarter 3 Report (Oct – Dec 2021)

The Head of Financial Services & Procurement advised that a 12-month comparison has been added to the report, to give context on spend and the volume of payments.

It was highlighted that there are two negligence payments (one clinical payment and one non-clinical payment) that have significantly increased the figures in this reporting period. Vandalism claims have increased in Quarter 3, and work is planned at year end in terms of an analysis on the spend categories. An update will be provided in the next report.

Further detail was requested on the ex-gratia payments, and it was advised £2.8m was the total amount of clinical payments and non-clinical payments was £260k. It was noted that it was not appropriate to provide detail on specific claims from a confidentiality perspective.

The governance process for approval of payments was queried. In response, it was advised that there is both and national and local process in place to respond to any claims relating to negligence and that it can be a lengthy process involving national bodies such as the Central Legal Office. The process was explained, and it was advised that large claims are approved at Scottish Government level and funded through the CNORIS scheme. An explanation was provided on the Scottish Government's involvement in larger claims, in addition to the local consideration of such claims.

The Committee **noted** the Losses & Special Payment Quarter 3 Report and specifically took assurance on the approvals process.

6.2 Annual Review of Committee's Terms of Reference

The Board Secretary advised that the Terms of Reference (ToR) paper is presented to the Committee annually at the March Committee meetings for review. It was reported there are no substantial changes proposed in the ToR.

A request was made to consider including explicit reference to the new national Whistleblowing Standards, as there is a section within the internal audit plan on Whistleblowing. The Chief Internal Auditor advised that the primary responsibility of Whistleblowing, and its processes, sits with the Staff Governance Committee. It was also noted the general elements of staff concerns are covered under the existing wording of section 5.33 of the ToR.

K MacDonald, Non-Executive Member, advised she will have a discussion with the Staff Governance Committee on adapting the report on Whistleblowing to include more information (including metrics on the number of concerns, outcomes, themes and responses), which can then be used in conjunction with the audit findings report that goes to the Board. This would give a more nuanced report than one focused solely on the number of cases. The Board Secretary advised that there is a Board Away Day scheduled for the end of April 2022. Values and having an open and transparent culture will form part of the discussion, with reference also to the Whistleblowing Standards.

The Committee **considered** the remit and **approved** the final draft version for further consideration by the Board.

6.3 Committee Self-Assessment Report

The Board Secretary thanked everyone involved for their honest and open feedback in completing the self-assessment survey at a busy time of Covid-related activity, noting the importance of receiving feedback and taking time to reflect on the operations of this Committee.

The paper summarises the main points from the self-assessment report, and it was advised there are common themes apparent across all of the Board's Standing

Committees. The main findings from the self-assessment exercise were outlined, including the need for completion of the risk management improvement programme and ensuring scrutiny around the governance statement in preparation of the Annual Accounts. It was advised the Audit Scotland Technical Bulletins will be reintroduced into the Committee.

The Committee welcomed and agreed to have a development session, twice a year, to delve deeper into topics relevant to the Committee's remit. Members and attendees were requested to suggest topics to be covered.

Action: Committee Members & Attendees

The Committee **noted** the outcome of this year's self-assessment exercise and **took assurance** from its findings.

6.4 Annual Audit & Risk Committee Workplan 2022/23

The Director of Finance & Strategy advised that the workplan is presented annually to the Committee and noted there are no major changes that are being proposed.

The Governance and Assurance Statements for the Annual Accounts will be presented to the Committee in draft format at the June meeting, where comments on the assurance statements can be taken and actioned in advance of the accounts being considered. The additional meeting scheduled for the July will focus solely on the Annual Accounts, and the Board will conclude the review and approvals process for the Annual Accounts at their meeting on 2 August 2022. It was noted the timeline for approval of the Annual Accounts is an improved position compared to the previous year.

The Committee **approved** the Audit & Risk Committee Workplan 2022/23.

7. RISK

7.1 Risk Management Framework Refresh

The Associate Director of Quality & Clinical Governance provided an update and advised that the ethos of the refresh of the risk management framework is to raise the profile of risk management within the organisation and to ensure it is being used effectively to support strategic planning and decision-making.

Five workstreams will be involved in the process, and an overview was provided on the roles of the workstreams.

The identification of strategic risks will support decision-making, particularly as we move forward with the strategic plans in relation to the Population Health & Wellbeing Strategy and other strategic frameworks that are in development across the organisation.

A draft of the Corporate Risk Register will be brought to the Committee in June 2022. The number of risks within the register will be reviewed on an ongoing basis. It was questioned if staff feedback and the staff voice could be added to elements of the risk register. It was advised the staff voice will be integrated in various aspects of the work being carried out, and into the risk management processes themselves.

It was advised the development of an annual risk appetite statement on behalf of the Board will support the risk management framework.

The Committee thanked all those involved for their hard work in the process of the refresh.

The Committee took **assurance** from the proposed workplan to refresh the Risk Management Framework.

7.2 Board Assurance Framework (BAF)

The Risk Manager advised that the paper is a summary of the BAF reports and positions on each component of the BAF that have been reported to the Governance Committees in recent weeks.

A summary of the BAFs was provided, and it was advised there have been some improvements to the financial sustainability arrangements and the risk level has moved from high to moderate since the last report in November 2021.

It was reported there will be a transition from the BAF to a corporate risk register, and an update will be brought to the Committee in June 2022. As part of the transition, the presentation of risks will be reviewed and improved.

The Committee **approved** the Board Assurance Framework.

8. GOVERNANCE - INTERNAL AUDIT

8.1 Internal Audit Progress Report

The Regional Audit Manager advised that the amendments are provided in the cover paper and this provides the detail and rationale for the reviews, which forms part of the risk assessment for the 2022/23 audit plan development.

In terms of the improvement activity, this is now in its final stage of completion on the FTF audit website, and a link will be sent out to members in the coming weeks for comment. An update on Public Sector Internal Audit Standards requirement will be provided to the Committee in May 2022. It was noted there was a requirement for a self-assessment to be completed, and this has now been carried out and will be brought for assurance to this Committee.

It was reported that Appendix A provides the status of remaining reviews since the last Audit & Risk Committee.

The Committee:

- **Noted** the progress on the delivery of the Internal Audit Plan; and
- **Noted** the audits from the 2021/22 plan, which are to be risk assessed as part of the development of the 2022/23 audit plan

8.2 Internal Audit – Follow Up Report on Audit Recommendations

The Regional Audit Manager provided an update and advised the follow up report represents the progress and recommendations up to 28 February 2022. There are currently 34 remaining recommendations, with 3 not yet due.

Reports that have been completed and validated are highlighted within the paper.

The status of actions to address recommendations arising from the Internal Audit Annual Report and Internal Control Evaluation Report will be reported to the May Audit and Risk Committee. It was advised responsible officers had been contacted in relation to the actions, and positive feedback had been received.

The Committee **noted** the current status of Internal Audit recommendations recorded within the Audit Follow-Up system.

D Graham left the meeting at this point and the Committee was thus inquorate. The Chair advised that the meeting could continue and that any decisions to be made would be homologated by correspondence or agenda items deferred to the next meeting.

8.3 Internal Audit Framework

Assurance was provided that the framework sets out the relationship between the Internal Auditors and the organisation. The current text is generic in nature and will require further review to make this of specific relevance to NHS Fife.

Due to the meeting now being inquorate, the Chief Internal Auditor suggested any comments on the draft text be shared, and that this item will be deferred to the next meeting for further consideration.

The Committee **agreed** to this proposal.

8.4 Internal Control Evaluation – Final Report

The Chief Internal Auditor advised that the draft responses within the Internal Control Evaluation had been received, and some management responses have since been amended. The report is now in its final version.

The Committee **noted** the finalised Internal Control Evaluation, with updated management responses to the audit recommendations.

9. GOVERNANCE - EXTERNAL AUDIT

9.1 Audit Scotland Annual Audit Plan

A Clyne, Audit Scotland, highlighted the significant risks of material misstatement to the financial statements, and provided an overview of these risks.

It was confirmed the sign-off date for the Annual Accounts will be 2 August 2022, which is almost two months earlier than last year.

The Committee **noted** the Audit Scotland Annual Audit Plan.

9.2 Annual Accounts 2021/22 - Follow up Report on External Audit Recommendations

The Deputy Director of Finance spoke to the follow up report.

An update was provided on the issue of recruitment of payroll staff, and it was reported a recent review of the job description re-banded the Payroll Officer role to a Band 5, which is more comparable with other NHS Boards and will hopefully put us in a more positive position with recruitment success going forward.

In terms of the reference to reliance on funding from the Scottish Government to cover our legacy saving targets, it was confirmed that the funding from the Scottish Government was received in February 2022, and there will be a break-even position at the end of this financial year.

The Head of Financial Services & Procurement advised four out of the five recommendations are still in development and further discussion on these with Audit Scotland is anticipated during the audit process.

The Committee took **assurance** from the progress made against the 2020/21 External Audit recommendations.

9.3 NHS in Scotland 2021 Report

T Fraser, Audit Scotland, advised that the 2021 report builds on the coverage of the responses to the pandemic, which were detailed in last year's NHS in Scotland 2020 report. The report considers the Scottish Government's recovery plans and how services might be delivered in the future to meet changing demand. An overview of the report was provided.

The Chief Internal Auditor highlighted the difficult position, noting the risk for NHS Fife's recovery plan in terms of how interlinked this is with national initiatives and their delivery timescales.

T Fraser noted that, since the report was compiled, detailed strategies have since been received from Scottish Government, including the Health & Social Care Workforce Strategy, which has just been released.

Inequalities data was highlighted, and it was advised that this data is being considered and addressed and will form part of the audit work.

The Board Secretary advised that the report has been considered at the Executive Directors' Group and it has also been circulated to the full Board, as there are areas within the report of importance to other Governance Committees.

The Committee **noted** the findings of the NHS in Scotland 2021 Report.

10. COUNTER FRAUD

10.1 Partnership Agreement between Health Boards & Counter Fraud

The Head of Financial Services & Procurement provided an update and advised that the partnership agreement is due for renewal this year. The revised version of the partnership agreement has not been received to date, and an update will be brought back to the Committee.

Action: Head of Financial Services & Procurement

The Committee **noted** the update.

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

12. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Wednesday 18 May 2022 at 2pm via MS Teams

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON THURSDAY 10 MARCH 2022 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
S Fevre, Area Partnership Forum Representative
C McKenna, Medical Director
J Owens, Director of Nursing
C Potter, Chief Executive
J Tomlinson, Director of Public Health *(Part)*

In Attendance:

H Bett, Children's Services Projects Senior Manager *(Item 8.6 only)*
S Blair, Consultant in Occupational Medicine *(Item 10.2 only)*
G Couser, Associate Director of Quality & Clinical Governance
F Forrest, Interim Deputy Director of Pharmacy *(deputising for B Hannan)*
A Graham, Associate Director of Digital & Information
G MacIntosh, Head of Corporate Governance & Board Secretary
A MacKay, Deputy Chief Operating Officer *(deputising for C Dobson)*
M McGurk, Director of Finance & Strategy
E Muir, Clinical Effectiveness Manager
M Wood, Interim Associate Medical Director for Surgery, Medicine & Diagnostics
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair highlighted the easing of restrictions planned in the coming weeks in respect of the pandemic and the significant challenges ahead to adjust to living with Covid and recovering all of our services.

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 members A Lawrie (Area Clinical Forum Representative) and Cllr D Graham (Non-Executive Member), and from attendees L Campbell (Associate Director of Nursing), N Connor (Director of Health & Social Care), C Dobson (Director of Acute Services), B Hannan (Director of Pharmacy & Medicines), H Hellewell (Associate Medical Director, H&SCP) and J Morrice (Associate Medical Director, Women & Children's Services).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 10 January 2022

The Committee formally **approved** the minutes of the previous meeting.

4. Matters Arising / Action List

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

In terms of the Clinical Governance framework, members were encouraged to participate in the feedback exercise, which will be circulated by email, along with the framework, on 11 March 2022. The framework will also be circulated to Senior Leadership Teams and Operational Teams for feedback. The framework will then be brought back to the Committee for endorsement.

5. COVID-19 UPDATES

5.1. General Covid Update

The Medical Director provided a verbal update on Covid, noting we continue to deliver healthcare in the presence of the virus. There remains a pressure, on a daily basis, for all services to manage acute issues, or the consequences of acute issues, and also the pressure of staff shortages as a result of the virus. Challenges remain in adaption and ensuring we can continue to deliver quality and timely healthcare to the population of Fife. It was noted NHS Fife are well prepared and in a good position to implement lessons-learned from the pandemic, as we move into the phase of living with Covid.

The Committee **noted** the update.

5.2. Post COVID-19 Syndrome Response Oversight Group: Progress Report

The Medical Director advised that work has been ongoing for over a year. The paper describes progress, to give assurance to the Committee that Fife has taken the issue of post Covid syndrome very seriously.

It was highlighted that the consequences of long Covid can be quite significant and can include permanent organ or lung damage, due to the infection, for those who have been in intensive care. The impact of Covid, even if the illness itself has not been serious, can also be debilitating and have serious consequences for physical and mental wellbeing. For some individuals, after-effects of the illness can also negatively affect their employment.

It was noted that the Scottish Government has not provided funding, to date, for long Covid, and this is being followed up. Further detail on the financial pressures is provided in the paper. S Braiden, Non-Executive Director, noted that debates have been ongoing within the Scottish Government on whether funding should be for Covid-specific services or include in a wider scope an overhaul of all rehab services for long-term conditions.

A Wood, Non-Executive Director, requested the equality and diversity (including health inequalities) impact assessment be completed to take on opportunities to reduce inequalities and increase access. The Medical Director will take the request forward to the team, as this work develops further.

M Black, Non-Executive Director, questioned the potential of long Covid becoming a prescribed disease. The Medical Director explained long Covid is more complex than a post viral fatigue, and a lot more work needs carried out in terms of research.

S Fevre, Area Partnership Forum Representative, questioned if the number of staff who have been diagnosed with long Covid are documented. The Medical Director advised that numbers are currently held in various spaces, and could be collated, however they may be unquantified as the numbers in General Practices may be difficult to retrieve. It was advised the route for this detail would go through the Staff Governance Committee, as part of broader staff wellbeing reporting. In terms of the Occupational Health offering for staff, it was noted the difficulties for staff returning to work, who have long Covid symptoms, are complex. It was noted the route for this discussion would also be through the Staff Governance Committee.

A Wood, Non-Executive Director, noted that activity and demand information would be required for funding. The Medical Director advised there is a national record of statistics available online, however, it is unknown how many of the population affected with long Covid have ongoing needs.

The Committee **noted** the progress report update on Post COVID-19 Syndrome Response Oversight Group.

6. GOVERNANCE MATTERS

6.1. Annual Review of Committee's Terms of Reference

The Board Secretary advised the Terms of Reference (ToR) paper is presented to the Committee annually at the March Committee meetings.

In line with the Committee workplan, the ToR has been updated to reflect the work that has been carried out in relation to avoiding any potential duplication with other Board Committees. A new clause has also been added in relation to the implementation of the new Population Health & Wellbeing Strategy, currently under development.

A Wood, Non-Executive Director, queried if the wording around the Committee's roles & responsibilities section could possibly be strengthened and expanded, and an example was provided of potential topics to include. It was advised that the detail in all Committees ToRs is purposefully high level, to allow for flexibility within each workplans, where the detail on individual agenda items is contained and regularly reviewed.

The Committee **considered** the remit, **agreed** the tracked changes and **approved** a final version for further consideration by the Board.

6.2. Committee Self-Assessment Report 2021/22

The Board Secretary thanked everyone involved for their honest and open feedback in completing the self-assessment survey at a busy time of Covid-related activity, noting the importance of receiving feedback and taking time to reflect on the operations of this Committee.

The paper summarises the main points from the self-assessment report, and it was advised there are common themes apparent across all of the Board's Standing Committees. The main findings from the self-assessment exercise were outlined, including limiting duplication with the newly established Public Health & Wellbeing Committee; enhancing agenda management; completing the IPQR and risk management reviews; and creating regular summaries for NHSScotland strategies.

The Committee welcomed and agreed to have a development session, twice a year, to delve deeper into topics relevant to the Committee's remit. Members and attendees were requested to suggest topics to be covered.

Action: Committee Members & Attendees

6.3. Annual Clinical Governance Committee Workplan 2022/23

The Associate Director of Quality & Clinical Governance advised the workplan will be reviewed periodically throughout the year and be brought back to the Committee at each meeting for consideration. The workplan will be tracked throughout the year to monitor business of the Committee against our intended annual workplan. Also included are items that are ad-hoc and potential items to be added to the workplan in relation to risk profile changes.

Discussion took place, and a number of questions were responded to around the workplan.

An explanation was provided on 'Data Loch', and it was advised it is a programme of work ongoing through the regional innovation work, regarding the collation of Social Care data and the use of the data. It is on the workplan to ensure the development is brought to the attention of the Committee, as there will be changes in the way we use data going forward.

In terms of mental health, most aspects around performance that require Board oversight, now sit within the Public Health & Wellbeing Committee. The Integrated Joint Board (IJB) Care & Clinical Governance Committee are also responsible for aspects of the governance. The Clinical Governance Committee would take a view on high level mental health issues and strategies, including the Mental Health Estate Programme, to ensure it is safe and effective. It was advised further discussions are required to determine exactly where all the various aspects of mental health will sit across the governance structure.

The Associate Director of Quality & Clinical Governance agreed to discuss with key colleagues the Health & Safety workplan and how that will be incorporated into this Committee.

Action: Associate Director of Quality & Clinical Governance

The Clinical Governance Oversight Group receive reports on the Patient Safety Programme, and consideration will be given to how those reports are escalated to this Committee.

The capacity for this Committee was highlighted in terms of being able to have meaningful discussions, scrutiny and provide assurance, when the size of agendas and paper packs was considered. It was advised that Committees and Groups which link into the Clinical Governance Committee are trusted to scrutinise and feed back into this

Committee. Items that overlap need to be considered, in terms of governance leads for each.

The level of detail and data within papers was highlighted, and concern was raised for providing a level of assurance due to the length and number of papers provided to the Committee. It was suggested to add to cover papers, where appropriate, more information in relation to scrutiny already undertaken in other areas and by delegated groups, which will provide assurance and avoid overlapping discussions.

The Committee:

- **Considered** and **approved** the proposed workplan for 2022/2023; and
- **Approved** the approach to ensure that the workplan remains current.

6.4 Board Assurance Framework (BAF) – Quality & Safety

The Medical Director introduced the BAF for Quality & Safety, noting a lot of work has been carried out in relation to the BAF. The Associate Director of Quality & Clinical Governance provided an update on the changes to the iteration of the BAF presented to the Committee and explained the removal of the two linked risks, a change to the level of risk 43, and the new risk description for the 'Cancer Waiting Times Access Standards Risk'. It was advised wording for a new risk description associated with this BAF reflects discussions at the November 2021 Committee meeting.

It was reported a review of high risks across the organisation was carried out, and table 2 within the paper summaries the 12 high risks that were identified. It was advised proposals are set out in the paper for the Committee to consider in relation to amalgamating some risks. Whilst recommendations set out in the paper reflect our current BAF structures, work is underway to review the risk management framework in Fife, and a lot of recommendations within the paper will be superseded by that work.

A Wood, Non-Executive Member, questioned if only red high risks would come to this Committee, and if there is sufficient mitigation in place for those risks. The Director of Finance & Strategy advised that, at a recent Board Development Session, it was agreed that a review would be carried out on the existing BAFs, to determine if they are populated with strategic or operational risks and that this would be taken forward into our risk management improvement work. It is expected that strategic risks would come to Committees and at Board level, however, it was noted that operational risks could escalate and have a strategic impact. The Director of Finance & Strategy also highlighted risk appetite and the potential influence on scoring risks and noted that this also forms part of the risk management improvement work currently underway.

R Laing, Non-Executive member, queried why the 'Emergency Evacuation, VHK Phase 2 Tower Block' risk has been recommended to stay on the Quality & Safety BAF. The Associate Director of Quality & Clinical Governance advised a decision was made following discussions with the Estates Management Team, pending the completion of the Orthopaedic Elective Centre, and the recommendation may change and evolve through the risk management improvement work discussions.

The Committee:

- **Approved** the proposed rewording of the BAF risk;

- **Approved** the recommendations outlined in section 2.3; and
- **Approved** the updated quality and safety component of the BAF

6.5 Board Assurance Framework (BAF) – Strategic Planning

The Director of Finance & Strategy advised that this BAF is also discussed in detail at the Finance, Performance & Resources Committee. The risk level has moved to moderate, in light of the new Public Health & Wellbeing Committee and the new Portfolio Board to support the strategy development work.

A proposal was provided to the new Public Health & Wellbeing Committee offering a phased approach to the strategy development, and timeline for the phased approach to the strategy was explained. The governance route for each part of the strategy will be included in the proposal paper, which will go to the March Board meeting for approval.

It is anticipated that more detailed emerging plans for the strategy development work will support the risk sitting no higher than moderate.

Following a question, the Director of Finance & Strategy advised the Board has ultimate responsibility for managing strategic risks, and that the Board's Standing Committees' responsibilities are to scrutinise individual risks and recommend BAFs for approval at Board level.

The Committee **noted** the current position in relation to the Strategic Planning risk level of moderate and were **content** to take that level of risk.

6.6 Board Assurance Framework (BAF) – Digital & Information

The Associate Director of Digital & Information advised that the BAF is in relation to the Digital & Information strategy and the responsibilities of the Digital & Information Team in the maintenance of technologies and infrastructures.

The changes made to the BAF since the last Committee meeting were outlined, as noted in the paper. The overall rating for the Digital & Information BAF remains high.

Following a question, the Associate Director of Digital & Information assured the Committee that mitigations have still to be put in place in terms of the actions, and a number are still being worked through to reduce the risk rating down to the target. It was highlighted our prioritisation activity and our engagement are being aligned closer to the priorities of our Social Care partnership and emerging strategies.

It was reported the cyber activity attack risk, which is identified as a linked risk, has escalated due to the recent conflict in the Ukraine. Significant destabilisation activity aimed at large organisations is being seen by cyber activity groups and a report is going to the Executive Directors' Group to discuss mitigations to minimise that, working both nationally and within Scotland, to minimise and prevent any impact.

The Committee took **assurance** from the content and current assessment of the Digital & Information BAF.

7. STRATEGY / PLANNING

7.1. Strategic Planning & Resource Allocation (SPRA) (RMP 2022/23)

The Director of Finance & Strategy provided a verbal update on the SPRA and noted the Scottish Government have still to issue the guidance on the full Remobilisation Plan. The development of the financial plan has almost concluded, and this will go to the Finance, Performance & Resources Committee, followed by the March Board meeting. The financial plan has been aligned with all the information available on workforce and organisational planning, however, there is no format available yet to understand what delivery across services is expected.

The Director of Finance & Strategy outlined the timelines from the Scottish Government and advised they have confirmed the full Annual Operating Plan, or equivalent, will not be required until July 2022. Final versions of the financial plans are due by the end of March 2022, and the workforce plans are due in July 2022. The full report on organisational plans for 2022/23 will come to the Committees later than expected this year.

A final version of the corporate objectives is being worked on and will go through the Portfolio Board at their next meeting for initial discussion, followed by submission to the Committees and full Board in May.

The Committee **noted** the update on the Strategic Planning & Resource Allocation.

7.2. Redesign of Urgent Care

The Medical Director advised that the paper is provided to the Committee for assurance on the development of the redesign of urgent care initiative, which is a new way of delivering healthcare in Fife and is now a fully functioning service.

An overview of the new initiative was provided, as described in the paper. It was noted we were already covering the requirements from the Scottish Government in relation to urgent care, and the funding provided enabled us to amplify the work we are doing.

A MacKay, Deputy Chief Operating Officer, provided an update on the day-to-day of urgent care and advised the initiative allows patients to be directed to the right service, and through the Flow and Navigation Hub, this has been of substantial benefit. The Fife Referral Organisational Guidance (FROG) Improvement work complements this further. It was also noted there are a larger number of patients being directed to our Minor Injuries Unit (MIU), which is positive news in reducing pressures at the front door.

It was reported work is underway in other areas, such as discharge without delay, and updates will be provided to the Committee going forward.

The Medical Director praised the collaborative workings between Acute Services and the Health & Social Care Partnership in developing this initiative, and the Committee commended all those involved.

The Committee **noted** the update on the Redesign of Urgent Care.

7.3. Joint Remobilisation Plan 2021/22 – Winter Plan Actions

The Director of Nursing noted the paper reflects an update on the actions from the Joint Remobilisation Plan 2021/22 and focusses on the position at the end of December 2021. A further update is due at the end of March 2022.

The key indicators from the Winter performance analysis were outlined. The completed actions were highlighted, and it was advised positive work has been carried out. It was noted there are still some actions at risk or unable to meet target. A lessons learned discussion has been scheduled to take place in the coming weeks.

The Committee **noted** the progress of deliverables within Joint Remobilisation Plan 4 (RMP4).

8. QUALITY / PERFORMANCE

8.1 Position Statement on Work Underway to Reduce Incidence of Harm for Pressure Ulcers, Falls & Catheter Associated Urinary Tract Infections (CAUTI)

The Director of Nursing presented on the position statement on work underway to reduce incidence of harm for pressure ulcers, falls and catheter associated urinary tract infections (CAUTI). A high-level summary of each of the papers was given, and members were encouraged to contact her with any detailed questions on the specifics of the papers outwith the meeting.

It was questioned if there is evidence to suggest falls occurs more often when there are areas which are short staffed. In response, it was advised that there had been staffing issues previously affecting quality of care, and that this is measured through the safe staffing legislation, which triangulates staffing with quality and safety of care. It was also reported that preventive measures have been put in place, such as electronic tools to ease the collation of data, displaying data in wards for staff awareness, online training, and Falls Champions visible in the wards.

The Committee welcomed the update on this area of activity and took **assurance** from the papers.

8.2 Strategy to Reduce E. Coli Bacteraemia Infections

The Director of Nursing advised that the target to reduce E. coli bacteraemia (ECB) infections will not be achieved and a strategy is being proposed which aims to meet these targets. The proposed strategy was outlined. It was also advised that, at a national level, an infection control reporting system is being explored for all of Scotland's Health Boards to use, for consistency.

In relation to ECB infections due to urinary catheters, it was questioned if all urinary catheters will have a local adverse event review and be reported in Datix. The Director of Nursing explained that urinary tract infections (UTIs) can develop within communities and those affected can attend local pharmacies. ECB infections that require treatment at hospital would be considered for reporting into Datix, however, the time constraints for reporting also needs to be considered, and further discussion would be required on a realistic proposal. The Medical Director highlighted that ECB infections are not the sole reason for contracting UTIs, and that this is only one way in which the ECB infection can develop.

The Committee welcomed more detail on ECB infections, and the implications, to get a better understanding. This will be provided at a future Committee Development Session for questions & answers, and a PowerPoint presentation will be provided at the next Committee meeting.

Action: Director of Nursing

The Committee **discussed** and **noted** the strategy.

8.3 Integrated Performance & Quality Report (IPQR)

The Medical Director introduced this item and noted that most of the quality issues within the IPQR were covered in the presentation at item 8.1.

The Director of Nursing provided an overview on the current status of measures within the IPQR. It was advised that as we come out of the pandemic and learn to live with Covid, there will be some recovery and improvements within our complaint measures. A number of workstreams are underway, and the backlog of responses to complaints is being worked through. A review is also being carried out on the model of complaints handling, along with the development of a dashboard for data and measurements. It was noted complaints reporting will form part of the IPQR review process, and feedback was welcomed on what more could be included within the IPQR in relation to complaints reporting.

A report on the recovery plan for complaints will go to the Executive Directors' Group in the coming weeks, which will include an improvement plan to tackle the backlog going forward. An update on developments of complaints will be brought back to the Committee at the April meeting.

Action: Director of Nursing

It was agreed a sentence be added to the commentary that sits under the metrics within the IPQR, to advise if there is a concern for the Committee to be made aware of.

Delayed discharges and the sustainability around the use of surge beds was questioned. In response it was advised discussions are ongoing on retracting the surge beds that are open, and to date, there has been a slight reduction on the retraction.

The Committee **discussed, examined** and **considered** the NHS Fife performance, with particular reference to the Clinical Governance measures identified in Section 2.3 of the paper.

8.4 Integrated Performance Quality Report (IPQR) Review Process

The Director of Finance & Strategy noted the IPQR review process was agreed at the Board's Active Governance session, where it was accepted that it would be a timely process to put improvements in place. Immediate improvements have been agreed, and more work is required on the medium and long-term activity.

It was a reported that, at the Public Health & Wellbeing Committee, it was agreed that when the IPQR review group are developing the next iteration of the IPQR and the tailored version for the Committees, each of the Committee Chairs, respective Executive Lead and the relevant persons within the Planning & Performance department would be involved. Further Non-Executive involvement would also be welcomed.

The balance between the remit of the Public Health & Wellbeing Committee and the clinical aspects that sit within the Clinical Governance Committee for mental health and the quality indicators were highlighted. It was agreed further consideration will take place.

The Committee took **assurance** from the report and the proposed improvements to the IPQR as part of the IPQR Review.

8.5 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing provided an update and highlighted that the Estates & Facilities standards are at 95.5%, which is very positive. It was also highlighted there have been no ward closures due to influenza, two ward closures due to norovirus, and six Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland reportable incidents.

An update was requested on the hand hygiene ward dashboard. The Director of Nursing agreed to take this forward, and also advised that there was no concern in this area.

Action: Director of Nursing

The Committee took **assurance** from the HAIRT report.

8.6 Implementation of Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021

H Bett, Children's Services Projects Senior Manager, joined the meeting for discussion on this item.

It was reported that there has been a movement towards the self-referral aspect of the Act, and assurance was provided that the necessary arrangements have been put in place, in advance of the implementation date of 1 April 2022.

The Chief Executive advised that the structure and governance of this Act change from 1 April 2022 and a Programme Board will report directly into Scottish Ministers on the strategic delivery of the programme going forward. Linking in will be a National Strategic Network for across the whole of NHS Scotland who will shape and prioritise work as it forms part of our core business.

An update on progress within Fife was provided by H Bett, as detailed in the paper. Demand for the service and workforce will be closely monitored. The holding and retaining of evidence have been identified as a risk, and the measures that have been put in place to mitigate this were explained.

The team were commended for all their hard work.

The Committee took **assurance** that, in line with the readiness self-assessment developments to introduce self-referral for forensic medical examination (FME), NHS Fife are on track to meet the legislative requirements.

8.7 Paediatric Audiology Report

A MacKay, Deputy Chief Operating Officer, provided an update on the Paediatric Audiology Report, and advised feedback has not yet been received, to date, on the response submitted to the Scottish Government as outlined in the paper.

Assurance was provided to the Committee on the work that has been carried out, and the review that has been conducted. Good improvement actions have been identified and will be undertaken by the Audiologist Team. Regular meetings will take place to review the action plan.

A further update will go to the Executive Directors' Group in six months' time, given the sensitivity around the subject and the media attention.

The Committee **noted** the response made to the Scottish Government on behalf of NHS Fife in relation to Paediatric Audiology.

9. DIGITAL / INFORMATION

9.1 Digital Strategy Delivery Update

The Associate Director of Digital & Information advised a measured approach to the Digital Strategy is ongoing, and the update is the second report to the Committee, provided for assurance.

It was reported that the strategy is moving into the final two years of delivery. It has been recognised that the engagement approach has had to be adapted, recognising both the financial and resource constraints. The engagement and prioritisation approach that is being adopted was outlined, along with the five key ambitions.

The Committee took **assurance** of suitable progress for the Digital and Information Strategy 2019-2024.

9.2 Hospital Electronic Prescribing and Medicines Administration (HEMPA) Programme

The Medical Director provided a detailed update on the situation for the HEMPA programme and advised it would not prevent the programme from progressing forward. The plans for next steps in delivery are set out in the paper, and it was advised that this is a priority for the HEMPA Programme Board, who are committed to moving forward with the procurement situation.

The Committee took **assurance** from the HEMPA programme update.

9.3 Information Governance and Security Steering Group Update

The Associate Director of Digital & Information spoke to the paper and highlighted the key points.

The Committee **noted** and **commended** the progress being made with the governance and assurance activities within the revised IG&S Governance framework

10. ANNUAL REPORTS

10.1 Research Development Strategy Review 2020/2021 & Research Strategy 2020-2022

- **Research, Innovation & Knowledge Annual Report 2020/2021**

The Medical Director reported on the substantial work that has been carried out in developing the service, and the work that was contributed to in terms of research, which was highly merited.

The Committee welcomed an opportunity to meet the team, and it was **agreed** they would present to the Committee at a future Development Session.

10.2 Occupational Health and Staff Wellbeing Service Annual Report 2020/2021

S Blair, Consultant in Occupational Medicine, joined the meeting for this item.

The importance of the Occupational Health Service to the health and wellbeing of our staff was highlighted as the key aspect of the report, which also includes details on occupational health clinical activity.

The role of the Occupational Health Service during the pandemic, particularly due to staff related absences due to Covid, and the support provided in that area, was outlined. It was reported two new services have been developed, which have been provided by our Mental Health Nurses and Covid Fatigue Management Occupational Service.

The Occupational Health Service were thanked for all their hard work and contributions during a time of particular pressure on staff.

The Committee **noted** the contents of the report and the Occupational Health and Staff Wellbeing Service Annual Report for 2020/2021.

11. LINKED COMMITTEE MINUTES

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

11.1 Acute Services Division Clinical Governance Committee dated 26 January 2022 (unconfirmed)
11.2 Area Clinical Forum dated 7 February 2022 (unconfirmed)
11.3 Fife Drugs & Therapeutics Committee dated 9 June 2021 (confirmed) & 8 December 2021 (unconfirmed)
11.4 Fife IJB Clinical and Care Governance Committee dated 1 October 2021 (confirmed) & 12 November 2021 (confirmed)
11.5 NHS Fife Clinical Governance Oversight Group dated 26 August 2021 (unconfirmed)
11.6 Health and Safety Sub-Committee dated 10 December 2021 (unconfirmed)
11.7 Infection Control Committee dated 4 August 2021 (confirmed) & 1 December 2021 (unconfirmed)
11.8 Area Medical Committee dated 12 October 2022 (confirmed)
11.9 Information Governance & Security Steering Group Minutes dated 1 December 2021 (unconfirmed)
11.10 Digital & Information Board Minutes dated 19 October 2021 (confirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no items to escalate to NHS Fife Board.

10. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 29 April 2022 at 10am via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 15 MARCH 2022 AT 09:30AM VIA MS TEAMS

RONA LAING
Chair

Present:

R Laing, Non-Executive Director (Chair)
C Potter, Chief Executive
M McGurk, Director of Finance & Strategy
W Brown, Employee Director
A Morris, Non-Executive Director
Dr J Tomlinson, Director of Public Health
J Owens, Director of Nursing

In Attendance:

N Connor, Director of Health & Social Care
N McCormick, Director of Property & Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
K Booth, Head of Financial Services & Procurement
A Graham, Associate Director of Digital and Information
L Stewart, PA to Director of Finance (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to meeting. Acknowledgement was made of staff efforts and all their continued hard work during a challenging time of continuing high pressure.

The Chair also highlighted the exceptional work of the Finance Department within this financial year, recognising the significant additional resource both in capital and revenue that has been achieved.

Apologies for the meeting had been received from members Alastair Grant, Non-Executive Director, Aileen Lawrie, Stakeholder member, Dr Chris McKenna, Medical Director, and Mansoor Mahmood, Non-Executive Director, and attendees Claire Dobson, Director of Acute Services, and Ben Hannan, Director of Pharmacy & Medicines.

Kevin Booth and Alistair Graham were both welcomed to the meeting to present papers.

2. Declaration of Members' Interests

No interests were declared.

3. Minute of the last Meeting held on 11 January 2022

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 / ASSURANCE

5.1 Annual Review of Committee's Terms of Reference

The Head of Corporate Governance & Board Secretary introduced the paper noting that proposed amendments are identified as tracked changes in the document. One area of change includes adding a new clause to ensure the role of the Committee is clearly defined in the development of the new strategy.

Alistair Morris, Non-Executive Member, suggested that within section 1.2, the Committee should have a more strategic role than 'monitor' and asked the wording was reconsidered. After discussion, the Committee agreed that the wording should be amended in the version to be forwarded to the Board, to read 'consider, review and take assurance'.

Action: Head of Corporate Governance & Board Secretary

The Committee **approved** the refreshed Terms of Reference and **endorsed** the paper for Board approval subject to the agreed change of wording detailed above.

5.2 Committee Effectiveness Self–Assessment Report

The Head of Corporate Governance & Board Secretary presented the report to the Committee, thanking members for the time and effort put into providing valuable feedback on the Committee's operation. It was advised that the main themes from the return are common across all the Board committees. Most items highlighted are already being addressed through separate ongoing workstreams, such as review of data within the IPQR and the presentation of risks through the risk management improvement programme.

It was noted there is an ongoing requirement to review the agenda and papers being presented, to ensure that the committee make best use of time within the meeting. Alistair Morris, Non-Executive Member, highlighted that there is a need to ensure that papers presented to the Committee hold the right amount of detail, to ensure that Non–Executive Directors can review from a strategic perspective rather than getting into operational detail. The Chief Executive noted that balance is required, to ensure there is the right level of detail for individuals, as some members may prefer to see more than others. It could be part of our Active Governance actions if Non-Executives could provide feedback to authors following the meeting, to reflect on the level detail provided. It was agreed that time will be dedicated at each next agenda setting meeting to reflect on this point at each meeting and agree any improvements on a continuous basis.

The Committee agreed to the scheduling of Committee Development Sessions on a bi-annual basis and members were encouraged to contribute topics for discussion and 'deep-dives' at these sessions.

The Committee **took assurance** from this year's self-assessment exercise.

5.3 Annual Finance, Performance and Resources Committee Workplan

The Director of Finance & Strategy presented the revised workplan for the Committee 2022/23. It was highlighted that most items on the workplan are standing items. However, following discussions at the Board, the workplan may require amendments to incorporate specific activity relating to the Strategy Development as they are brought forward.

The Committee **approved** the current draft of the Workplan.

5.4 Board Assurance Framework – Financial Sustainability

The Director of Finance & Strategy presented the BAF on Financial Sustainability. It was highlighted that this iteration remains unchanged from the last presentation.

It was noted that, moving forward, there may require to be two risks reported on the Financial Sustainability BAF. One should relate to in-year financial performance and the other would be a risk on financial improvement and sustainability for the medium-term. This will be discussed and reviewed appropriately.

The Committee **considered** and **approved** the BAF and the moderate risk position reported.

5.5 Board Assurance Framework – Strategic Planning

The Director of Finance & Strategy presented the BAF on Strategic Planning noting no significant change to report and the risk remains moderate.

The Committee **considered** and **approved** the BAF and the moderate risk position reported.

5.6 Board Assurance Framework – Environmental Sustainability

The Director of Property and Asset Management presented the BAF on Environmental Sustainability. It was reported that the risk remains high in terms of statutory compliance. It was noted that the risk is being managed and mitigated and it is expected that this risk will be closed by the end of 2022.

The Committee **considered** and **approved** the BAF and the risk position reported.

5.7 Digital and Information – Business Case Process

Alastair Graham, Associate Director of Digital and Information, presented the paper which outlines a new process to the governance arrangements for digital and information activities.

The Committee took **assurance** from the report presented.

5.8 Annual Procurement Report 2020/21

Kevin Booth, Head of Financial Services and Procurement, presented the Annual Procurement Report 2020/21

The report details the 56 contracts that exceeded the £50,000 regulatory thresholds during the year, and it details future contracts which are due for renewal. It highlights the adoption of the Anchor Institution Programme, which works towards the community benefit aspirations. The report was presented to the Procurement Governance Board in January.

The Committee **agreed** to **recommend** the report for Board approval and took **assurance** that the 2021/22 report will be presented earlier in line with correct timescales.

5.9 Orthopaedic Elective Centre Financial Update

Maxine Michie, Deputy Director of Finance, introduced the paper to the Committee. It was highlighted that the Business Case for the Orthopaedic Centre was approved in late 2020 and work commenced in March 2021. The Workforce Workplan Group was then established to review the workplan in the Full Business Case. The initial workforce plans were reviewed and found to be insufficient for the expected demand. The new levels of staffing identified have now been agreed and approved by Scottish Government and reflect a significant increase in workforce.

There has been a £2m increase in staffing costs, which has increased from 30 WTE to 78 WTE members of staff.

The Director of Nursing noted that 14 applications were received for the Orthopaedic Consultant positions that were recently advertised and four Consultants have been successfully appointed.

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

6. STRATEGY / PLANNING

6.1 Fife Capital Investment Group Report 2021/22

Maxine Michie, Deputy Director of Finance, introduced the report, noting that during 2021/22 , further opportunities were made available to NHS Fife to secure additional funding from Scottish Government. An additional £10.5m has been secured. In addition, a significant grant was received by NHS Fife to support greater energy efficiency across the estate. Introducing energy efficiency schemes will help to generate savings in later years.

The Chair recognised the significant amount of work undertaken to secure the additional funding. It was recognised that the spend achieved in 2021/22 is one of the largest capital programmes in NHS Fife for a number of years.

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

6.2 Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Alastair Graham, Associate Director of Digital and Information, presented the paper which details significant issues with the HEPMA contract award and the eventual ceasing of negotiation with the preferred supplier in January 2022.

It is likely that a full re-procurement exercise will now be required, the Committee will be regularly updated on progress.

The Committee noted their disappointment that the procurement could not be concluded but were assured that this was a late decision on a major contractual term by the preferred supplier. The Committee took **assurance** from the report and specifically the lessons learned through this work.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (Inc. Q3 Review of Financial Position)

The Chair introduced the Integrated Performance & Quality Report (IPQR). It was noted that this iteration reflects the December 2021 position.

The Chief Executive provided an update on the Acute element of the IPQR report, as follows:

- A programme will be launched for urgent and unscheduled care to discuss the government position on the 4-hour access target. A milestone plan may be developed for 2022/23 to ensure interim targets are achieved.
- The A&E performance on the 4-hour target was improving and was above the Scottish average but under the 95% target.
- The OPEL framework is in place to support and manage situations on site, providing clarity to managers on what actions to take.
- On 15 March 2022, the OPEL position is purple. There have been a number of 12-hour breaches over the last two days. There has been an increase in Covid patients, with 50 Covid-positive patients currently onsite at VHK. There are long waits and increased volumes of patients in A&E.
- HSCP have been managing discharges well to support the flow.
- There is ongoing pressure on the nursing workforce.
- TTG performance from week ending 6 March 2022 saw approximately 80% of pre-Covid elective activity achieved.

The Director of Health & Social Care provided an update on the Health & Social Care element of the IPQR report:

- As of 15 March 2022, the delayed discharge position is improving in terms of trajectory. Standard delay is currently sitting at 46, including mental health, and 96 in overall delay. Total bed days lost are 486 compared to November's 1082. This has improved significantly.
- A weekly verification process is in place to examine patients on delayed discharge and the HSCP continue to utilise redirection of patients through flow and the hub.

The Deputy Director of Finance provided an update on the Capital and Revenue position.

- The December 2021 position reported an overspend of £14m due mainly to external commissioning costs and Acute services spend.
- The HSCP was reporting £600k underspend, following a cash transfer to Fife Council for £3.7m. A final transfer will be undertaken at the end of the financial year to reflect the forecast underspend within the Partnership.
- The forecast outturn of £13.7m should be achieved.
- The Board was committed to deliver £8m savings, £9.6m has been delivered due to additional in-year non-recurring savings.

The Committee **discussed** and **considered** NHS Fife performance and took **assurance** on the report.

7.2 Integrated Performance & Quality Report Review Process

The Director of Finance & Strategy presented the paper on progress with the IPQR Review Process.

The range of proposed improvements were discussed and supported by the Committee. The Director of Finance & Strategy suggested that a Non-Executive Member may wish to be involved in the development of the IPQR, this was agreed and contact will be made in due course to facilitate that engagement on this work.

The Committee took **assurance** from the report and the proposed changes as part of the IPQR Review.

7.3 Joint Remobilisation Plan 2021/22 – Winter Plan Actions

The Director of Nursing presented the report.

The Chair questioned the impact on the 'Moving On Policy' and it was noted that actions are ongoing to mitigate the risks in this area.

The Committee **discussed** the progress of deliverables within the Joint Remobilisation Plan 4 and took **assurance** from the report.

7.4 Operational Pressures Escalation Levels (OPEL)

The Chair presented the paper to the Committee. It was noted that there were significant and in-depth discussions on this at the last Board Development Session and the paper is therefore presented to the Committee for assurance.

The Committee **considered** the paper and **confirmed** that progress presented in the paper provides **assurance**.

8. LINKED COMMITTEE MINUTES

8.1 Minute of IJB Finance & Performance Committee, dated 10 November 2021

The Committee **noted** the Minutes of the Integration Joint Board Finance & Performance Committee, dated 10 November 2021.

8.2 Minute of Procurement Governance Board, dated 28 January 2022

The Committee **noted** the Minutes of the Procurement Governance Board, dated 28 January 2022.

8.3 Minute of Fife Capital Investment Group, dated 1 February 2022

The Committee **noted** the Minutes of the Fife Capital Investment Group, dated 1 February 2022.

8.4 Minute of Primary Medical Services Committee, dated 1 March 2022

The Committee **noted** the Minutes of the Primary Medical Services Committee, dated 1 March 2022.

9. ITEMS TO BE ESCALATED TO THE BOARD

The Committee reviewed and supported the key assumptions with the financial plan for 2022/23 and recommend the plan for Board approval. The Committee noted specifically the important work of the Financial Improvement and Sustainability Programme as we move into 2022/23.
The Committee also commended the work done by the finance team to attract and deliver an additional capital allocation of over £10m in 2021/22.

10. ANY OTHER BUSINESS

There were no other items of business considered.

Date of Next Meeting: Tuesday 10 May 2022 at 9.30am via MS Teams.

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON TUESDAY 8 MARCH 2022 AT 10AM VIA MS TEAMS

Present:

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

In Attendance:

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

Vice Chair's Opening Remarks

The Vice Chair welcomed everyone to the meeting, noting that she would be chairing today's meeting due to the Chair being on leave.

The Vice Chair advised that the Cabinet Secretary for Health and Social Care, Humza Yousaf MSP, visited the Victoria Hospital in Kirkcaldy on Monday 7th March 2022 to personally welcome a group of new international nursing recruits to Fife. The Vice Chair and Chief Executive joined the Cabinet Secretary for the visit. The Vice Chair expressed how humbled she was by the positive feedback received from the new international nursing recruits on the welcome they had received, and from the wider staff they met across the various sites during the visit, despite the ongoing challenges of coping with the pandemic.

The Vice Chair expressed deep sympathy for the people of Ukraine, those local people in Fife who have family in Ukraine and for all affected by the suffering caused by the recent invasion. The potential health impact of what we are all seeing in the media's daily coverage of the conflict was also recognised.

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 T Marwick (Chair) and W Brown (Employee Director), and from attendee S Fraser (Associate Director of Planning & Performance).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting held on Monday 10 January 2022

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

4. Matters Arising / Action List

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

4.1 Progress Update on Primary Care Pressures

The Medical Director provided a verbal update, providing assurance to the Committee on the plans in place to eliminate primary care pressures.

It was noted that General Practices (GPs) have been affected in the same way as other primary care services during the pandemic. However, there is good resilience within GPs, who are supporting each other and working in clusters. GPs are seeing members of the public who need to be seen on a face-to-face basis, with remote consultations in place where appropriate. It was noted that the operation of GP services was planned to change with the roll-out of the new contract. Due to the pandemic, this work has accelerated, and members of the public have been largely unaware of the impact of these changes. It was also noted that concern and negativity continue within the media around access to GP services, due to changed models of care. M Black, Non-Executive Member, noted inconsistences with GPs' provision of face-to-face appointments, and suggested listening to concerns from communities to understand what may need to be changed. It was also important to improve communication to members of the public on the role of GPs and what sort of service they can expect, across primary care, when they require access to community-based services.

The Medical Director and Director of Health & Social Care have established a Primary Care Governance and Strategy Oversight Group, which will include all independent contractors. A focus for the group will be sustainability, beyond the implementation of the new contracts and governance arrangements. The first meeting for the group has been scheduled and a draft Terms of Reference (ToR) has been prepared. The ToR will be brought to this Committee, once finalised.

Action: Medical Director/ Director of Health & Social Care

Positive developments were reported through work with the University of St Andrews' Medical School, including enhancing the ScotGEM programme which will support primary care resilience in future.

The type of reporting and information to be provided on primary care for this Committee to consider was considered by the Vice Chair, as it was noted that there are other reporting lines already in place through the Integrated Joint Board and Clinical Governance Committee. The Medical Director, Director of Public Health and Director of Health & Social Care will provide a written report outlining what sort of reporting would be brought forward. Timeline for submission will be agreed outwith the meeting, and will be dependent on the cycle of meetings, as discussed under item 5.1.

Action: Medical Director / Director of Public Health / Director of Health & Social Care

The Director of Public Health advised that she recently joined a Community Managers' meeting, which considered a range of feedback received during the pandemic. The group noted public irritation about a broad range of service provision. It is clear services cannot return to the way they were delivered previously, as pandemic restrictions ease,

and communication to the public around the impact of these changes needs to be clear and unambiguous.

The Committee **noted** the progress update on primary care pressures.

5. GOVERNANCE MATTERS

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

The Director of Public Health provided an update on the proposed annual Public Health & Wellbeing Committee workplan for 2022/23.

The elements of potential changes to be incorporated into the workplan for 2022/23 were outlined, as detailed in the paper: these include adding reporting from the Primary Care Governance and Strategy Group; the National Place & Wellbeing Programmes (including a change to have 'inequalities' as a separate heading within the workplan); and the proposal to change to a bi-monthly meeting cycle.

The Director of Nursing advised that discussions have been taking place around reshaping the Patients Relations & Equality & Diversity Team, along with having a focus on the Equality Framework and the underlying principles. This would help support the inequalities section of the workplan.

It was advised that feedback had been received in relation to the preparation of papers coming to the Committee, given the pace of a monthly meeting. There would be benefit to those reporting regularly to have a longer interval between meetings to allow time for preparing papers. The draft workplan provided illustrates what a change to the meeting cycle (from monthly to bi-monthly) would look like and how agenda items could be aligned.

The Chief Executive advised that the strengthening the Place and Wellbeing section within the workplan links into conversations that have been taking place with the Board Chief Executives' Group and the Scottish Government. The Care and Wellbeing portfolio, at Scotland-wide level, is focussed on the role of the NHS in improving population health and reducing inequalities. Development of our strategy needs to consider being aligned to the direction of travel directed by the Scottish Government. The Chief Executive stated it would also be beneficial to have more time for detailed consideration of papers within the Executive Team, and that she would welcome the proposed meeting cycle changing so that timing of meetings for this Committee would be the same as the other Standing Board Committees., This would help fit into the Executive preparatory review and approval cycle in place for other Board committees.

The Chief Executive also noted Covid updates and Flu Vaccine & Covid Vaccine (FVCV) programme updates and Testing updates will become part of business as usual and be covered within the Integrated Performance & Quality Report (IPQR), as we go through 2022/23. These will cease as stand-alone reports.

M Black, Non-Executive Director, highlighted the effects on health due to inflationary increases in the price of food and heating and queried how this would be reflected in the work of the Committee. It was advised that this will be incorporated into more detailed discussions at the Board Development Sessions.

The Board Secretary advised that the workplan reflects a recent discussion that took place with the Chairs and Executive Leads for the Public Health & Wellbeing Committee, Clinical Governance Committee and Finance, Performance & Resource Committee. They looked at identifying potential duplication and clarifying where responsibilities sit. A small number of items will go to both the Public Health & Wellbeing Committee and the Clinical Governance Committee, though covering SBARs will clearly define discussion points for each Committee relevant to their own specific remit.

The Committee **considered** and **agreed** the items within the workplan. The Committee deferred making, a decision on the proposed change to the monthly cycle of meetings. A decision on the cycle of meetings will be agreed outwith the meeting. The Board Secretary agreed to arrange a meeting including the Chair, Vice Chair, Non-Executive members of the Committee and the Director of Public Health (*post-meeting note, this has now been scheduled for 29 March*).

5.2 Review of Committee's Terms of Reference

The Head of Corporate Governance & Board Secretary outlined the proposed changes to the Committee's current Terms of Reference. These are:

- Under point 5.1: bullet point 5, 'Portfolio Board' replaces 'Population Health & Wellbeing Portfolio Board';
- Under point 5.1: bullet point 6, new clause added: 'To support the work of the Primary Care Governance & Oversight Group, in its development of the Primary Care Strategy'.

If a change to the cycle of meetings is agreed, this will be subsequently reflected within the Terms of Reference, prior to submission to the Board.

The Committee **approved** a final version for further consideration by the Board, subject to agreement of the cycle of meetings.

6. STRATEGY / PLANNING

6.1 NHS Fife Population Health & Wellbeing Strategy Development Proposal

The Director of Finance & Strategy provided background information on the proposal and explained in further detail the phased approach that is being proposed for the strategy and development work, as detailed in the paper.

Dedicated time, with specific Committee discussions, is provided in the proposed milestone plan. Each activity will generate specific themes or issues for discussion. It was noted some discussions at Board level will be in Development or private sessions. The Chief Executive advised that subjects will be reviewed at the Board Development Sessions, which will be aligned and linked into the development of the strategy. Committee workplans will be updated accordingly.

The agenda item 'Reviewing the Community & Staff Engagement Survey', proposed for May 2022, was highlighted by the Vice Chair, given the timeline for changes being proposed around the Equality & Diversity Lead role. The Director of Nursing advised it

is anticipated the new role-holder will commence in May 2022. However, work on the engagement strategy will commence sooner.

The Committee **approved** the proposal to phase the development of the strategy.

6.2 Strategic Planning & Resource Allocation (SPRA) process (RMP 2022/23)

The Director of Finance & Strategy provided a verbal update and noted the SPRA proposal is nearing its final draft. The Executive Directors' Group will discuss the financials in the SPRA, and a report is being provided to the Committees in March who have not yet met, with a full report to go to the March Board meeting.

The Committee **noted** the update on the Strategic Planning & Resource Allocation process (RMP 2022/23).

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Finance & Strategy highlighted the ongoing challenges on all our services, with staff availability remaining one of the key factors. Our performance, however, remains in the upper quartile/medium range, which includes CAHMS & Psychological Therapies. It was reported NHS Fife is not an outlier compared to other NHS Scotland Health Boards, and that we strive for continuous improvement.

Within the report, there is a section directly relevant to the Public Health & Wellbeing Committee, which covers measures agreed to date, and these will be considered and monitored on an ongoing basis by the Committee.

As part of the IPQR review process, the immunisation programme will be incorporated into the Public Health & Wellbeing Committee section of the IPQR, and this activity will be worked through over the coming months.

M Black, Non-Executive Director, highlighted there were no specific targets for Post Diagnostic Support (PDS) for dementia. The Director of Health & Social Care agreed to provide further clarity in the next iteration of the IPQR.

Action: Director of Health & Social Care

The Vice Chair highlighted the indicator summary on page 3 of the IPQR and noted there is no section for the Public Health & Wellbeing Committee, given it remains in its original format. It was noted this will be added going forward.

The Committee took **assurance** from the performance reporting within the IPQR.

7.2 Integrated Performance & Quality Report (IPQR) Review Process

The Director of Finance & Strategy provided background on the IPQR review process and noted that the review had started from a positive position, given that the IPQR format demonstrated best practice in many areas. Key points from the paper were highlighted.

An overview on the assessment section in the paper was provided, which sets out areas of short-term and medium-term improvement.

The team involved in the review process are currently working on what can be enhanced within the IPQR, in terms of metrics covering Patient Feedback, Information Governance and Workforce. The IPQR is being developed to be more specific to each Committee, and a full executive summary will be provided and offer an opportunity for in-depth discussions.

The Vice Chair indicated that involving Non-Executive Directors in the review process would add value, ensuring that the final document meets the requirements of Non-Executives. Following suggestions, it was agreed that when the IPQR review group are developing the next iteration of the IPQR, each of the Committee Chairs, respective Executive Lead and the relevant persons within the Planning & Performance department would be involved.

Action: Director of Finance & Strategy

The Committee took **assurance** from the report and the proposed changes to the IPQR as part of the IPQR Review.

7.3 Testing & Tracing Update

The Director of Public Health highlighted the Scottish Government intention to publish their transition plan in mid-March. It is anticipated that this will impact on future testing delivery.

It was noted within the summary paper that the reduction in testing is a consequence of policy changes that were made in January 2022.

M Black, Non-Executive member, queried if there was any correlation between the number of tests and increase in positive cases. The Director of Public Health advised this detail is analysed on a weekly basis, and if there is a mismatch between positive case numbers and testing then additional capacity is provided. The current position in Fife overall is steady with alignment between testing and case numbers.

The Committee **took assurance** from the update on Testing & Tracing.

7.4 Flu Vaccine & Covid Vaccine (FVCV) Programme Update

The Director of Health & Social Care provided assurance that the programme continues to be successful in Fife in terms of fully delivering national directions. The key points from the paper were highlighted.

There was significant activity before 1 January 2022 with the 'Boosted by the Bells' campaign. A higher 'Did Not Attend' (DNA) rate has been recorded since 1 January 2022, and significant communication campaigns have been brought forward, to include an offer of unscheduled appointments. Targeted outreach work has been carried out, which also links to our inclusivity work.

The Spring vaccination programme was explained, and it was noted we are on track for delivery.

The Flu Vaccine & Covid Vaccine (FVCV) Programme update will transition into the IPQR, as mentioned previously in the meeting.

The Committee **took assurance** from the update on the FVCV Programme.

7.5 Update on CAMHS & Psychological Therapies

CAHMS

The Director of Health & Social Care provided an update on CAHMS in terms of the improvement work that has been carried out, as detailed in the paper.

It was noted the CAHMS performance continues to match the national average. It was also noted there has been an increase in the level of acuity of patients.

Assurance was provided that improvements continue on the developments of the CAHMS service in Fife, and the backlog in referrals is being worked through.

Psychological Therapies

The Director of Health & Social Care provided an update on Psychological Therapies, as detailed in the paper, and advised significant work is ongoing and actions are being monitored closely. Assurance was provided we are on track to achieve delivery targets by March 2023.

It was reported that those with the most complex needs are waiting too long for treatment. The challenge is within specialised areas. Work is ongoing with NHS Education for Scotland (NES) in relation to both national and international recruitment to fill vacancies in these specialist areas. Support for individuals is sought through the Community Mental Health teams in Community Care and other areas.

The improvement actions taken in recent years was highlighted, as detailed in table 1 of the paper.

M Black, Non-Executive member, noted concern for those on the longest waiting lists, particularly for those waiting over one or two years for treatment. The Director of Health & Social Care explained the support available for those on the waiting list and noted that all individuals are clinically assessed. Approximately 50% of those on the waiting lists are in the physical health group and Clinical Psychologists are being recruited specifically for this area. For others, there are complexities in relation to trauma. Detail on early intervention support and the range of services supporting individuals was provided.

C Cooper, Non-Executive member, requested more context around the patient experience and the carer experience in relation to CAHMS and the wider Psychological Therapies services.

The Vice Chair emphasised the importance of having sight of the detail on the waiting list backlog so that it was possible to understand the patient flow into and out of waiting lists. A higher level of detail will be provided going forward.

Action: Director of Health & Social Care

The Vice Chair welcomed the table, which summarises the improvement actions taken in recent years, and questioned if the referrals and Care pathways facilities defer people being referred or removed from waiting list. The Director of Health & Social Care advised for some people the services are a supplementary support whilst on the waiting list. For others, it is for early intervention, to support outcomes and their own wellbeing, and reduce dependency, potentially, on the more specialised services.

The Committee **took assurance** from the update on CAMHS and Psychological Services.

8. LINKED COMMITTEE MINUTES

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

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

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues from this meeting to escalate to NHS Fife Board.

10. ANY OTHER BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

Tuesday 12 April 2022 at 10am – to be confirmed, following discussions regarding the cycle of meetings.

Fife NHS Board

Confirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 3 MARCH 2022 AT 10.00AM VIA MS TEAMS

Present:

S Braiden, Non-Executive Member (Chair)
W Brown, Employee Director
M Mahmood, Non-Executive Member
S Fevre, Co-Chair, Health & Social Care Partnership Local Partnership Forum
K MacDonald, Whistleblowing Champion
C Potter, Chief Executive
J Owens, Director of Nursing
A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
B Davies, Head of Primary and Preventative Care (deputising for N Connor)
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
Dr H Hellewell, Associate Medical Director, Health & Social Care Partnership (for Item 6.4)
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
N McCormick, Director of Property & Asset Management (for Item 5.5)
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, noting that Neil McCormick, Director of Property & Asset Management, would be attending to deliver a presentation on Agenda Item 5.5 Staff Governance Standard – Improved & Safe Working Environment. It was also noted that Dr Helen Hellewell would be called into the meeting to speak to Agenda Item 6.4 - Workforce Implications of Memorandum of Understanding 2 (MOU) Update. A welcome was also extended to Bryan Davies, Head of Primary & Preventative Care, deputising for N Connor, Director of Health & Social Care.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the 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 sincere thanks to all colleagues for their efforts during this period of extended pressure and very challenging levels of activity.

1. Apologies for Absence

Apologies for absence were received from A Morris (Non-Executive Member) and regular attendee N Connor (Director of Health & Social Care).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Wednesday 12 January 2022

The minutes of the last meeting were **agreed** as an accurate record.

4. Matters Arising / Action List

The Chair highlighted updated and outstanding actions on the Action List as follows:-

Item 1 – Closed.
Items 2 – In Progress – Deferred to May 2022 meeting in light of already full agenda for meeting on 3 March 2022.
Items 3, 4, 5, 6 and 7 – Closed.

The Committee **noted** the updates provided on the Action List.

5. GOVERNANCE MATTERS

5.1 Annual Review of Committee's Terms of Reference (ToR)

The Head of Corporate Governance & Board Secretary advised that the amendments to the Committee's ToR had been tracked within the paper and only minor changes were being proposed, which clarify wording and update terminology to current usage. Subsequent to the paper being issued it had been recommended that a clause be added to all Standing Committee remits to reflect the role of each Committee in the development of the new organisational strategy. The wording of this clause was described verbally. The Committee agreed that an updated draft of the ToR, with the proposed wording of this clause, be circulated via email for comment and approval.

It was agreed that discussion on the description attached to the Employee Director remit within the current ToR wording be taken outwith the meeting and that the final draft of the ToR will reflect any changes to this.

Action: Head of Corporate Governance & Board Secretary

The Committee **considered** the ToR and **agreed** that an updated draft be circulated to members via email for comment and final approval.

5.2 Committee Self-Assessment Report

The Head of Corporate Governance & Board Secretary expressed thanks to colleagues who had completed the survey over the recent busy period of activity. The paper, which summarises responses received, had attempted to draw out the main themes, some of which included ensuring the Committee remains focussed on

strategic matters; improving linkages to Staff Governance Standard; adding additional performance metrics within the IPQR relevant to the Committee; and ensuring information and data provided to members is clear, relevant and provides assurance in line with the report purpose. A commonly noted recommendation across all Committees was the need to enhance training of members by delivering dedicated briefing sessions outwith Committee meetings on topics relevant to the Committee's remit. It was proposed that these sessions be delivered at least twice a year and that suggestions for topics would be sought from members.

S Fevre confirmed support for the overall report and the proposed members' briefing sessions, noting that the feedback gave a number of actions for the Committee to follow up. The Chief Executive also echoed support for the standalone briefing sessions and commended the excellent work done on the report, which offered the Committee an opportunity to focus attention on the themes highlighted.

It was agreed that suggested topics for the briefing sessions would be provided to the Director of Workforce by 25 March 2022, to allow for discussion with the Chair and scheduling into the Committee Workplan. An update on the suggested topics would be brought back to a future Committee for prioritisation. The Chief Executive commented that it would be helpful for the Committee to allow for a degree of flexibility in the scheduling of these sessions, to accommodate any unanticipated topics.

Action: Committee Members / Director of Workforce

5.3 Review of Staff Governance Committee Workplan 2021/2022 and Draft Annual Staff Governance Committee Workplan 2022/2023

The Director of Workforce drew the Committee's attention to the two appendices included in the report – Appendix 1 – a review of the Staff Governance Committee Annual Workplan 2021 / 2022 and Appendix 2 – Draft of the Staff Governance Committee Annual Workplan 2022 / 2023. The latter had incorporated the feedback received from the Committee throughout the year, as well as that given via the Committee's Self-Assessment Exercise. It was reiterated that the Workplan is a live document, which is continuously reviewed and updated.

In the Annual Reports section of the 2022 / 2023 Draft Workplan, S Fevre queried the timing of the Equality, Diversity & Inclusion (EDI) Report, marked as 'To be Confirmed', emphasising that this was an area of important organisational focus that the Committee needed to see reporting on. The Director of Workforce offered assurance to the Committee and highlighted that reporting updates were routinely provided to Committee by the Director of Nursing. Additionally the BAME (Black, Asian, Minority Ethnic) Network report would be tabled at the May 2022 Committee meeting, which would include the response to the consultation on the Public Sector Equality Standards. S Fevre commented that awaiting feedback from the BAME network should not preclude the Committee from progressing the EDI agenda overall. The Director of Workforce clarified that the reporting element pointed primarily to the ordering of matters in the Workplan and did not impede the work that was continuing in terms of the overall EDI agenda.

Whilst noting ongoing efforts to ensure international recruits were aware of relevant community links, the Employee Director emphasised the importance of being able to signpost both new recruits and existing staff to a tangible internal support forum. The

Director of Workforce offered assurance to the Committee on the efforts undertaken in collaboration with staff side colleagues to welcome international recruits to Fife.

Noting the matters raised, the Head of Workforce Planning & Staff Wellbeing offered to extend the scope of the update that would be provided at the May meeting. S Fevre added that the BAME network must be supported to bring forward the issues that had been identified, in order that appropriate action could be taken.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from and **noted** the activity undertaken as demonstrated by the Staff Governance Committee Workplan for 2021 / 2022 and **discussed** and **approved** the Staff Governance Committee Workplan for 2022 / 2023, alongside the addition of the briefing sessions.

5.4 Board Assurance Framework – Workforce Sustainability and Linked Operational Risks Update

The Director of Workforce confirmed that no new or significant risks had been identified. The Committee would be updated on the linked risk pertaining to Nursing & Midwifery Staffing Levels via a presentation by the Director of Nursing.

M Mahmood enquired as to whether feedback was being sought on how staff were engaging with the various support and wellbeing services on offer and whether they were benefitting from utilising these services. The Director of Workforce commented that the information due to be presented in agenda item 7.4 Staff Health & Wellbeing Update would offer the Committee assurance on this matter.

The Committee took **assurance** from and **noted** the content of the report and **approved** the current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework.

5.4.1 Nursing & Midwifery Staffing Levels

The Director of Nursing provided a detailed presentation on Nursing & Midwifery Staffing levels, explaining that the workforce had increased by 11.5% in the last five years and 4.5% in the past year (December 2016 – 3500 WTE, December 2020 – 3781 WTE, December 2021 – 3950 WTE). Increasing demand, vacancy levels and staff health and wellbeing pre and post pandemic were noted as contributory factors. Supply and demand pressures facing the workforce such as recruitment, retention, availability of student nurses, staff absence, vacancy levels, increasing activity, surge, issues with care at home and the requirement for new workforce (e.g. Vaccination staff) were highlighted.

The Committee were updated on the ongoing actions being taken to mitigate these pressures, including but not limited to national and international recruitment, increasing student numbers in the Band 4 workforce, upskilling of the Band 3 workforce, consideration of how non-registered staff could support the registered workforce in hybrid posts such as Medicines Assistants, ensuring adequate supply of bank staff to reduce reliance on agency workers, retention activities including education, career support, health & wellbeing support opportunities for advancement and from an operational perspective Workforce Hub tools, Safe to Start Guidance, Guiding Principles and others. The Director of Nursing referred to the recent Audit

Scotland report on NHS performance, which acknowledged that NHS Scotland was operating in extremely challenging circumstances and staff were being adversely affected by occupational burnout and moral distress. Concerted efforts on a national and local level were being made to support the workforce.

A Verrecchia thanked the Director of Nursing for the informative update and enquired whether there was any data available in respect of staff retiring early at 55 as a result of proposed changes to the NHS Scotland pension scheme. The Director of Workforce noted the challenges associated with gathering such data, as staff are not obligated to share this information, and updated that pension sessions had been organised for staff in December 2021 and additional efforts would be made to alleviate staff concerns about the scheme. The Deputy Director of Workforce commented that the Scottish Public Pensions Agency (SPPA) had now issued communications to members clarifying that there would be no disadvantage from changes to pension regulations and furthermore the situation was being continually monitored across the HR community nationally as a matter of importance.

S Fevre emphasised the importance of quantifying and monitoring vacancy levels and the Committee being offered assurance around this. The Committee were reminded that whilst there was an increased workforce, there were also increased responsibilities and specific tasks that staff were recruited for e.g. Immunisation. Additionally, whilst the bank was an important source of workforce supply, an over reliance on bank staff made for an unstable workforce model. It was queried as to whether there was an optimum ratio of bank to permanent staff that the organisation was looking to achieve. The Deputy Director of Workforce commented that vacancy levels were challenging, and work was underway to find a solution to establishment gap recording and reporting so that gaps could be better assessed. It was also advised that whilst vacancies offered some explanation for the gaps, the high levels reported were reflective of the extensive work being done to mobilise candidates through the recruitment system. Whilst paying due credit to the bank workforce that had served the organisation well, especially in the current circumstances, it was acknowledged that there was an opportunity to correct the balance in favour of a sustainable core workforce.

The Employee Director suggested efforts that would support the registered workforce including upward mobilisation of the Band 3 staff, many of whom were already working beyond their remit, and better rota management to offer flexibility, both of which would improve employee morale and retention. The Deputy Director of Workforce recognised the importance of progressing the Band 4 work within the limitations of the national work being conducted. The e-Rostering solution is commencing in April 2022 and expected to be established within the next three years, would offer further scope for flexibility to meet the needs of both staff and the service from a workforce planning perspective, a challenge that would require collective efforts across staff-side, nursing and workforce operational areas.

The Committee **noted** the update provided with regard to Nursing & Midwifery Staffing levels.

5.5 Staff Governance Standard – Improved & Safe Working Environment

The Director of Property and Asset Management presented a comprehensive overview of the NHS Fife Health & Safety (H&S) function responsible for advice, training and statutory reporting across the organisation. It was reiterated that H&S is everyone's responsibility. The H&S policy had been recently updated to ensure best practice and compliance and a copy was available on the website and Stafflink. The Committee were informed that the pandemic had presented the H&S function with unique areas of focus and challenge, particularly in relation to risk assessments, to ensure a safe environment for patients, staff and the public. Furthermore, owing to the increased number of new staff and staff working in different areas, manual handling training was an important area for the H&S team. Overall the training model was being reviewed to offer targeted training geared towards the specific area of work and equipment being utilised therein. The Committee were updated about the H&S Management Assistant, a tool that managers could use to ensure departments are managed in a safe and effective way. It was noted that the previous H&S Manager had recently moved to a new post and an appointment to the vacancy was expected imminently.

S Fevre recognised the ongoing work within H&S with support from Estates and Facilities and commented that a safe and healthy environment was key to employee wellbeing, retention and patient care. The importance of progressing the establishment of permanent Staff Hubs was emphasised. The Employee Director acknowledged the informative update that had been provided and emphasised that H&S is everyone's responsibility, remarking that it may be helpful for the Area Partnership Forum (APF) to receive regular H&S updates to promote awareness of key issues. The Director of Property & Asset Management commended S Fevre for his contribution and support around establishing Staff Hubs and in recognition of the Employee Director's feedback on the benefits of raising the profile of H&S awareness across the organisation and agreed with the proposed suggestion.

The Committee **noted** the update provided in the presentation in respect of Staff Governance Standard – Improved & Safe Working Environment.

5.6 iMatter Feedback Report

The Head of Workforce Development & Engagement provided an overview of the iMatter report, explaining that iMatter is a team-based employee engagement tool developed by NHSScotland that offers managers, teams and organisations the opportunity to measure, understand and improve staff experience. It was advised that although response rates had dropped by 3 percentage points from 2019 to 2021, they were 3 percentage points higher than NHSScotland and significantly higher than the 2020 Everyone Matters Survey results. NHS Fife's 58% response rate offered robust data to inform future actions. The Employee Engagement Index (EEI) score of 75 was on par with the national average and, despite moving from a 12 to 8 week completion requirement, a 10% increase in the number of action plans completed in NHS Fife was reported.

With scores of 78% and 77% in the 'Well Informed' and 'Being Treated Fairly and Consistently' Staff Governance Standards respectively, it was reported that NHS Fife had scored significantly higher compared to national results which were 69% and 74% respectively, and in the areas of 'Involved in Decisions' and 'Appropriately

Trained & Development', NHS Fife had scored slightly higher than the national average.

In reporting on new developments, the introduction of the SMS function had seen an encouraging 53% response. For this year additional support would be offered to Directorates utilising paper surveys where a lower response rate of 17% had been reported. As the organisation emerges from the pandemic, the focus on engaging with staff on career development was emphasised. Locally created resources such as the Action Planning Tool Kit had received positive feedback and a new resource was being developed on TURAS to raise awareness and support managers.

The Employee Director commented on the need to increase engagement with staff without easy access to IT, particularly Estates & Facilities staff to improve iMatter response rates and involvement in action plans. The Head of Workforce Development & Engagement noted the work done on communication in collaboration with the Director of Property and Asset Management which can be built on this year to promote Estates & Facilities staff engagement in the iMatter process. S Fevre added that it was good to see the overall improvement in staff engagement and asked whether there was a means of locally measuring the action planning process to make sure that staff felt part of the process. It was important for the organisation to build on the work done around environments and involvement and support staff from a career development perspective, harnessing the valuable skills and experience gained over the course of the pandemic. The Head of Workforce Planning & Development advised that local guidance had been developed for managers and support had been offered to every manager who had not yet started the action planning process and further consideration would be given what more could be done to ensure staff feel involved in developing these plans.

In terms of how staff are supported going forward from the 'Appropriately Trained' strand of the Staff Governance Standard, it was advised that the data had been taken to the Learning & Development Forum, where discussions had taken place on how the organisation was ensuring the workforce are appropriately trained and what could be done differently in that space. In this regard, the Director of Workforce emphasised the importance and value of promoting staff engagement with the Personal Development & Performance Review (PDPR) process.

The Committee **noted** the detailed update provided in the iMatter Feedback presentation.

5.7 Appraisal & Revalidation Report – Wider NHS Fife Registered Workforce

The Director of Workforce advised that this paper encompasses appraisal and revalidation activities around the wider registered workforce and was being presented in response to a request from the Committee at the Staff Governance Meeting on 28 October 2021.

The Director of Nursing advised that Allied Health Professionals (AHPs) were required to register every two years. Within the period January to December 2021, revalidations had been completed by certain AHP staff groups. Initial challenges experienced with the new online re-registering system had been resolved. Nursing & Midwifery staff are required to register every year and revalidate every three years and the registration and revalidation procedure to support this process is

implemented across NHS Fife. The Committee were offered assurance that any lapses were promptly dealt with in line with NHS Fife policy, with support from the Workforce team. S Fevre suggested that the inclusion of PDPR figures for this workforce would offer the Committee greater assurances around the supervision, appraisal and Personal Development Planning element. The Director of Workforce, acknowledging this feedback, advised that efforts are being made to incorporate this information into the Workforce Information Overview Report as part of future developments.

The Committee took **assurance** from the update provided in the Allied Health Professionals Appraisal and Registration and the Nursing and Midwifery Revalidation update.

6. STRATEGY / PLANNING

6.1 Workforce Plan and Strategy Development 2022-2025

The Deputy Director of Workforce advised that the requirement for completing the Workforce Plan had now been extended from March to July 2022 for publication by October 2022. In the 2022/2023 Staff Governance Workplan, the Workforce Plan for 2022-2025 has been scheduled for initial presentation in May 2022 and final sign off in July 2022. Whilst the guidance is yet to be released, the Workforce Plan will be completed in two parts, with appropriate linkages between the NHS Fife and the Health & Social Care Partnership Workforce Plans. It was advised that the National Workforce Strategy for Health & Social Care in Scotland was due to be released later in March 2022 and this would consequently inform and direct local Workforce Strategy development. Work on aspects of the Population Health & Wellbeing (PH&WB) Strategy had been paused to Quarter One of 2022/2023 and the Workforce Strategy is now scheduled to be presented to the Committee in March 2023, per the Workplan.

The Committee **noted** the update provided in respect of the Workforce Plan and Strategy Development for 2022-2025.

6.2 Strategic Planning & Resource Allocation Report (RMP 2022/2023)

The Director of Finance & Strategy advised that a verbal update was being provided to the Committee as the final details of the 2022/2023 Strategic Planning & Resource Allocation (SPRA) proposal were currently being reviewed by the Executive Directors' Group. An initial draft of the Corporate Objectives had been presented to the Population Health & Wellbeing Portfolio Board (PH&WB) in January 2022 and discussions with individual Directors were ongoing to finalise the key objectives for each area. It is expected that a final proposal will be ready by March 2022, which will be reported into both the PH&WB Portfolio Board and NHS Fife Board for approval. With the relevant learning incorporated from last year, the second-year of the process has been considerably more embedded and there is real ambition to integrate organisational Workforce and Financial plans to ensure a consolidated plan for the 2022/2023.

The Committee **noted** the update provided in respect of the Strategic Planning & Resource Allocation (RMP 2022/2023).

6.3 Joint Remobilisation Plan 2021/2022 - Winter Plan Actions

The Director of Nursing advised that the paper highlighted the actions of the fourth iteration of the Joint Remobilisation Plan (RMP4), which had been renamed NHS Fife Operational Delivery Plan, and includes the Winter actions described. Oversight of workforce implications during remobilisation had been considered as part of the SPRA process. Actions that have been taken or are being considered include the potential long term Covid-19 health issues for staff, which are being addressed through national guidance, and ongoing monitoring to ensure Workforce Hubs are robust and flexible. The Workforce Silver Group continues to meet to review workforce deployment. Additionally, the adapting and onboarding and development delivery approach through the use of e-enabled fast track induction and training is being focussed on by the Professional Practice Development team. Focussing on Workforce, actions were noted around the consolidation of staff and bank arrangements and ensuring Personal Development Planning activities were brought back on track.

S Fevre acknowledged the paper presented was helpful and offered an account of the numbers. However, it did not appear to communicate the considerable impact of the Winter Plan on the workforce directly. The Director of Nursing confirmed that this feedback would be given due consideration in the review exercise about to commence.

The Committee took **assurance** from and **noted** the progress of deliverables within Joint Remobilisation Plan 4 (RMP4).

6.4 Workforce Implications of Memorandum of Understanding 2 (MOU2) Update

Bryan Davies, the Head of Primary and Preventative Care, advised that the paper presented was a further update on MOU2 Implementation and associated workforce implications. As previously reported, attracting and retaining the workforce to support General Practice remains a challenge. It was advised that confirmation of additional Scottish Government funding to the tune of £1.02 million has allowed further progression of MOU2 implementation across all three workstreams. Two thirds of the Community Treatment and Care workforce are in place and Vaccination Workforce recruitment is currently underway. Dr Helen Hellewell, Associate Medical Director H&SCP, drew the Committee's attention to the main areas of mitigation, which comprised closely reviewing the skill mix and ensuring that both registered and non-registered staff were appropriately used to fill posts whilst maintaining flexibility as recruitment to the programme continues.

The Committee confirmed **assurance** from the report that there has been progression in the recruitment of the MOU2 workforce, including an additional Scottish Government investment of £1.02 million. The Committee also confirmed **assurance** from the report regarding the progress of all priority areas and the mitigating actions being taken in relation to the risks identified.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce acknowledged that increasing sickness absence levels in the reporting period continue to remain a concern and drew the Committee's attention to the ongoing mitigating actions. She thanked the Employee Director, S Fevre and other staff-side colleagues for their involvement in supporting these actions. The Employee Director remarked that it was important for the Committee to prioritise their focus on how sickness absence is managed, particularly in regard to the support that staff members receive whilst on sick leave. It was highlighted that maintaining communication with staff was imperative to facilitating their return to work and it was important for managers to feel supported and empowered to consider innovative approaches to support staffs' return to work.

M Mahmood enquired about the methods used to promote positive attendance and how well these were working. A Verrecchia commented that Managers needed to be supported with the administrative requirements associated with managing sickness absence, as well as being empowered to act independently. The Director of Workforce updated on a recently held meeting with the Employee Director and staff-side colleagues to collaboratively explore what could be done differently to manage sickness absence. At this meeting, a sample of individual cases were discussed to draw learnings to support improved practice going forward.

The Chief Executive, agreeing that absence management was a high priority matter on the Staff Governance agenda, reinforced that the focus needed to be on active governance. It was noted that in progressing innovative return to work approaches, there were opportunities for better collaboration across the organisation. The Chief Executive expressed concern at comments that managers did not feel empowered to manage sickness absence, as this was contrary to the organisation's culture and values and requested that staff-side colleagues make contact with her directly to discuss this matter further. The Employee Director stressed the need for an appropriately constituted high-level group that focusses on absence management.

The Committee **discussed** the IPQR and **examined** and **considered** NHS Fife's performance, with particular reference to the levels of Sickness Absence and the caveats around this.

7.2 Integrated Performance & Quality Report Review Process

The Director of Finance & Strategy explained that the paper was an initial response to an agreed action from the Board Active Governance Workshop held in November 2021, where a commitment had been made to review the current content of the IPQR and identify opportunities for improvement. The cross functional group engaged in the review exercise had concluded that, in line with best practice stipulations, the current IPQR contained a robust level of information. However, in the spirit of continuous improvement and for the Committee's assurance, the Director of Finance & Strategy advised that it may be beneficial for the report to include quality value statements around the impact being felt on the ground and as expressed by staff. The need for a broader and more qualitative assessment of actions being taken to support staff was recognised. The Committee was informed of the medium term improvements recommended and to be implemented to improve the presentation of

the report, with an acknowledgement that staff health and wellbeing metrics also needed to be incorporated, to offer assurance to the Committee on whether actions being taken were having the desired impact.

The Committee **took assurance** from the report and the proposed changes to the IPQR as part of the IPQR review, noting that further updates would follow.

7.3 NHS Fife Workforce Information Overview

The Deputy Director of Workforce explained that the Workforce Information Overview provided an organisational level overview of various aspects of workforce data as of December 2021 and advised the Committee that workforce management information capability continues to be developed with the rollout of the Tableau dashboard to support enhanced decision-making. The Committee was reminded that the vacancy numbers reflected in the report were not a measure of the establishment gap, but rather the volume of recruitment activity. Work to identify the establishment gap was ongoing with colleagues at regional and national level, as this continues to be an area of challenge across all Health Boards. The Employee Director commented that vacancy data was key to understanding the quantum of the workforce challenge. The Chair requested that this matter be discussed outwith the meeting and brought back to the next Committee meeting.

Action: Deputy Director of Workforce / Director of Nursing

Responding to a question posed by S Fevre on the Workforce Development Appraisal section of the report, the Deputy Director of Workforce advised that local solutions to extract performance development review data were being considered, as it had not been possible to obtain this information from the regional dashboard as originally expected.

The Committee took **assurance** from the report and **noted** contents of the NHS Fife Workforce Information Overview report and the related appendices.

7.4 Staff Health & Wellbeing Update

The Head of Workforce Planning & Staff Wellbeing advised that the report provided a comprehensive overview of the staff support services offered to promote Occupational Health, which included Peer Support, Spiritual Care, Psychology Staff Support and a range of other Wellbeing approaches. It was noted that Appendix 1 of the paper provided a summary of activity and uptake. The impact of the services offered was being evaluated and this information would be incorporated into the Staff Health & Wellbeing framework due for publication later in the year.

S Fevre commented that it was good to see the information presented in the report and suggested that it may be helpful for this update to be scheduled earlier in the agenda, to allow fuller discussion on this important topic. M Mahmood sought clarification on what activities the additional funding had been utilised for. The Head of Workforce Planning & Staff Wellbeing responded that the funding had been used to support a number of measures, including additional staffing resources for staff psychology support and for Virtual Based Practice reflection activity within the Spiritual Care Service. Taking feedback from the Staff Health & Wellbeing group and staff-side colleagues into account, funding had also been used to support improved

vending facilities, benches for outdoor spaces and wellbeing retreat sessions. Additionally gym membership opportunities were also being considered.

The Committee **noted** the update provided in respect of Staff Health & Wellbeing.

8. ANNUAL REPORTS

8.1 Occupational Health and Staff Wellbeing Service Annual Report 2020/2021

The Head of Workforce Planning & Staff Wellbeing explained that the report highlights the ongoing important role being played by the Occupational Health & Staff Wellbeing service during the pandemic in terms of assisting with staff outbreaks, staff contact tracing / support and advice to managers and staff. Furthermore the investment in Occupational Health service in the previous year has enabled the addition of an Occupational Therapist to support staff returning to work following episodes of long COVID absence and a Mental Health Occupational Health Nurse. S Fevre commended the report and queried whether it could be presented to the Committee earlier on in the year. The Head of Workforce Planning & Staff Wellbeing responded that the 2021/2022 Annual Report was scheduled in the workplan for presentation at the August 2022 Committee meeting, so would be timelier. The Employee Director expressed thanks to the support offered by Occupational Health team during this very challenging time. The Director of Workforce also expressed thanks to Mandy Mackintosh and the Occupational Health team, who have been an invaluable resource and service to the organisation.

The Committee took **assurance** from and **noted** the contents of the Occupational Health and Staff Wellbeing Service Annual Report 2020/2021.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the minutes of the following meetings:

9.1 Minutes of the Area Partnership Forum held on 19 January 2022 (unconfirmed)
9.2 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 19 January 2022 (unconfirmed)
9.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 23 December 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 at the Board meeting due to take place on 29 March 2022.

Under the IPQR, the Director of Workforce recommended that the deteriorating trend of sickness absence levels be escalated to the Board as an area of concern.

For the minutes, S Fevre requested that the positive feedback report received in relation to the 2021 iMatter Staff Engagement survey be highlighted to the Board.

The Employee Director requested that the position in respect of vacancy data should be highlighted to the Board as an area of risk. The Director of Workforce offered assurance to the Committee that this information was available and the details requested by the Employee Director would be incorporated into the information presented in the Workforce Information Overview. The Deputy Director of Workforce advised that whilst this data could be produced, it was not on an automated basis available and work in this area was being progressed.

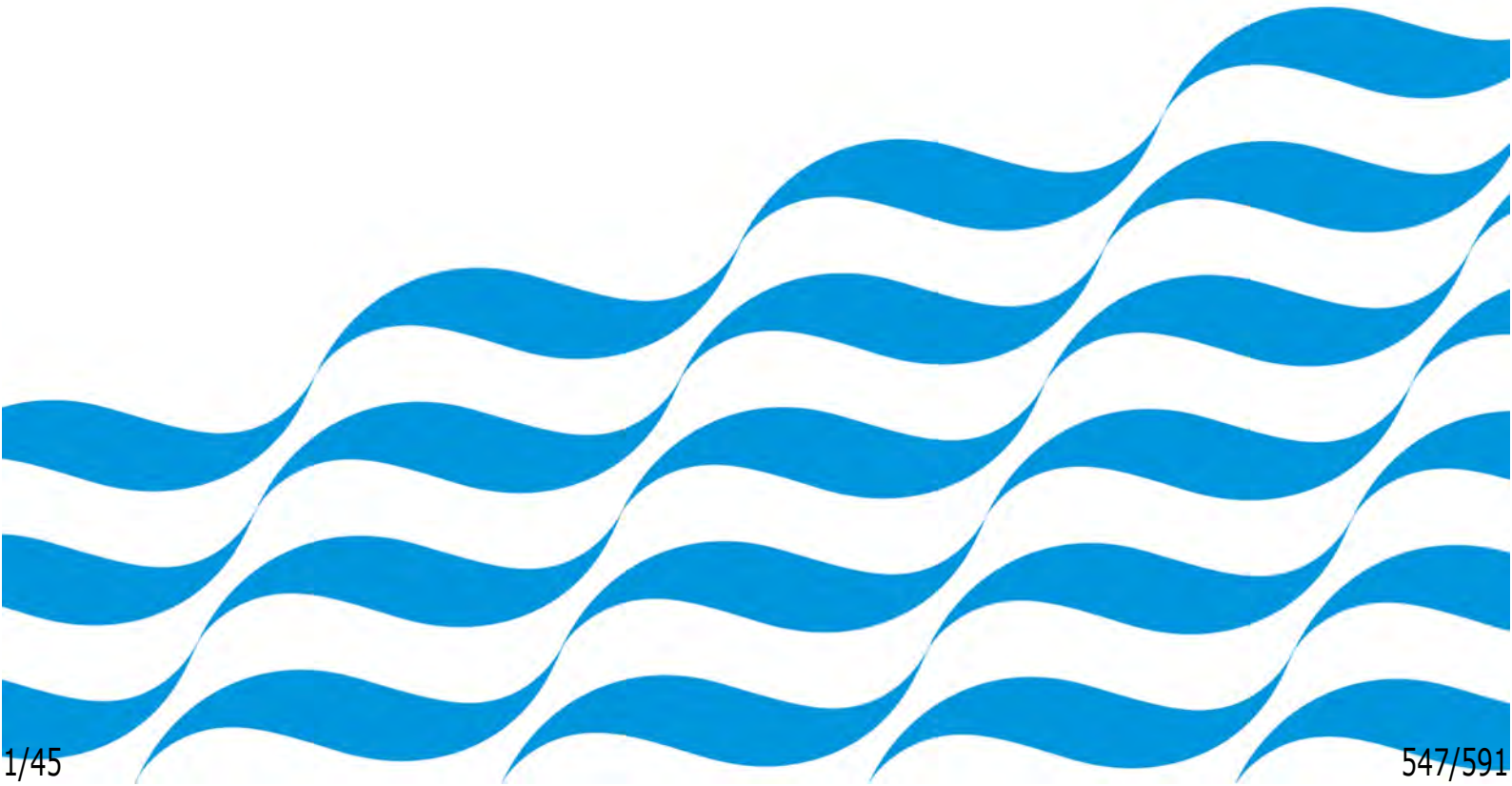
11. ANY OTHER BUSINESS

The Committee acknowledged the current challenging situation in the Ukraine. The Chief Executive advised that an offer of support would be made to members of staff affected by this crisis.

Date of Next Meeting: Thursday, 12 May 2022 at 10.00 am **via MS Teams**

Fife Integrated Performance & Quality Report

Produced in March 2022



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

d. Public Health & Wellbeing

Section II provides further detail for indicators of continual focus or those that are currently experiencing significant challenge. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

MARGO MCGURK
Director of Finance & Strategy
22nd March 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

I. Executive Summary

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

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

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

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

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

a. LDP Standards & Key Performance Indicators

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

There were notable improvements in the following areas in January:

- ECB HAI/HCAI Infection Rate at its lowest 3-monthly rate since May, and ahead of trajectory for achieving improvement target by March
- % bed days lost due to patients in delay continuing a downward trend towards target

Additionally, it has now been 21 months since the Cancer-31 DTT performance fell below the 95% Standard, with 6 months out of 10 this FY reporting no breaches.

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 (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in over 80% where we are able to compare our performance nationally we are delivering performance within either the upper quartile or the mid-range.

c. Indicator Summary

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current			Trend	Reporting Period	Fife		Scotland
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Jan-21		Dec-21	26	Jan-22				N/A			
	HSMR	N/A	Year Ending	Sep-20	1.01	Jun-21	1.03	Sep-21	1.04	↓		YE Sep-21	1.04	●	1.00
	Inpatient Falls	7.68	Month	Jan-21	8.69	Dec-21	8.29	Jan-22	8.36	↓		N/A			
	Inpatient Falls with Harm	1.65	Month	Jan-21	1.39	Dec-21	1.48	Jan-22	2.06	↓		N/A			
	Pressure Ulcers	0.42	Month	Jan-21	1.00	Dec-21	1.33	Jan-22	1.39	↓		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Sep-20	2.2%	Jun-21	3.6%	Sep-21	2.5%	↑		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Jan-21	21.7	Dec-21	12.7	Jan-22	15.0	↓		QE Sep-21	16.6	●	18.3
	SAB - Community	N/A	Quarter Ending	Jan-21	10.6	Dec-21	9.6	Jan-22	9.6	↔		QE Sep-21	9.5	●	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Jan-21	5.1	Dec-21	4.6	Jan-22	5.8	↓		QE Sep-21	9.5	●	16.7
	C Diff - Community	N/A	Quarter Ending	Jan-21	2.1	Dec-21	1.1	Jan-22	1.1	↔		QE Sep-21	4.2	●	4.9
	ECB - HAI/HCAI	33.0	Quarter Ending	Jan-21	51.0	Dec-21	33.6	Jan-22	28.9	↑		QE Sep-21	60.3	●	41.4
	ECB - Community	N/A	Quarter Ending	Jan-21	30.8	Dec-21	33.1	Jan-22	37.3	↓		QE Sep-21	42.2	●	39.4
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Jan-21	80.0%	Dec-21	69.4%	Jan-22	62.0%	↓		2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Jan-21	31.3%	Dec-21	7.0%	Jan-22	12.2%	↑		2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jan-21	100.0%	Dec-21	100.0%	Jan-22	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Jan-21	90.1%	Dec-21	76.1%	Jan-22	77.0%	↑		Jan-22	77.0%	●	76.0%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Jan-21	57.4%	Dec-21	63.1%	Jan-22	56.6%	↓		Dec-21	64.5%	●	34.6%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Jan-21	51.2%	Dec-21	53.8%	Jan-22	50.1%	↓		Dec-21	53.7%	●	46.5%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Jan-21	89.2%	Dec-21	57.8%	Jan-22	52.7%	↓		Dec-21	57.9%	●	49.6%
	18 Weeks RTT	90%	Month	Jan-21	73.7%	Dec-21	72.9%	Jan-22	77.3%	↑		QE Dec-21	71.2%	●	74.2%
	Cancer 31-Day DTT	95%	Month	Jan-21	97.9%	Dec-21	100.0%	Jan-22	100.0%	↔		QE Sep-21	98.9%	●	96.7%
	Cancer 62-Day RTT	95%	Month	Jan-21	82.4%	Dec-21	75.4%	Jan-22	71.2%	↓		QE Sep-21	89.3%	●	83.1%
	Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6%	↑		2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Jan-21	87.1%	Dec-21	84.5%	Jan-22	84.3%	↓		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Jan-21	4.9%	Dec-21	6.0%	Jan-22	5.6%	↑		QE Sep-21	10.4%	●	6.7%
	Delayed Discharge (# Standard Delays)	N/A	Month	Jan-21	38	Dec-21	44	Jan-22	50	↓		Feb-22	18.53	●	29.15
	Antenatal Access	80%	Month	Dec-20	85.7%	Nov-21	88.4%	Dec-21	90.0%	↑		FY 2020/21	89.3%	●	88.5%
	Smoking Cessation	473	YTD	Nov-20	51.4%	Oct-21	54.3%	Nov-21	54.9%	↑		QE Jun-21	64.4%	●	92.4%
	CAMHS Waiting Times	90%	Month	Jan-21	83.0%	Dec-21	68.2%	Jan-22	69.4%	↑		QE Sep-21	83.8%	●	78.6%
	Psychological Therapies Waiting Times	90%	Month	Jan-21	77.1%	Dec-21	81.1%	Jan-22	81.8%	↑		QE Sep-21	86.3%	●	87.2%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑		FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Nov-20	96.1%	Oct-21	91.8%	Nov-21	88.4%	↓		QE Sep-21	89.1%	●	92.9%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	94.6%	↑		2018/19	93.7%	●	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.6%	↓		2018/19	60.9%	●	43.4%
Finance	Revenue Resource Limit Performance	(£13.7m)	Month	Jan-21	N/A	Dec-21	(£14.8m)	Jan-22	(£13.7m)	↑		N/A			
	Capital Resource Limit Performance	£33.6m	Month	Jan-21	N/A	Dec-21	£11.8m	Jan-22	£13.8m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Jan-21	5.04%	Dec-21	6.98%	Jan-22	5.93%	↑		YE Mar-21	4.77%	●	4.67%

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

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

		Quarter End	Quarter End	Quarter End	Month End			Quarter End
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	3,400	1,203	1,269	1,268	3,740
	Actual	3,260	2,953	2,792	756	1,015		
	Variance	279	-167	-608	-447	-254		
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	20,905	7,286	7,287	7,288	21,861
	Actual	19,488	20,161	19,600	5,073	6,336		
	Variance	2,388	1,036	-1,305	-2,213	-951		
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	1,840	613	613	614	1,840
	Actual	1,406	1,511	1,259	445	432		
	Variance	-395	-322	-581	-168	-181		
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	13,642	4,480	4,605	4,607	13,692
	Actual	12,971	12,629	11,733	3,962	4,149		
	Variance	2,121	1,379	-1,909	-518	-456		
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	20,620	7,110	6,450	6,780	20,340
	Actual	20,728	21,110	18,701	5,920	6,005		
	Variance	3,618	2,000	-1,919	-1,190	-445		
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			80.0%	85.0%	86.0%	87.0%	83.0%
	Actual			77.4%	77.1%	83.0%		
	Variance			-2.6%	-7.9%	-3.0%		
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	10,680	3,520	3,190	3,410	10,120
	Actual	10,085	10,001	9,975	3,275	2,923		
	Variance	2,045	1,681	-705	-245	-267		
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85	5.63				5.73
	Actual	5.55	6.17	6.34				
	Variance	-0.27	0.32	0.71				
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	2,610	870	870	870	2,610
	Actual	2,885	3,047	2,820	973	928		
	Variance	**435**	**437**	**210**	**103**	**58**		
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	384	128	128	128	384
	Actual	305	337	306	84			
	Variance	-110	-98	-78	-44			
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			200	70	70	70	210
	Actual			215	66			
	Variance			15	-4			
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			405	130	143	120	393
	Actual			350	126	150		
	Variance			-55	-4	7		
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			68	20	10	0	30
	Actual			13	8	6		
	Variance			-55	-12	-4		
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			69.3%	70.0%	75.0%	80.0%	75.0%
	Actual			71.9%	69.4%	68.0%		
	Variance			2.6%	-0.6%	-7.0%		
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			1,941	768	799	630	2,197
	Actual			1,750	600			
	Variance			-191	-168			
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			234	85	70	55	210
	Actual			113	22			
	Variance			-121	-63			
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.2%	67.5%	65.9%	70.9%	67.9%
	Actual			80.1%	81.8%			
	Variance			6.9%	14.3%			

		Month End	Month End	Month End	Month End			Month End
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	37	36	61	60	52	46	46
	Actual	81	83	44	56	55		
	Variance	44	47	-17	-4	3		

[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**	**1.04**
Hospital Standardised Mortality Ratio (HMSR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.			
Inpatient Falls (with Harm)	*Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21*	**1.65**	**2.06**
Falls data/trends are reviewed continuously, and currently show a broadly static picture in the number of falls with harm over the last year, with some increase noted in December. This correlates with an increase in staff absence alongside significant vacancies and an associated increase in the use of supplementary staffing. Environmental challenges in relation to maintaining the appropriate infection control measures and the demand on capacity across all in patient areas increases the challenge of maintaining supervision. Data is reviewed with wards to support mitigation and consider action for improvement, but the challenges noted has impacted the pace of improvement towards the target.			
Pressure Ulcers	*50% reduction by December 2020, continued for FY 2021/22*	**0.42**	**1.39**
Acute: In the previous quarter the pressure ulcer performance remains below trajectory. The data shows non-random variation with no noticeable signs of improvement. Data continues to be shared with local teams in order to drive improvement. To complement the Excellence in Care, CAIR dashboard a Quality and Clinical Governance dashboard is being built locally. This will allow for a real time review of adverse events, including pressure ulcers and will allow for early identification of emerging themes so that that support can be provided timely. HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Monitoring is undertaken weekly at the Quality Matters Assurance Safety Huddle using adverse events quality dashboard, involving senior clinicians and managers from across the HSCP representing all services. This dashboard continues to evolve and covers all care delivery services within the partnership, and enables a timely action to be taken to the incidences. The LAER/SAER process continues to ensure robust review with key learning to inform improvement activity, and there is ongoing work to improve the sharing of learning from these reviews.			
Caesarean Section SSI	*We will reduce the % of post-operation surgical site infections to 2.5%*	**2.5%**	**2.5%**
Mandatory SSI surveillance remains paused until further instruction from the Scottish Government. However, Maternity Services continue to monitor Caesarean Section SSI cases and, where necessary carry out Clinical Reviews. The performance data provided is non-validated and does not follow the NHS Fife Methodology, and no national comparison data has been published since Q4 2019.			
SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**18.8**	**15.0**
NHS Fife continues to be on target to achieve a 10% infection rate reduction by March 2022. There was one Renal haemodialysis line SAB in October, but there have been no PVC SABs since August.			
C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**6.5**	**5.8**
At the end of December, NHS Fife is in line to achieve the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022. There was just one health care associated CDI in December. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence since August.			
ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022*	**33.0**	**28.9**
The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. At the end of December, NHS Fife was on target to achieve this. There were 18 ECBs in total for December with two of these due to a CAUTI. Reducing CAUTI incidence remains the quality improvement focus to achieve the reduction target of HCAI ECBs.			

CLINICAL GOVERNANCE		Target	Current
Complaints – Stage 2	*At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)*	**65%**	**12.2%**

There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity and number of complaints received and numbers received continue to be high. PRD continues to respond to concerns and Stage 1 complaints relating to COVID-19 vaccination appointments, particularly in regard to the programme team delivering third vaccines.

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	*95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**77.0%**

The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation Centre are being increased further to support prevention of admission from primary care and early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.

Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**56.6%**

Performance in December has deteriorated further with 63.1% waiting less than 12 weeks compared to stable performance of 68% in June. Elective activity in December was significantly less than projected with surgery being restricted to urgent patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,121 patients on list in December, 34% greater than in January. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients and difficulties in maintaining access to beds for elective activity. It is anticipated that there will be a gradual resumption in non-urgent activity in February, but this is heavily dependent on our ability to maintain access to beds for elective activity.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**50.1%**

Performance stabilised in November but deteriorated in December with 53.8% waiting less than 12 weeks following the decision to cancel routine outpatients to support the response to the emergence of the Omicron variant and significant pressures in unscheduled care. The waiting list has reduced but remains high with 20,619 on the outpatient waiting list. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks rose slightly in December but has reduced by 67% since March. Due to the ongoing need for physical distancing our outpatient capacity and therefore activity continues to be restricted. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**52.7%**

Performance continues to be under significant pressure, decreasing to 57.8 % of patients in December waiting less than 6 weeks (52.7 % for endoscopy and 58.7% for radiology). The waiting list for diagnostics has increased again, to 6,661 in December. This increase is seen in both endoscopy (mainly Colonoscopy) and radiology (mainly CT and Ultrasound). The demand for urgent and inpatient examinations particularly for CT and Ultrasound remains high resulting in increased routine waits for these modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan but the recovery is likely to be slower than anticipated because of the continued restrictions in activity and increases in unscheduled and urgent demand.

Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**71.4%**

December continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to staffing issues and lack of resources. Breast, Oncology and Urology capacity are our current most challenging areas. The majority of breaches continue to be seen in Prostate due to the challenging, lengthy pathway. The range of breaches were 2 to 126 days (average 27 days).

FOI Requests	*At least 85% of Freedom of Information Requests are completed within 20 working days*	**85%**	**84.3%**

OPERATIONAL PERFORMANCE		Target	Current

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

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

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

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay is to reduce*	**5%**	**5.6%**

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

FINANCE		Forecast	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£13.7m)**	**(£10.9m)**

At the end of January, the board's reported financial position is an overspend against budget of £10.9m comprising an adverse variance for Acute Services Division of £17.4m and £2.4m for External Health Care Providers, offset by favourable variances of £8.9m across Corporate. The exceptional demand on unscheduled care capacity within Acute Services continues to be a challenge to available financial resources coupled with increased costs of External Health Care Providers. The forecast outturn for the board is an overspend of £13.7m which is a significant improvement on the September (Q2) forecast of £16.9m. The savings target of £8.2m the board committed to delivering in year was delivered in full at the end of December with additional savings of £1.4m secured in January taking total savings secured to £9.6m.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorates*	**£33.6m**	**£13.8m**

The overall anticipated capital budget for 2021/22 is £33.6m. The capital position for the period to January records spend of £13.8m. The full capital budget is on track to be delivered in full by 31 March 2022.

STAFF GOVERNANCE		Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**3.89%**	**5.93%**

The sickness absence rate in January was 5.93%, a reduction of 1.05% from the rate in December. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.60%.

Given on-going workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS (AfC) 2019/2 will not be achieved and we anticipate further NHSScotland guidance on sickness absence targets, which will reflect the circumstances of the last two years.

PUBLIC HEALTH & WELLBEING		Target	Current
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**473**	**173**

Service provision has continued to be delivered remotely by phone, Near Me appointments and use of translation service. Main service access is self-referral by phone, with limited referrals for other health professionals. Some service staff have been deployed to support organisational pressures therefore reduced capacity within the team. The specialist smoking cessation service have been asked to support the Midwifery smoking cessation service as they are experiencing capacity issues with one member of staff on long term absence and one retired. Services have been promoted on hospital radio and planning has started for No Smoking Day on 9th March.

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

As predicted in the CAMHS Referral to Treatment (RTT) Projections, RTT% has reduced as work on the longest waits increases. The amount of activity is lower than projected due to ongoing vacancies, persistent levels of staff absence and patient cancellations as a result of Covid-19. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to this client group. To assist in managing the urgent presentations and to free capacity to offer same day assessments at VHK/A&E, CAMHS has introduced Risk Assessment Clinics provided by East & West Core Teams. New recruits are working towards full capacity and Longest Waits staff will take up post in February. Vacant posts remain under review and out to advert. SG Recovery & Renewal funding proposal for Phase 2 recruitment has been approved by HSCP SLT and has been escalated to NHS Fife EDG for support.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**81.8%**

The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of the year, with an average increase of 82 referrals per month. This has resulted in an increase in numbers on the waiting list and a slowing of the reduction in the number of people waiting over 53 weeks. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources: Operational Performance

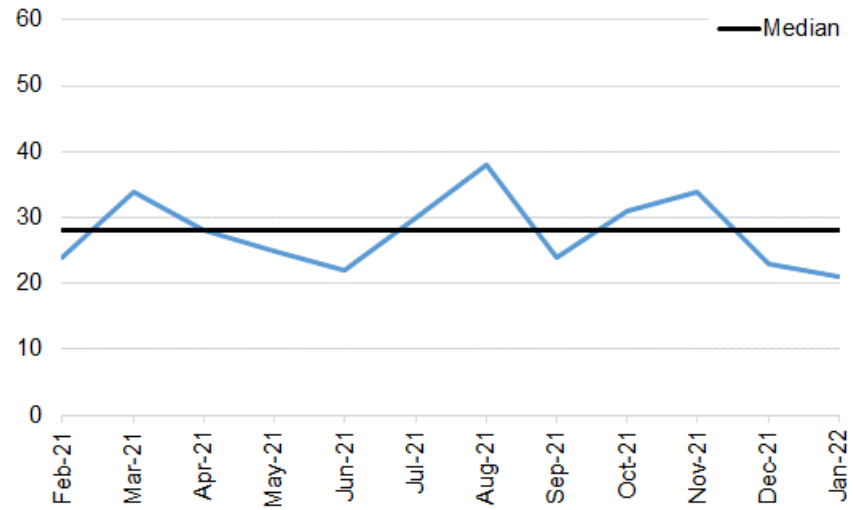
Finance, Performance & Resources: Finance

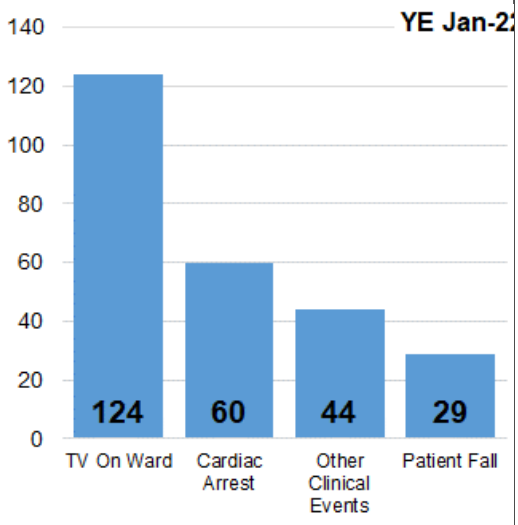
Staff Governance

Public Health & Wellbeing

Adverse Events

Major and Extreme Adverse Events





All Adverse Events

	Month	2020/21		2021/22									
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
ALL	NHS Fife	1209	1365	1358	1373	1351	1419	1453	1397	1393	1437	1488	1475
	Acute Services	530	630	594	649	606	629	616	609	646	630	593	603
	HSCP	653	708	725	682	694	740	799	746	691	746	833	837
	Corporate	26	27	39	42	51	50	38	42	56	61	62	35
CLINICAL	NHS Fife	854	954	937	1012	936	1008	956	964	948	1015	974	931
	Acute Services	494	588	547	600	547	568	551	536	567	579	533	559
	HSCP	346	353	372	388	365	411	384	401	352	407	402	356
	Corporate	14	13	18	24	24	29	21	27	29	29	39	16

Commentary

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

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

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

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

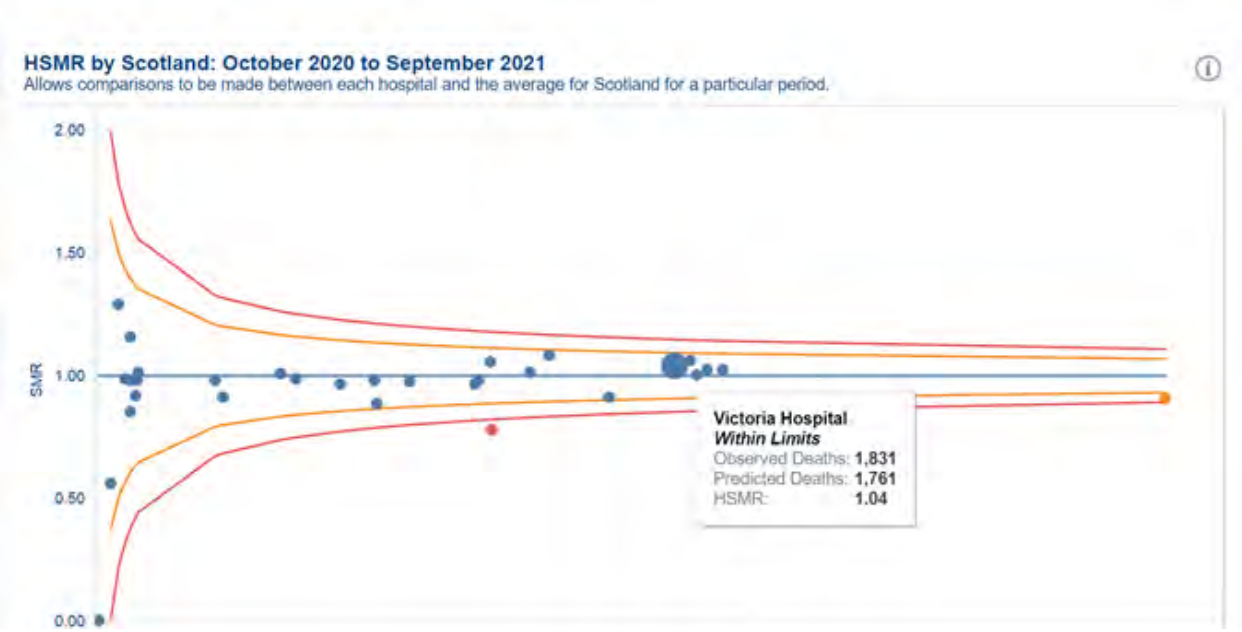
HSMR

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

Reporting Period; October 2020 to September 2021[p]

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

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



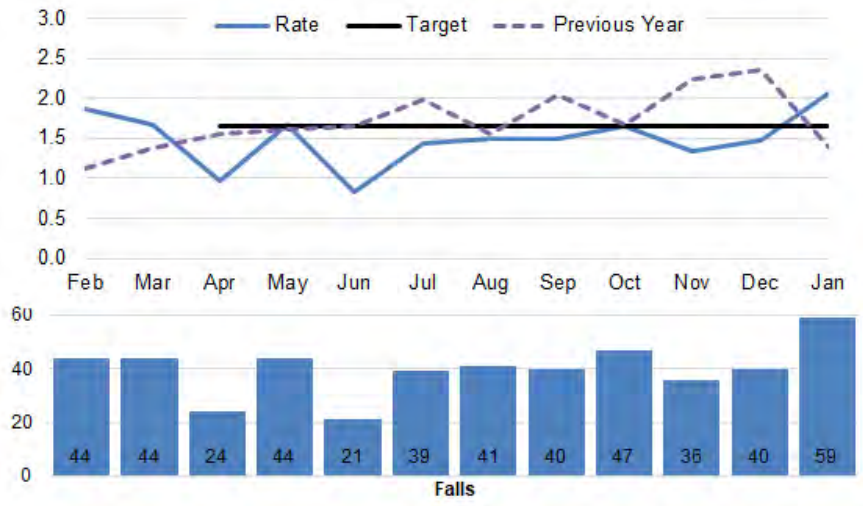
Commentary

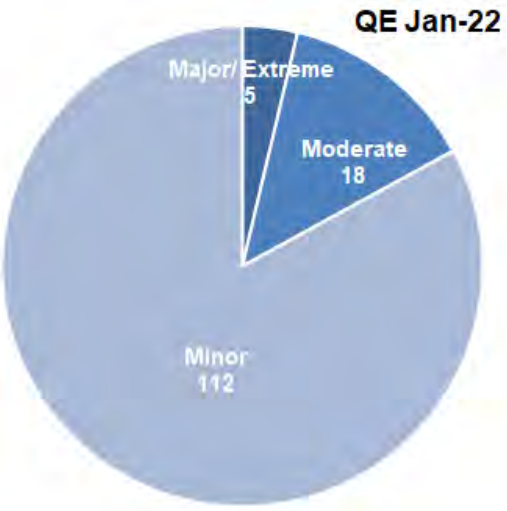
Hospital Standardised Mortality Ratio (HMSR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.

Inpatient Falls with Harm

Reduce Inpatient Falls with Harm rate per 1,000 Occupied Bed Days (OBD)
Target Rate (by end March 2022) = 1.65 per 1,000 OBD

Local Performance





Performance by Service Area

	2020/21		2021/22									
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	1.87	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.66	1.33	1.48	2.06
Acute Services	1.18	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.44	1.11	0.56	1.80
HSCP	2.47	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.84	1.52	2.27	2.27
Target			1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65

KEY CHALLENGE(S) IN 2021/22

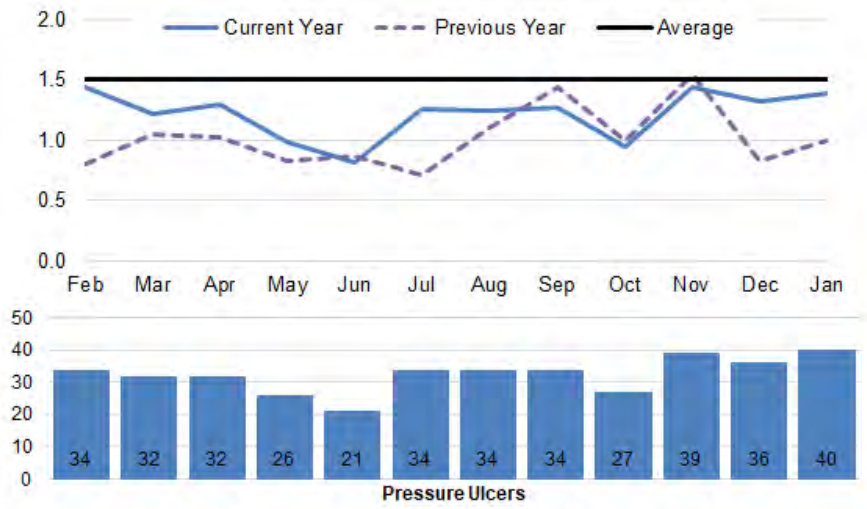
- Continued challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of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

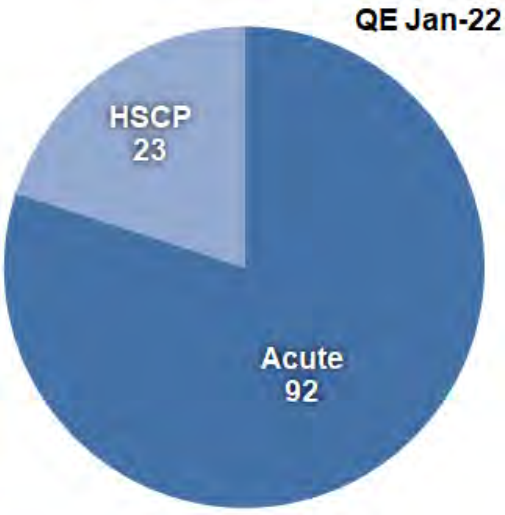
IMPROVEMENT ACTIONS	
20.3 Falls Audit	***By May-22***
A new national driver diagram and measurement package have still to be finalised and due to current challenges NHS Fife documentation will be reviewed and audit plans finalised. There is no update on progress in the national work and the planned review of local documentation and update of the local paperwork will be deferred until then. This action will be for ongoing review and local action until the national position is clarified.	
20.5 Improve effectiveness of Falls Champion Network	***By Mar-22***
This work is on hold due to staffing challenges, with contact being maintained with existing champions	
21.2 Falls Reduction Initiative	***Complete Nov-21***
21.3 Integrated Improvement Collaborative	***Complete Jan-22***

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2022) = 0.42 per 1,000 OBD

Local Performance





Performance by Service Area

		2020/21		2021/22									
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Grade 2 to 4	NHS Fife	1.44	1.22	1.30	0.99	0.82	1.26	1.25	1.28	0.95	1.44	1.33	1.39
	Acute Services	2.18	2.12	2.51	1.60	1.58	2.13	2.36	2.18	1.44	2.54	2.24	2.40
	HSCP	0.80	0.43	0.23	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55	0.52

KEY CHALLENGE(S) IN 2021/22

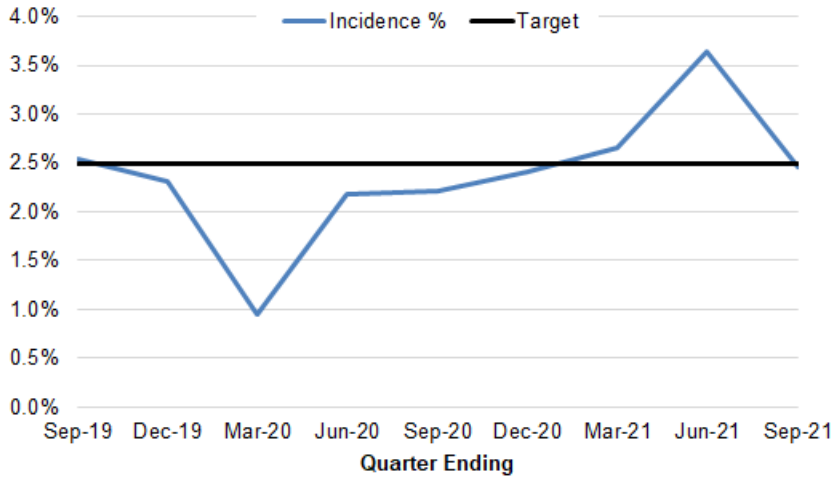
Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

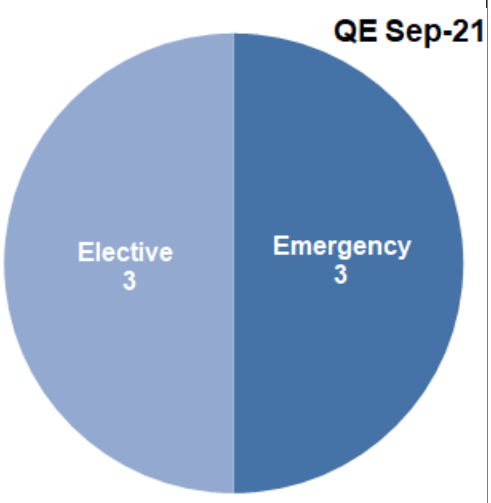
IMPROVEMENT ACTIONS	
21.2 Integrated Improvement Collaborative	**Complete Jun-21**
21.3 Implementation of robust audit programme for audit of documentation	**Complete Jun-21**
22.1 Improvement Collaboratives - HSCP	**By Apr-22**
Community inpatients wards continue to undertake self-assessment against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

Caesarean Section SSI

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

Local Performance





National Benchmarking

Quarter Ending	2018/19				2019/20		
	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19
NHS Fife	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%
Scotland	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%

KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when instructed/agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

IMPROVEMENT ACTIONS	
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	**By Mar-22**

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

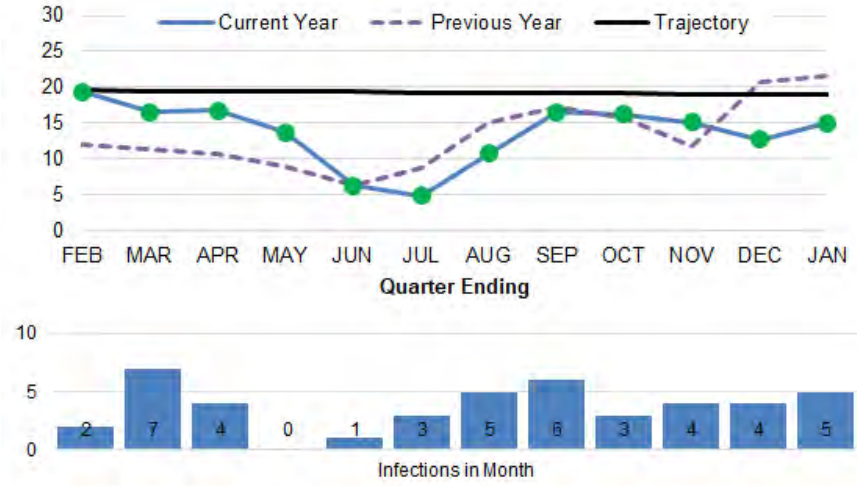
Due to the ongoing Covid-19 pandemic, there is currently no date (set by ARHAI) for resumption of SSI surveillance.

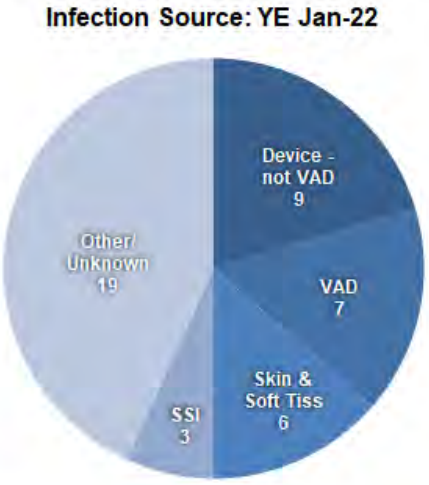
On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most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

SAB (HAI/HCAI)

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

Local Performance





National Benchmarking

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

KEY CHALLENGE(S) IN 2021/22

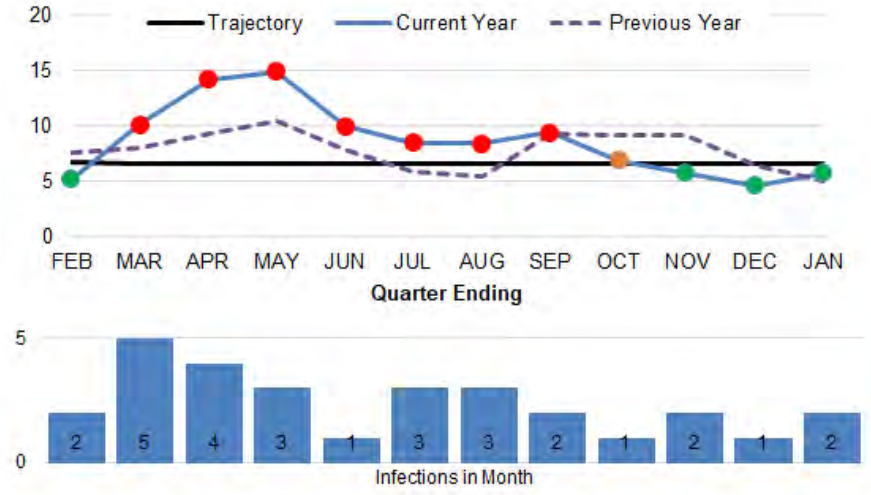
Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

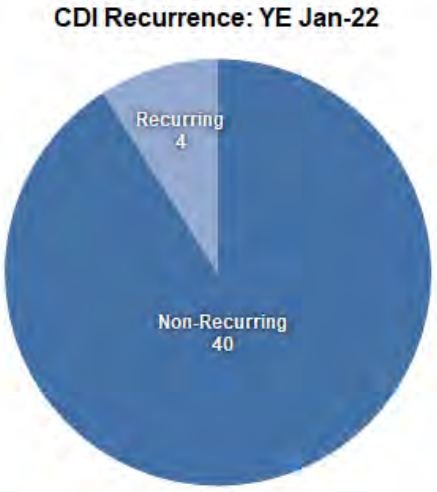
IMPROVEMENT ACTIONS	
20.1 Reduce the number of SAB in PWIDs	***By Mar-22***
The incidence of SABs in PWIDs has continued to reduce, with only 4 cases identified in 2021 (compared to 5 in 2020 and 14 in 2019). The PGD for Antibiotic prescribing is now in progress by Addiction Services and IPCT continues to provide support. IPCT are currently awaiting an update from the Addictions Services Manager. A voiced over educational video by IPCT on SAB definitions, signs, symptoms and interventions has been completed for AS staff training.	
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 in regard to catheter and urinary care with ECB data presented to indicate CAUTI incidence and trends. The most recent January meeting was cancelled. The Driver Diagram for the UCIG is currently being reviewed and updated.	
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 utilised by clinical staff to access and display 'days since last SAB' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	
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 Patientrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

C Diff (HAI/HCAI)

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

Local Performance





National Benchmarking

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

KEY CHALLENGE(S) IN 2021/22

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

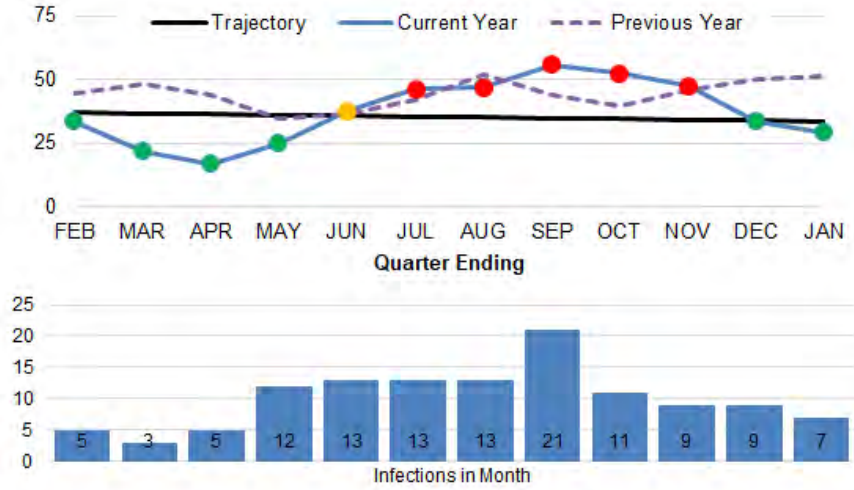
IMPROVEMENT ACTIONS

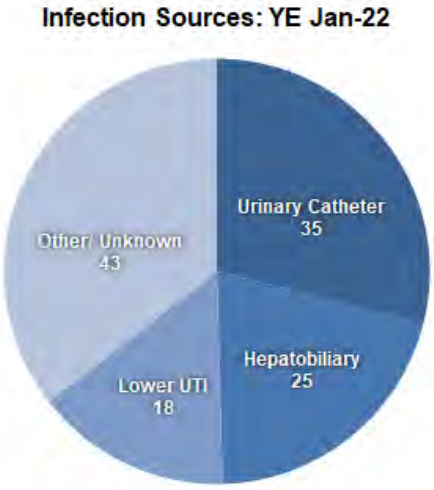
20.1 Reducing recurrence of CDI	***By Mar-22***
Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter 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 and the revised Microguide app has been circulated to all GP practices.	
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. IPCN 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 utilised by clinical staff to access and display 'days since last CDI' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	

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





National Benchmarking

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

KEY CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated inflection 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. From December, as part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX will be submitted for ALL catheter associated ECBs (including those without trauma), prompting an LAER by the patient`s clinical team.
During Q3 2021 (Jul-Sep), NHS Fife was above the national rate for HCAI & CAI. This has resulted in the board being issued with an Exception Report from ARHAI (Antimicrobial Resistance & Healthcare Associated Infection, National Services Scotland). The data is being examined locally and an Action Plan is being developed, to be returned to ARHAI by 8th February.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)	***By Mar-22***

The UCIG meeting last met in November. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work. Work involves the district nursing service and staff in both private and NHS care homes as well as a QI CAUTI programme at Kelty GP Practice.

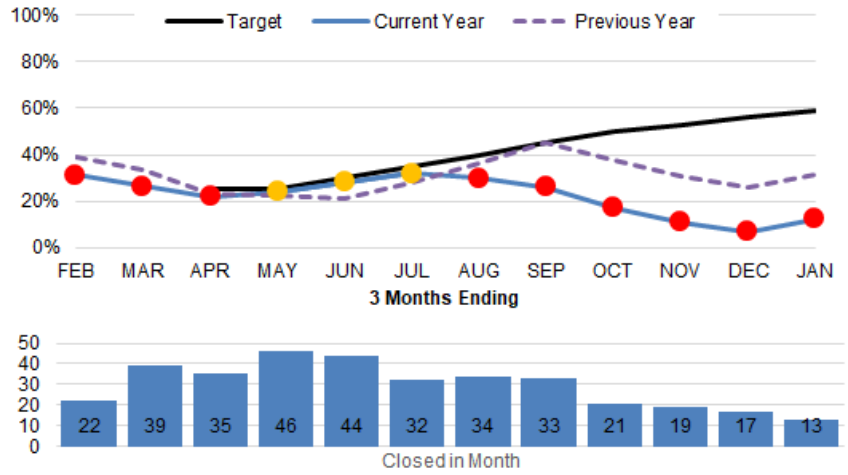
22.1 Develop ECB Strategy	***By TBD***

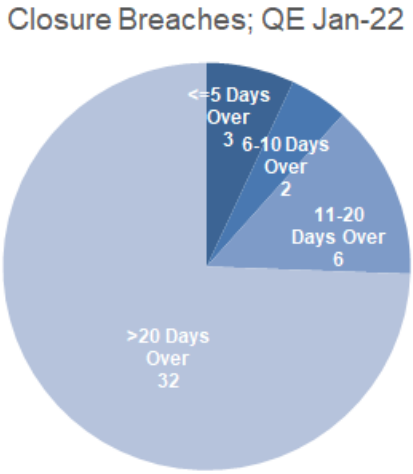
NHS Fife are collaborating with NHS Shetland and NHS Grampian to pioneer an enhanced ECB CAUTI surveillance tool. The aim is to gather data on all CAUTIs, identify risk factors and, where appropriate, make subsequent improvements to practice.

Complaints | Stage 2

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

Local Performance





Performance by Service Area

3-Month Ending	2020/21		2021/22									
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%	26.3%	17.0%	11.0%	7.0%	12.2%
Ack <= 3 Days (Monthly)	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%
ASD	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%	26.2%	19.3%	14.0%	7.5%	17.1%
HSCP	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%	5.9%	8.3%	0.0%

KEY CHALLENGE(S) IN 2021/22

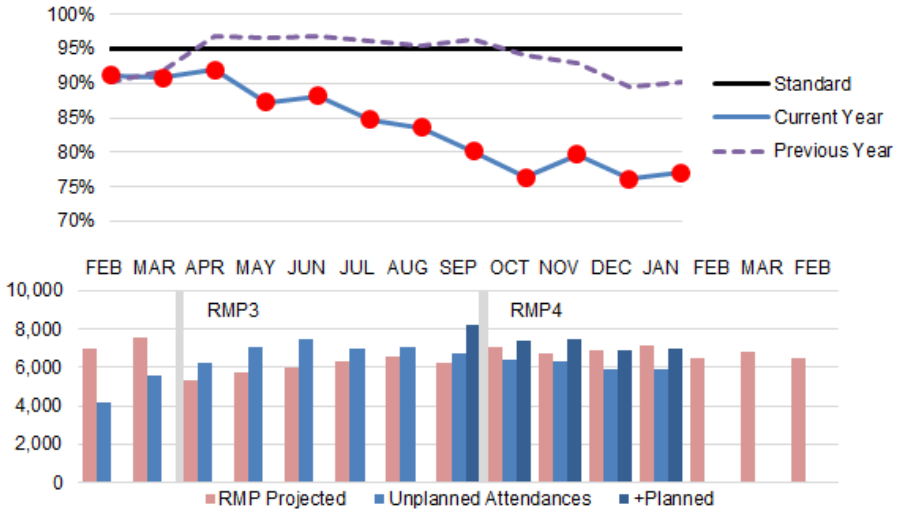
- Service recovery following Covid-19 pandemic
- Improve the quality of complaint handling
- Complex complaints / Multi-Directorate Complaints

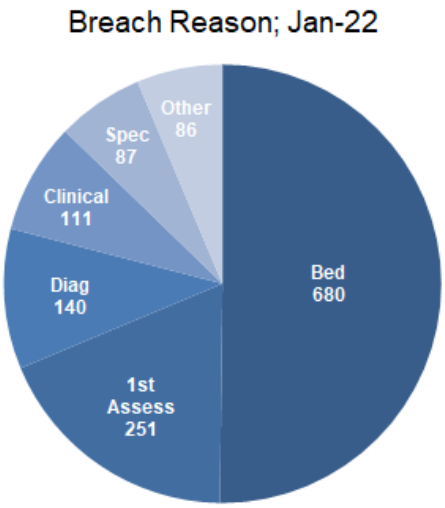
IMPROVEMENT ACTIONS	
22.1 Review complaint handling process and agree measures to ensure quality	**By Mar-22**
Patient Relations are completing in-house QA checks on draft final responses; however this has been impacted due to current pressures within the department. A review of the current complaint handling process by Clinical Governance and Patient Relations has started, but remains on hold due to the ongoing response to COVID-19 and current capacity issues.	
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 remains on hold due to the ongoing response to COVID-19 and current capacity issues. Although bespoke training sessions were undertaken with Fife Wide & Fife East in May and June 2021, the aim was to restart during the remainder of 2021; however, there has not yet been the capacity to do so.	

4-Hour Emergency Access

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

Local Performance





National Benchmarking

Month	2020/21		2021/22									
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
NHS Fife	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%	77.0%
Scotland	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%	76.0%

KEY CHALLENGE(S) IN 2021/22

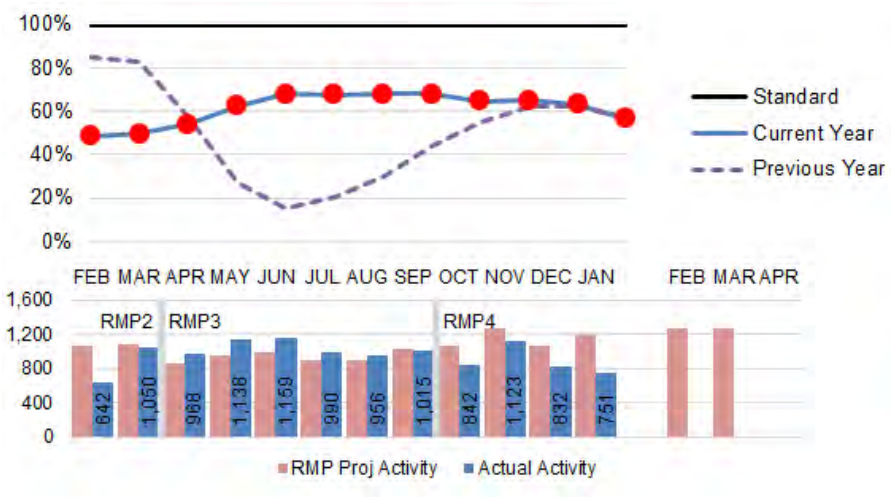
- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

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

Patient TTG

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

Local Performance



National Benchmarking

	2020/21		2021/22									
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
NHS Fife	48.6%	49.7%	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%	56.6
Scotland	33.5%	34.7%	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%	37.5%	37.3%	34.6%	

KEY CHALLENGE(S) IN 2021/22

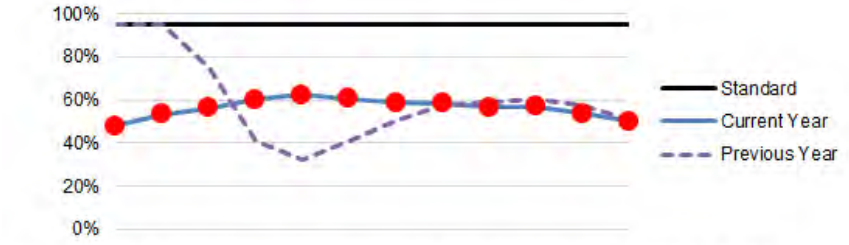
- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence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

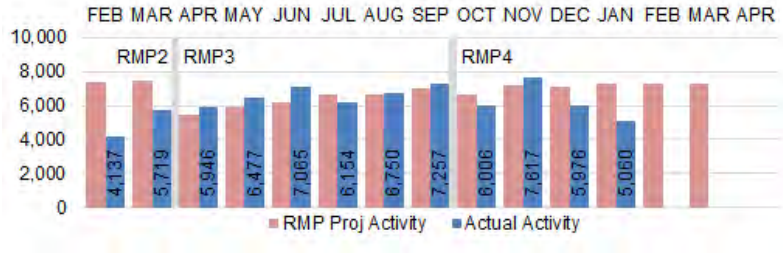
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	**By Mar-22**
Business case delayed awaiting decision on suitable IT system	
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 essential when elective capacity is restricted due bed capacity and unscheduled care demand.	
22.4 Develop and deliver improvement actions in line with CFSD priority projects overseen by Integrated Planned Care Programme Board	**By Mar-22**
First meeting of Integrated Planned Care Programme Board held on 8th December; revised HEAT map being developed	

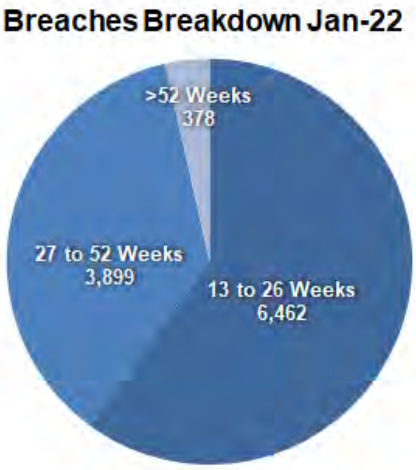
New Outpatients

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

Local Performance







National Benchmarking

	2020/21		2021/22									
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
NHS Fife	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%	50.1
Scotland	43.9%	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	48.1%	48.0%	48.4%	46.5%	

KEY CHALLENGE(S) IN 2021/22

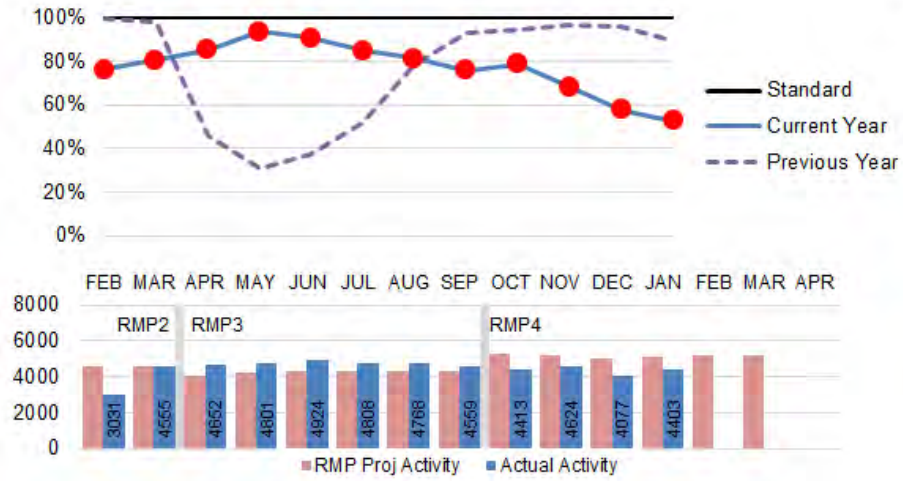
- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence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

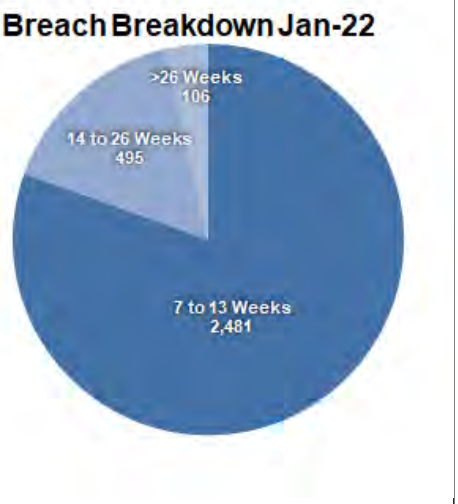
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	**By Mar-22**
First meeting of Integrated Planned Care Programme Board held on 8th December; revised HEAT map being developed	
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	**Complete Dec-21**

Diagnostics Waiting Times

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

Local Performance





National Benchmarking

	2020/21		2021/22									
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
NHS Fife	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%	52.7%
Scotland	57.8%	61.4%	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%	55.2%	56.9%	49.6%	

KEY CHALLENGE(S) IN 2021/22

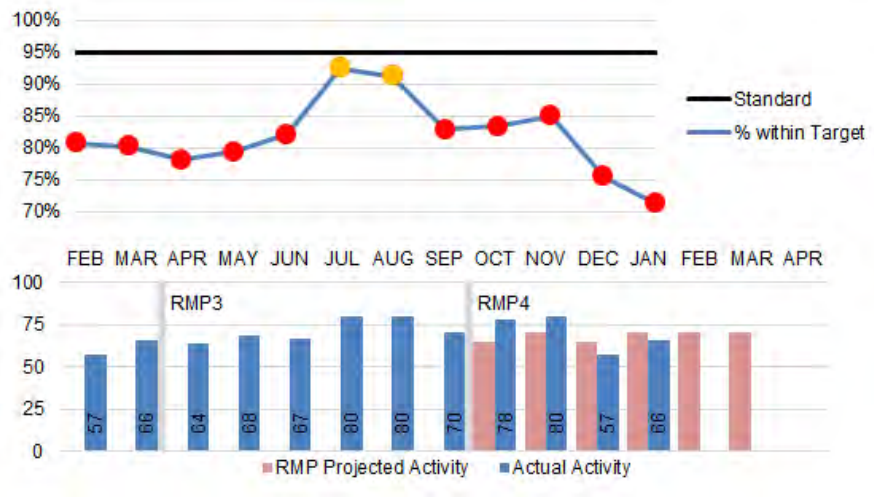
- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence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

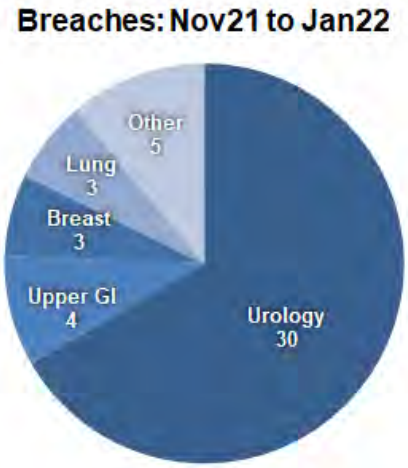
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Explore implementation of point of care testing in endoscopy	**By Mar-22**
Testing platform chosen, governance processes to support implementation nearing completion and implementation date agreed for February	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	**By Mar-22**
Directorates promoting and supporting initiatives	
22.4 Actively seek alternative sources of additional CT capacity to manage increasing waiting times for routine patients	**Complete Jan-22**

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





National Benchmarking

Month	2020/21		2021/22									
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
NHS Fife	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%	71.2%
Scotland	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	78.3%	76.3%

KEY CHALLENGE(S) IN 2021/22

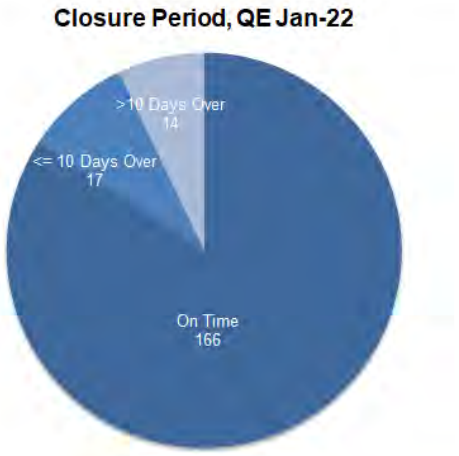
- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Introduction of the robot may impact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

IMPROVEMENT ACTIONS	
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 May-22**
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife. Engagement sessions have been completed and the Framework and delivery plan is currently being drafted.	
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. The Scottish Government will be visiting NHS Fife to introduce the reviewed Framework.	

Freedom of Information Requests

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

Local Performance



Performance by Service Area

Monthly	2020/21			2021/22								
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Health Board	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%	84.1%	85.4%	85.7%
IJB	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%	87.5%	100.0%	60.0%

KEY CHALLENGE(S) IN 2021/22

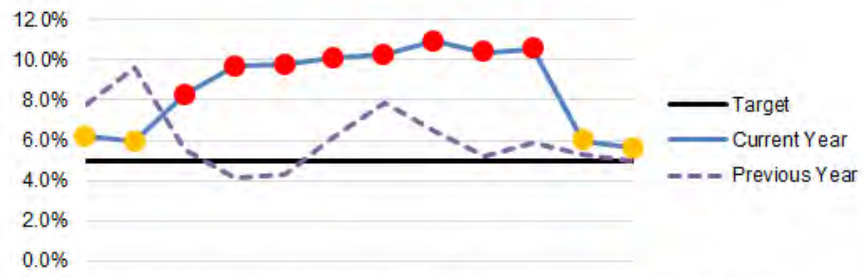
Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and an Information Governance and Security Advisor is overseeing FOI administration. The route to a permanent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

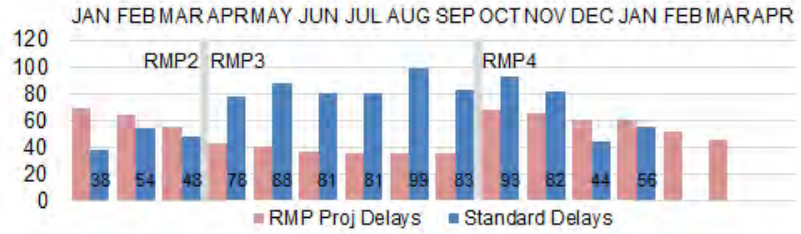
IMPROVEMENT ACTIONS	
21.1 Organisation-wide Publication Scheme to be introduced	Complete Jun-21
21.2 Improve communications relating to FOISA work	Complete Dec-21

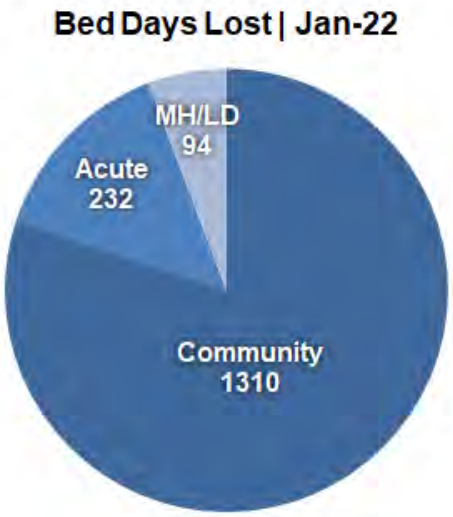
Delayed Discharges (Bed Days Lost)

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







National Benchmarking

Quarter Ending	2019/20			2020/21				2021/22	
	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	8.0%	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%
Scotland	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%	6.7%

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 Mar-22**
The Oversight "Home First" group continue to meet on a regular basis. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	**Complete Jul-21**
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	**By Mar-22**
The test of change is ongoing, however, the number of STAR beds available has been limited due to care home closures (COVID)	
22.3 Reduce number of delays due to awaiting the appointment of a Welfare Guardian	**By Mar-22**
Project working with families/carers to ensure that they can navigate the system to apply for private guardianship started last May and will be taken forward by Circles Project. A review of the guardianship paperwork and templates is complete, and the refreshed document has been approved by H&SC and NHS Fife (Acute). It will be held within patient notes to provide an overview and audit trail.	
22.4 Develop capacity within START plus additional investment to develop a programme of planning with the private agencies supported by Scottish Care	**By Apr-22**
Development of Care at Home Collaborative, supported by Scottish Care, started in November. This will bring together 10-12 care at home providers to work together, to maximise resources and capacity to help service user return to their own home, following a period in a care home interim placement. Recruitment is ongoing.	
22.5 Surge capacity established to support admission demand	**By Jun-22**
QMH (Ward 3/8/8A), Glenrothes (Ward 1/2/3), Cameron (Balgonie/Balcurvie/Letham), VHK (Ward 6/9)	

Revenue Expenditure

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

1. Executive Summary

At the end of January the board's reported financial position is an overspend against budget of £10.975m comprising an adverse variance for Acute Services Division of £17.463m and £2.493m for External Health Care Providers, offset by favourable variances of £8.981m across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £5.3m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) are reporting an underspend of £1.746m for the 10 months to January (following a non-recurring budget realignment payment made from Health Board to Fife Council of £3.734m in December).

Revenue Financial Position as at 31st January 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services Division	237,104	199,630	217,093	-17,463
IJB Non-Delegated	9,473	7,904	7,733	171
Non-Fife & Other Healthcare Providers	90,611	75,520	78,013	-2,493
Non Clinical Services				
Estates & Facilities	77,860	64,373	61,647	2,726
Board Admin & Other Services	90,730	77,317	76,126	1,191
Other				
Financial Flexibility & Allocations	19,558	4,821	0	4,821
Income	-38,821	-33,690	-33,762	72
SUB TOTAL	**486,515**	**395,875**	**406,850**	**-10,975**
Health & Social Care Partnership				
Fife H & SCP	389,497	314,064	312,318	1,746
SUB TOTAL	**389,497**	**314,064**	**312,318**	**1,746**
TOTAL	**876,012**	**709,939**	**719,168**	**-9,229**

1.2 Included in the board's reported overspend are Health Board retained unachieved legacy savings targets totalling £11.380m (annual £13.656m).

1.3 As previously reported, the Scottish Government has confirmed non repayable funding support to enable the board to break even at the end of the financial year. We commenced submission of our additional monthly reporting templates to SG in November which informs progress the Board is making towards a programme of productive opportunities and savings targets for 2022/23 and a clear pipeline of plans for the more medium term. Following our formal Quarter 3 submission, we have signposted the requirement for £13.7m non repayable funding support which has been acknowledged by SG finance colleagues.

1.4 Cost pressures within Acute Services continue reflecting the exceptional demand on unscheduled care capacity and challenges with delayed discharges. The ongoing capacity and service pressures continue to require increased levels of temporary staffing. Additionally, increasing expenditure across medicines budgets continues to add to the significant cost pressures within clinical directorates particularly with Haematology/Oncology drugs

budgets and Biologics. Outpatient clinic activity is due to increase across February and March and the delivery of a portacabin on site will expand the Acute footprint. The impact of reductions in clinical supplies costs because of the postponement of non-urgent procedures to maintain critical services during the month has been factored into the projected outturn for the board.

1.5 The financial impact of COVID-19, including direct additional costs for vaccination, testing and remobilisation plus indirect costs associated with the managing the wider impact and recovery measures continues to be regularly updated and shared through established quarterly reporting mechanisms. Details are contained within Appendix 1. Covid-19 costs are being covered by funds provided by the Scottish Government largely on a non recurring basis in 2021/22. Funding is expected to continue in 2022/23 to support Test and Protect staffing, Vaccination and immunisation teams and indicative costs to support other service and capacity implications have been submitted to Scottish Government through the quarterly financial reporting process.

1.6 Funding allocations for January 2022 have yet to be confirmed by Scottish Government. Indicative allocations include £5.280m for the second tranche of PCIF, £1.367m for the balance of Waiting Times Activity and £0.999m for Diabetic Technologies. Anticipated allocations total £3.074m. Allocation details are contained within Appendix 2.

1.7 The pandemic has had a significant impact on the board to take forward the delivery of recurring cost improvements. At the beginning of the financial year the board was committed to delivering cost improvements in year of £8.181m which are confirmed as delivered in full. Additional savings of £1.437m were delivered in January taking total savings secured in year to £9.618m. Appendix 3 sets out the savings achieved including an analysis of recurring and non-recurring sources, and forms the basis of our additional monthly reporting to Scottish Government.

1.8 The overall anticipated capital budget for 2021/22 is £33.598m. The capital position for the period to January records spend of £13.790m. Therefore, 41.04% of the anticipated total capital allocation has been spent to month 10.

2. Health Board Retained Services

Clinical Services financial performance at 31 January 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	237,104	199,630	217,093	-17,463
IJB Non-Delegated	9,473	7,904	7,733	171
Non-Fife & Other Healthcare Providers	90,611	75,520	78,013	-2,493
Income	-38,821	-33,690	-33,762	72
SUB TOTAL	**298,367**	**249,364**	**269,077**	**-19,713**

2.1 Costs directly attributable to Covid-19 have been identified and matched with budget, on a non-recurring basis and work continues to develop the projected covid impact into the new financial year. The Quarter 3 financial return and projections which includes an update on the financial impact of Covid 19 will be used by Scottish Government to inform further funding allocations for Covid 19 for the remainder of the financial year.

2.2 The Acute Services Division reports an **overspend of £17.463m.** Acute Services are experiencing particularly challenging capacity pressures at the front door and downstream wards on top of existing historic cost pressures. Measures are underway to ease the pressures including increasing temporary over recruitment to unregistered nursing posts and international recruitment. A significant proportion of the reported overspend to January relates to unachieved savings of £10.283m. The remainder of the reported overspend continues across Nursing, Senior and Junior Medical Pay budgets, non-pay pressures within Haematology/Oncology medicines budgets and growth demand on diabetic pumps. Growth in spend on Acute medicines has accelerated beyond available funding significantly and is an issue being reported across boards in Scotland. In preparation for next year, cost improvement programmes are being identified and documented which will help to close the financial gap.

2.3 The IJB Non-Delegated budget reports an **underspend of £0.171m.** This is mostly being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.

2.4 The budget for healthcare services provided out-with NHS Fife is **overspent by £2.493m** per Appendix 4. The position this month has improved as agreement has been reached with NHS Tayside on the Service Level Agreement annual value for 2021/22. In addition, there has been an unanticipated benefit associated with the cost of Cystic Fibrosis drugs. The pricing of these drugs is dependent on the overall national spend and work will be undertaken nationally in support of better financial planning arrangements in this area.

Corporate Functions and Other Financial performance at 31 January 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Non Clinical Services				
Estates & Facilities	77,860	64,373	61,647	2,726
Board Admin & Other Services	90,730	77,317	76,126	1,191
Other				
Financial Flexibility & Allocations	19,558	4,821	0	4,821
SUB TOTAL	**188,148**	**146,511**	**137,773**	**8,738**

2.5 The Estates and Facilities budgets report an **underspend of £2.726m.** This comprises an underspend in pay of £0.753m across several departments including estates services, catering, and laundry; and is net of additional portering costs incurred as a direct consequence of Covid-19. The non-pay position this month has benefited from the resolution of an outstanding energy issue. The aforementioned benefit is offset in part with overspends on waste management which is a national issue and is expected to continue over the next two financial years.

2.6 Within the Board's corporate services there is **an underspend of £1.191m**. The main driver for this underspend is the level of vacancies across the Finance Directorate (£0.268m) and the Nursing Director budget (£0.267m).

2.7 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £4.821m** has been released at month10, with further detail shown in Appendix 5.

3. Health & Social Care Partnership

3.1 Health services in scope for the Health and Social Care Partnership report an **underspend of £1.746m.** This underspend is net of a non-recurring payment £3.734m on account of the Health Delegated in-year underspend to Social Care made in December.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	389,497	314,064	312,318	1,746
SUB TOTAL	**389,497**	**314,064**	**312,318**	**1,746**

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £5.3m overspend to month 10 per 1.1 above).

3.2 A review of the Integration Scheme has been agreed by the respective partners, NHS Fife Board and Fife Council in September 2021, and has been submitted for Ministerial Approval. Thereafter final approval will be sought at the IJB Committee in March 2022.

3.3 As previously reported, the overspend on the set-aside services is currently held within the Acute Services Directorate Budget and not the IJB and is not included in the reported projected overspend for the IJB. Work will get underway in the next financial year to review set-aside services to confirm associated costs and budgets to enable the transfer of set aside services to the IJB.

4. Forecast

4.1 Our forecast outturn to the year end is updated to a potential overspend of £13.7m for **Health Board retained services** (last month £14.207m). This includes the in-year deficit in our opening financial plan of £13.656m unachieved. Our forecast position assumes ADEL (Additional Departmental Expenditure Limit) funding of £0.950m re the replacement of obsolete equipment; and property and vehicle repair expenditure.

Budget Area	Forecast Outturn £'000
NHS Services (incl Set Aside)	
Clinical Services	
Acute Services Division	-20,546
IJB Non-Delegated	180
Non-Fife & Other Healthcare Providers	-3,289
Non Clinical Services	
Estates & Facilities	2596
Board Admin & Other Services	1,588
Other	
Financial Flexibility & Allocations	5,691
Income	80
TOTAL HEALTH BOARD RETAINED	**-13,700**

4.2 The **Health delegated** underspend position is forecast at £3.142m excluding the £3.734m transferred to Fife Council following a non-recurring budget realignment in December, a total projected underspend in Health delegated budgets for the year of £6.876m. The H&SCP projected year end position is an underspend of £0.550m as confirmed by the Chief Finance Officer following the roll out of the recovery plan and receipt of further funding. The Scottish Government has confirmed that whilst no specific funding is being allocated at this time to meet under-achievement of savings, support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place.

4.3 Whilst details of funds held within Delegated Health Earmarked Reserves (created last financial year) are noted at Appendix 6; work is ongoing to quantify an additional significant Health Delegated earmarked reserve for the current financial year.

5. Recommendation

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

- **Note** the reported core overspend of £10.795m for the 10 months to date;
- **Note** the potential total overspend outturn position of £13.7m for Health Board retained, which we anticipate will be funded by Scottish Government on a non-repayable basis (given we have made significant progress on a number of conditional actions);
- **Note** the Health delegated forecast core underspend position - a cash transfer was made to Fife Council of £3.7m in December, with a further potential £3.1m forecast underspend to the year end.
- **Note** that Covid-19 costs are expected to be fully funded for both Health Board retained and HSCP for the 2021/22 financial year.

Appendix 1: Covid-19 Funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
Additional allocation	6,815	6,831	192	13,838	
HSCP ear marked reserve		3,401		3,401	
Anticipated allocation	6,038	306		6,344	
Total funding	**21,555**	**13,416**	**192**	**35,163**	**0**
Allocations made for April to January					
Planned Care & Surgery	1,323			1,323	
Emergency Care & Medicine	7,035			7,035	
Women, Children & Clinical Services	2,605			2,605	
Acute Nursing	0			0	
Estates & Facilities	1,217			1,217	
Board Admin & Other Services	1,767			1,767	
Public Health Scale Up	867			867	
Test and Protect	4,357			4,357	
Primary Care & Prevention Serv		613		613	
Community Care Services		1,418		1,418	
Complex & Critical Care Serv		258		258	
Professional/Business Enabling		165		165	
Covid Vaccine/Flu		10,962		10,962	
Social Care			192	192	
Total allocations made to M10	**19,171**	**13,416**	**192**	**32,779**	**0**
Balance In Reserves	**2,384**	**0**	**0**	**2,384**	**0**

Appendix 2: 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	20,964	42,472	
	July Letter			8,002	8,002	
	August Letter	141	230	1,522	1,893	
	September Letter	-135	59,994	-1,931	57,928	
	October Letter		3,390	14,908	18,298	
	November Letter	2,042	1,704	4,333	8,079	
	December letter		23	3,126	3,149	
	Additonal Winter Pressures Wellbeing			94	94	Further Wellbeing funding
	Forensic medical services			-10	-10	Transferred to capital
	International Recruitment			378	378	As per request
	PCIF Tranche 2		5,280		5,280	Second part of allocation as per letter
	GP Premises Improvement			102	102	Second part of allocation as per letter
	Waiting Times			1,367	1,367	Final tranche of allocation
	GP Practice Sustainability			1,001	1,001	Equates to payments made to GPs
	NSD Pay uplift	-178			-178	Annual adjustment
	NSD Burns Hub handback			91	91	Adjustment to earlier transfer
	PET Scan			-618	-618	Annual adjustment
	Diabetic Technologies			999	999	Specific allocation
	CHAS			-409	-409	Annual adjustment
	Action 15		1,031		1,031	Second part of allocation as per letter
	Discovery		-37		-37	Annual adjustment
	Total Core RRL Allocations	**723,668**	**83,859**	**53,919**	**861,446**	
Anticipated	Distinction Awards		193		193	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	Covid 19			6,345	6,345	
Anticipated	Capital to Revenue			277	277	
Anticipated	NSD Adjustments		-1,331		-1,331	
		0	**-2,004**	**6,622**	**4,618**	
Anticipated	IFRS			8,900	**8,900**	
Anticipated	Donated Asset Depreciation			115	**115**	
Anticipated	Impairment			1,333	**1,333**	
Anticipated	AME Provisions			-400	**-400**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,948**	**9,948**	
	Grand Total	**723,668**	**81,855**	**70,489**	**876,012**	

Appendix 3: Savings Position at 31 January 2022

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 January £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	5,779	3,839	9,618	0
					0		0
Total Savings	**21,837**	**8,181**	**13,656**	**5,779**	**3,839**	**9,618**	**0**

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		-607	393		-41	959
Pay Vacancy Factor (1%)	3,015	Medium		-3,015	0		-3,015	0
Repatriation of Services	500	Low		-500	0		-500	0
External Commissioning Cost Review	1,000	Medium		-1,000	0		-1,000	0
Medicine Utilisation	500	Medium		-640	-140		-595	-95
Contracts	1,500	Low		-284	1,216		0	1,500
Procurement - Non pay	500	Medium		0	500		0	500
Other	166	Low		-3,572	-3,406		-628	-462
	8,181			**-9,618**	**-1,437**		**-5,779**	**2,402**

Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	83	80	3
Borders	45	38	48	-10
Dumfries & Galloway	25	21	48	-27
Forth Valley	3,227	2,689	3,059	-370
Grampian	365	304	235	69
Greater Glasgow & Clyde	1,680	1,400	1,395	5
Highland	137	114	170	-56
Lanarkshire	117	97	180	-83
Lothian	31,991	26,660	28,094	-1,434
Scottish Ambulance Service	103	86	85	1
Tayside	40,084	33,402	34,994	-1,592
Savings				0
	77,873	**64,894**	**68,388**	**-3,494**
UNPACS				
Health Boards	10,801	9,001	8,015	986
Private Sector	1,151	959	1,187	-228
	11,952	**9,960**	**9,202**	**758**
OATS	721	601	358	243
Grants	65	65	65	0
Total	**90,611**	**75,520**	**78,013**	**-2,493**

Appendix 5: Financial Flexibility & Allocations

	£'000	Flexibility Released to Jan-22 £'000
Financial Plan		
Drugs	0	0
CHAS	0	0
Junior Doctor Travel	19	13
Consultant Increments	232	193
Cost Pressures	3,598	1,860
Developments	2,054	980
Sub Total Financial Plan	**5,903**	**3,046**
Allocations		
Waiting List	2,345	0
AME: Impairment	73	0
AME: Provisions	219	0
Pay Award:AfC	1,682	1,372
6 Essential Action	0	0
ICU	485	0
Test & Protect	2,384	0
Winter	661	0
Cervical Incident	4	0
Cancer Waiting Time	287	84
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
Support to build recruitment capacity	65	0
Building Capacity for international recruitment	68	0
Young Patients Family Fund	45	26
Best Start	21	0
Emergency Cancer Diagnostic Centre	196	0
Pregnancy Anaemia Management	28	0
Workforce Wellbeing	223	0
Discharge Without Delay Pathfinders	340	0
Interface Care Programme	480	0
Nurse Director Support	403	0
Fleet Decarbonisation	108	0
National recovery:Single point of contact	0	0
R&D	12	10
2020/21 Surplus	340	283
Motor Neuron Clinical Nurse	0	0
Chronic Pain	9	0
Additional CT & MRI Capacity	44	0
Redesign and merged eyecare	81	0
Inequalities Project	27	0
Mental Health Pharmacy recruitment	64	0
Additional Band 2-4	968	0
Capital to Revenue	355	0
International Recruitment	378	
Diabetic Technologies	999	
Sub Total Allocations	**13,655**	**1,775**
Total	**19,558**	**4,821**

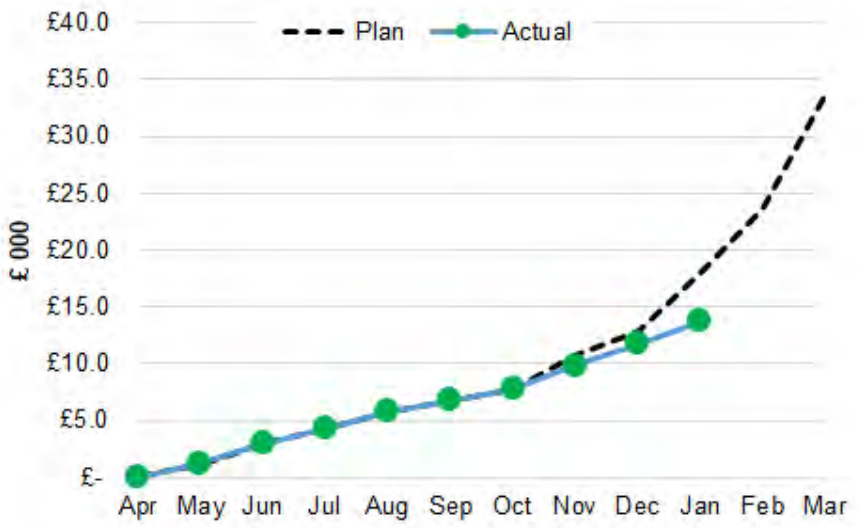
Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

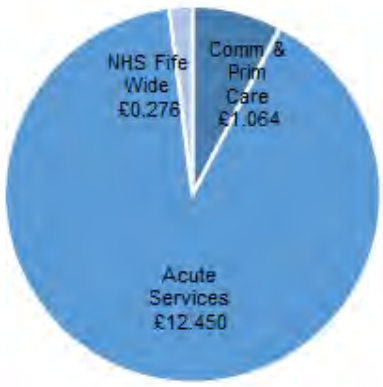
Health Delegated Earmarked Reserve	Total £000's	Health Delegated Budgets		Balance £000's
		To M10 £000's	Anticipated £000's	
Vaccine	740	740		0
Care homes	526	82		444
Urgent Care Redesign	935	408		527
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
Action 15	1,315	242	263	810
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767	896	310	561
Core (covid offsets)	1,250	1,250		0
Total	**11,308**	**5,332**	**573**	**5,403**

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





Commentary

The overall anticipated capital budget for 2021/22 is £33.598m. The capital position for the period to January records spend of £13.790m. Therefore, 41.05% of the anticipated total capital allocation has been spent to month 10.

1. Annual Operational Plan

The capital plan for 2021/22 was approved by the FP&R Committee in July and was subsequently tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.598m. This comprises:

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
Mental Health Review	22
Lochgelly Health Centre	348
Kincardine Health Centre	207
Energy Scheme Funding	1,800
Pre Capital Fund Grant	50
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Louisa Jordan Equipment	22
Laundry Equipment	655
2nd Tranche NIB Equipment	1176
National Eyecare Workstream	228
Capital to Revenue Transfer	- 277
SG Extra Funding Request	591
Decontamination Room	350
Colposcope	10
Total	**33,598**

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

Capital Receipts

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

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

2. Expenditure / Major Scheme Progress

2.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £13.790m, this equates to 41.05% of the total capital allocation, as illustrated in the spend profile graph above.

2.2 The main areas of spend to date include:

Statutory Compliance	£2.750m
Equipment	£1.684m
Digital	£0.200m
Elective Orthopaedic Centre	£8.380m
Health Centres	£0.445m
Clinical Prioritisation	£0.328m

3. Recommendation

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

note the capital expenditure position to 31 January 2022 of £13.790m and the year-end spend of the total anticipated capital resource allocation of £33.598m.

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	300	173	300
Statutory Compliance	334	302	334
Capital Equipment	151	119	151
Condemned Equipment	24	23	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
National Infrastructure Equipment Funding	6	0	6
Total Community & Primary Care	815	616	815
ACUTE SERVICES DIVISION			
Statutory Compliance	2,910	1,904	2,910
Capital Equipment	1,933	1,124	1,933
Clinical Prioritisation	601	107	601
Condemned Equipment	88	63	88
National Infrastructure Equipment Funding	3,407	356	3,407
Elective Orthopaedic Centre	15,907	8,380	15,907
Laundry Equipment	600	0	600
National Eyecare Workstream	228	0	228
Total Acute Services Division	25,674	11,934	25,674
NHS FIFE WIDE SCHEMES			
Equipment Balance	51	0	51
Information Technology	1,200	200	1,200
Clinical Prioritisation	99	0	99
Statutory Compliance	54	0	54
Condemned Equipment	0	0	0
Fire Safety	60	29	60
Scheme Development	0	0	0
Vehicles	142	0	142
Covid Capital	1,325	48	1,325
Total NHS Fife Wide Schemes	2,932	277	2,932
TOTAL CAPITAL ALLOCATION FOR 2021/22	**29,420**	**12,827**	**29,420**

ANTICIPATED ALLOCATIONS 2021/22			
Kincardine Health Centre	207	165	207
Lochgelly Health Centre	348	280	348
Mental Health Review	22	3	22
Energy Funding Grant	1,800	480	1,800
Pre Capital Grant Funding	50	0	50
ECG Machines - Louisa Jordan Equipment	22	0	22
QMH Theatre	1,000	35	1,000
Capital to Revenue Transfer	-277	0	-277
Extra SG Funding Request	591	0	591
Decontamination Room	350	0	350
Colposcope	10	0	10
Extra Laundry Support Funding	55	0	55
Anticipated Allocations for 2021/22	**4,178**	**963**	**4,178**

Total Anticipated Allocation for 2021/22	**33,598**	**13,790**	**33,598**

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to December £'000	January Adjustment £'000	Total January £'000
Community & Primary Care				
Capital Equipment	0	151	0	151
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	300	-48	252
Statutory Compliance	0	334	-5	329
National Infrastructure Equipment Funding	0	6	0	6
Total Community & Primary Care	**0**	**815**	**-53**	**762**
Acute Services Division				
Capital Equipment	0	1,933	38	1,971
Condemned Equipment	0	88	0	88
Clinical Prioritisation	0	601	126	727
Statutory Compliance	0	2,910	35	2,945
National Infrastructure Equipment Funding	0	3,407	0	3,407
Elective Orthopaedic Centre	0	15,907	0	15,907
National Eyecare Workstream	0	228	0	228
Laundry Support	0	600	0	600
	0	**25,674**	**200**	**25,874**
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,500	-3,446	-30	24
Fife Wide Equipment	1,805	-1,754	-38	13
Digital & Information	1,000	0	200	1,200
Clinical Prioritisation	500	-401	-79	20
Condemned Equipment	90	-90	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	-94	0	0
Pharmacy Equipment	205	-205	0	0
Fife Wide Vehicles	0	142	0	142
Covid Capital		1,325	0	1,325
Total Fife Wide	**7,194**	**-4,462**	**53**	**2,785**
Total Capital Resource 2021/22	**7,194**	**22,027**	**199**	**29,420**

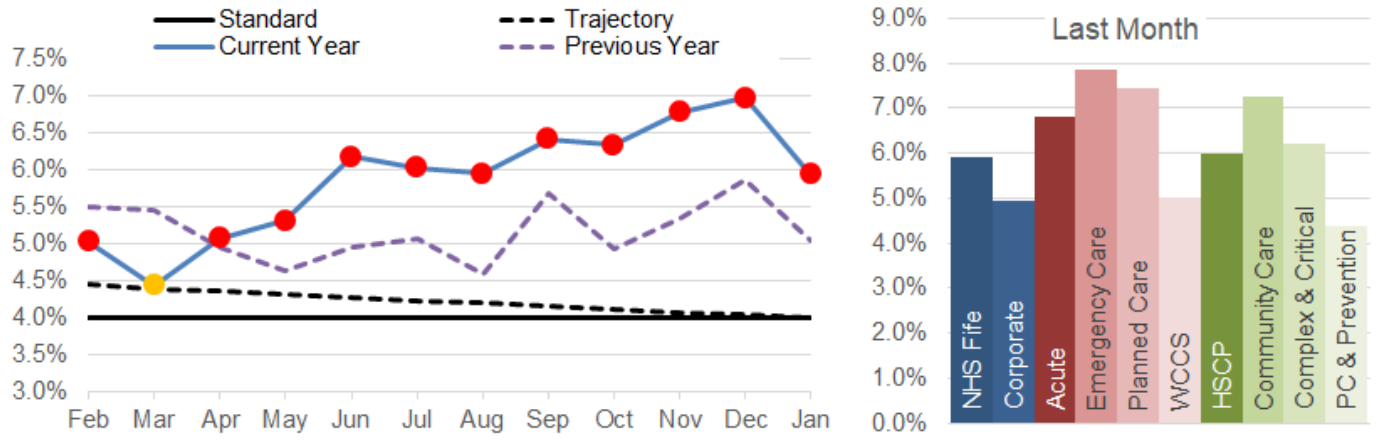
ANTICIPATED ALLOCATIONS 2021/22				
Kincardine Health Centre	207	0	0	207
Lochgelly Health Centre	348	0	0	348
Mental Health Review	22	0	0	22
Energy Funding Grant	1,800	0	0	1,800
Pre Capital Grant Funding	50	0	0	50
ECG Machines - Louisa Jordan Equipment	22	0	0	22
QMH Theatre	1,000	0	0	1,000
Capital to Revenue Transfer	-277	0	0	-277
Extra SG Funding Request	591	0	0	591
Decontamination Room	350	0	0	350
Colposcope	10	0	0	10
Extra Laundry Support Funding	55	0	0	55
Anticipated Allocations for 2021/22	**4,178**	**0**	**0**	**4,178**

Total Planned Expenditure for 2021/22	**11,372**	**22,027**	**199**	**33,598**

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									
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%	5.93%
Scotland	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%	5.37%

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 OH Physician is taking forward specific support for staff affected by Mental Health and training is available for managers. This is in addition to the individual case work being progressed by local managers and HR staff, with input when necessary from the specialist OH Mental Health Nurse. The new OH Occupational Therapist is providing support to staff resuming work following diagnoses of long COVID.

Additional staff support is being provided via the Spiritual Care Service, Values Based Reflective practice, Staff Listening Service, Psychology Staff support, Being Mindful of Your Wellbeing sessions, Peer Support, Care Space Mindfulness Drop-in sessions, outdoor sessions, access to Counselling, introduction of new eLearning Modules on resilience and wellbeing and access to the National PROMiS resources. This is complemented by a range of supporting materials, including a new “Benefits of Being Outdoors” poster and desktop campaign.

Additional monies to support staff during the winter months have been allocated and include improved access to meals out of hours, additional resources for Spiritual Care, Values Based Reflective practice, Psychology Staff support and Health Psychology, alongside bespoke wellbeing sessions for specific staff groups (e.g. H&S, ICU).

Fuel Poverty sessions are being arranged. Plans are in hand to utilise the Scottish Government funding allocation for Staff Health and Wellbeing with a range of staff support activities during 2022/2023, including new Self Care for Living and Working and Wellbeing courses, access to gym passes and additional wellbeing items for the Staff Hubs.

22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	**By Mar-22**

In addition to routine activities, a questionnaire is being circulated to managers in advance of the Promoting Attendance training sessions to identify areas for provision of support, both within and outwith the training sessions. The new Once for Scotland eLearning module is being promoted to complement our internal training and to assist managers and staff with their understanding of the policy.

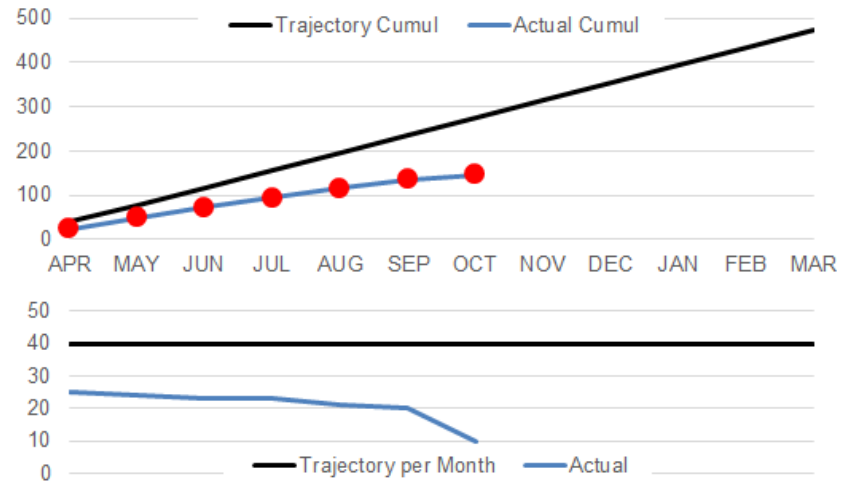
Feedback received following a programme to reinforce attendance management processes, undertaken between May and July 2021 was discussed in partnership at the Attendance Management Workforce Review Group held in December, with a series of actions being progressed by key stakeholders. Promoting attendance at work is a regular agenda item at LPF and APF meetings ensuring regular discussion and suggestions/actions for consideration.

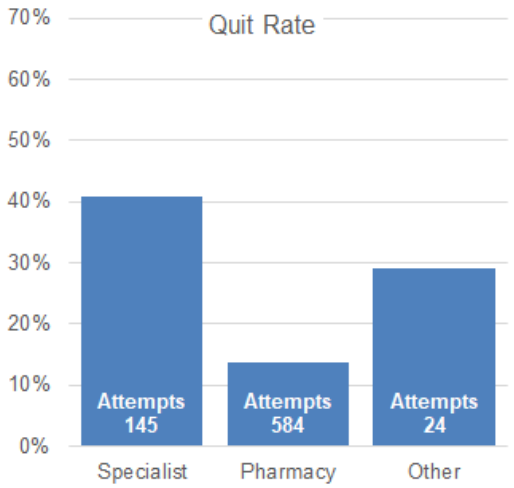
22.3 Consider refinements to COVID-19 absence reporting, including short-term manual data capture from SSTS and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to support MI reporting	**Complete Nov-21**

Smoking Cessation

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

Local Performance





National Benchmarking

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	24	23	23	21	20	10					
	Actual Cumul	25	49	72	95	116	136	146					
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	47
	Achieved	62.5%	62.0%	61.0%	60.1%	58.9%	57.6%	52.9%					
Scotland	Achieved			92.4%									

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS	
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	**Complete Oct-21**
20.3 'Better Beginnings' class for pregnant women	**Complete Oct-21**
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-21**
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	**Complete Sep-21**
22.1 Test face to face provision in two GP practices and one community venue	**By Mar-22**

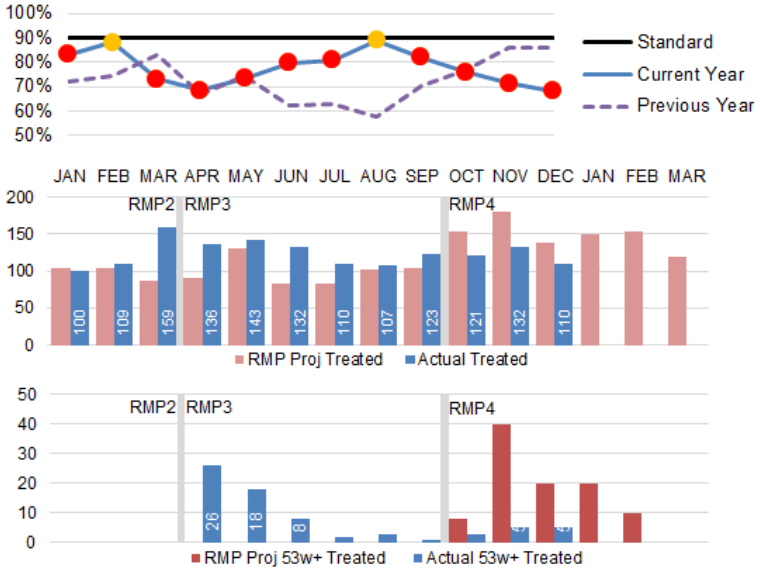
Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans.

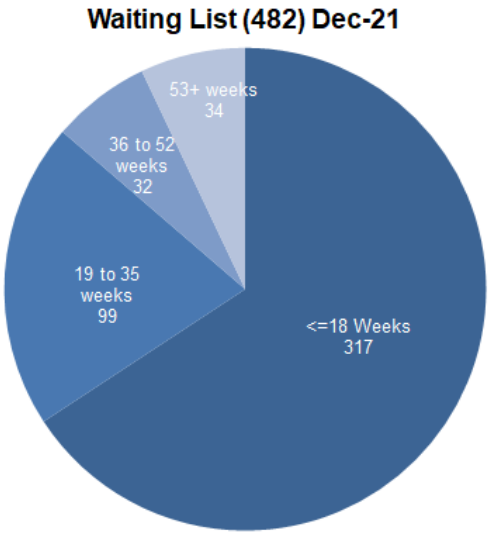
Early discussions with 2 GP practices were due to restart in the second week of January, while the remobilisation plan was scheduled to go to the remobilisation committee on 9th December. However, both activities have been paused due to the impact of the COVID Omicron strain.

CAMHS 18 weeks RTT

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

Local Performance





National Benchmarking

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

KEY CHALLENGE(S) IN 2021/22

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

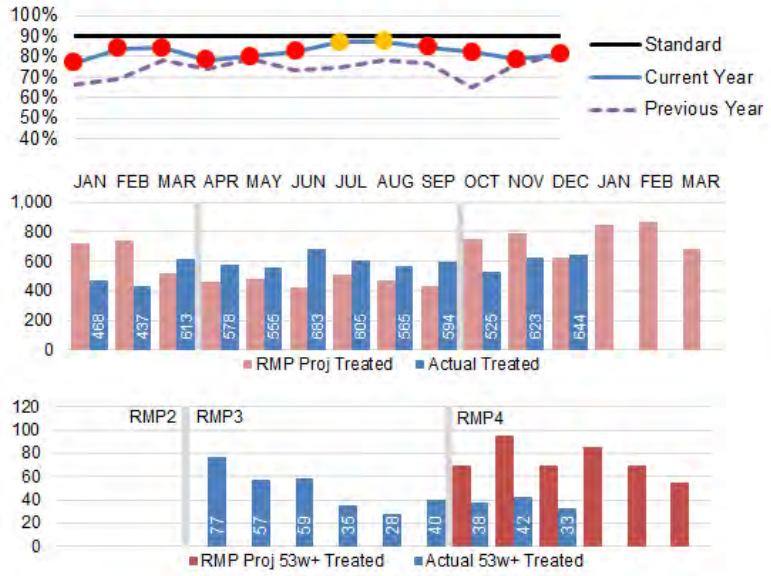
IMPROVEMENT ACTIONS

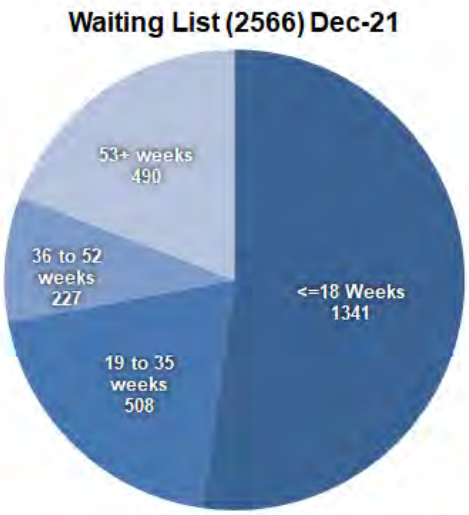
21.1 Re-design of Group Therapy Programme	**Complete Jul-21**
21.3 Build CAMHS Urgent Response Team (CURT)	**By Mar-22**
The CURT model is in place. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Presentations to Emergency department due to self harm/suicidal ideation remain high. This has resulted in all of the available CURT capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Two members of existing staff have retirements pending which adds additional pressures to the service. Review of activity and effectiveness of the model is ongoing.	
22.1 Recruitment of Additional Workforce	**By Mar-22**
Recruitment is ongoing across multiple service areas to improve RTT, Longest waits and CAMHS service provision. From the 10 staff identified to address immediate capacity issues, 7 have been appointed and 2 temporary staff are due to take up post in February to work on longest waits. All new staff have worked through induction programme to ensure they are competent to take on caseloads and are incrementally increasing clinical activity towards full capacity. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment has been approved by HSCP SLT and escalated to EDG for support. Re-allocation of caseloads based on revised East and West CAMHS geographical boundaries is underway.	
22.2 Workforce Development	**By Mar-22**
A revised development and training programme was postponed in January due to high Covid-19 absences and it has been rescheduled for February. Three Programmes have been developed to suit different levels of CAMHS experience. A Training needs analysis will be completed once all recruitment is completed to ensure the right skills and competencies exist across the range of teams in CAMHS.	

Psychological Therapies 18 weeks RTT

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

Local Performance





National Benchmarking

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

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS	
20.5 Trial of new group-based PT options	**Complete Sep-21**
22.1 Increase access via Guided self-help service	**Complete Sep-21**
22.2 Expansion of skill mix model to increase delivery of low intensity interventions	**Complete Jan-22**
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	**By Mar-22**
Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion. A national issue with workforce availability has impacted recruitment, so the service has progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.	
22.4 Waiting list management within General Medical Service in Clinical Health	**By May-22**
Staff are undertaking a focused piece of work to clear the backlog on the assessment waiting list. A key driver is the need to differentiate patients with functional neurological disorder from those with other needs in order to inform development of appropriate clinical pathways. The work will ensure that only those for whom psychological therapy is the best option remain on the waiting list. It will also inform next steps in development of clinical pathways.	
22.5 Programme of training to increase capacity for work with more complex patients	**By Jun-22**
The AMH psychology service have implemented a structured programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology. This will reduce the demand upon the Clinical Psychologists in the service who are able to work with people with more complex presentations.	