NHS Fife Public Health & Wellbeing Committee

Mon 04 July 2022, 10:00 - 12:00

MS Teams

Agenda

10:00 - 10:00
0 min

1. Apologies for Absence

Tricia Marwick

10:00 - 10:00
0 min

2. Declaration of Members' Interests

Tricia Marwick

10:00 - 10:00
0 min

3. Minutes of Previous Meeting held on Monday 16 May 2022

Enclosed *Tricia Marwick*

Item 3 - Public Health Wellbeing Committee Minutes (unconfirmed) 16 May 2022.pdf (9 pages)

10:00 - 10:10
10 min

4. Matters Arising / Action List

Enclosed *Tricia Marwick*

Item 4 - Public Health & Wellbeing Committee Action List 4 July 2022.pdf (1 pages)

10:10 - 10:20
10 min

5. GOVERNANCE MATTERS

5.1. Annual Internal Audit Report 2021/22

Enclosed *Margo McGurk*

Item 5.1 - SBAR Annual Internal Audit Report 2021-22.pdf (4 pages)
Item 5.1 - Appendix 1 Annual Internal Audit Report 2021-22.pdf (41 pages)

10:20 - 11:00
40 min

6. STRATEGY / PLANNING

6.1. Population Health & Wellbeing Strategy

Enclosed *Margo McGurk*

Item 6.1 - SBAR Population Health and Wellbeing Strategy Progress Update.pdf (4 pages)

6.2. Mental Health Strategy Progress Report – June 2022

Enclosed *Nicky Connor*

Item 6.2 - SBAR Mental Health Strategy Progress Report – June 2022.pdf (3 pages)
Item 6.2 - Appendix 1 Mental Health Strategy Progress Report.pdf (38 pages)

11:00 - 11:40
40 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance and Quality Report Review Progress Report

Enclosed *Susan Fraser*

Item 7.1 - SBAR Integrated Performance and Quality Report Review Progress Report .pdf (8 pages)

7.2. Integrated Performance & Quality Report

Enclosed *Margo McGurk/Susan Fraser*

Item 7.2 - SBAR Integrated Performance & Quality Report.pdf (3 pages)
Item 7.2 - Appendix 1 Integrated Performance & Quality Report.pdf (29 pages)

7.3. East of Scotland Breast Screening Programme Recovery Update

Enclosed *Joy Tomlinson*

Item 7.3 - SBAR East of Scotland Breast Screening Programme Recovery Update.pdf (5 pages)
Item 7.3 - Appendix 1 NHS Tayside, Assurance Report on Strategic Risk.pdf (6 pages)

7.4. Smoking Cessation & Prevention Work

Enclosed *Nicky Connor*

Item 7.4 - SBAR Smoking Cessation & Prevention Work .pdf (10 pages)

7.5. Post Diagnostic Support for Dementia Update

Enclosed *Nicky Connor*

Item 7.5 - SBAR Post Diagnostic Support for Dementia Update .pdf (5 pages)

11:40 - 11:45
5 min

8. FOR ASSURANCE

8.1. Delivery of Annual Workplan

Enclosed *Joy Tomlinson*

Item 8.1 - Delivery of Annual Workplan.pdf (4 pages)

11:45 - 11:50
5 min

9. LINKED COMMITTEE MINUTES

9.1. Minutes of Public Health Assurance Committee held on 1 June 2022 (unconfirmed)

Enclosed

Item 9.1 - Minutes of Public Health Assurance Committee held on 1 June 2022 (unconfirmed).pdf (5 pages)

11:50 - 11:55
5 min

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1. To the Board in the IPQR Summary

10.2. Chair’s comments on the Minutes / Any other matters for escalation to NHS Fife Board

11:55 - 12:00
5 min

11. ANY OTHER BUSINESS

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.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST
Meeting Date: Monday 4 July 2022

NHS Fife

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	08/03/22	**Integrated Performance & Quality Report (IPQR) Review Process**	Each of the Committee Chairs, respective Executive Lead and the relevant persons within the Planning & Performance (P&P) department to be involved when the IPQR review group are developing the next iteration of the IPQR.	**MM**	Review date - 22 July 2022		Deadline not reached/ in progress
2.	08/03/22	**Integrated Performance & Quality Report (IPQR)**	Further clarity to be provided on post Diagnostic Support (PDS) for dementia in the next iteration of the IPQR.	**NC**	04/07/22	06/05/22 - Report currently coming through management approval routes and will follow next IPQR 04/07/22 – On agenda	Closed

NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 July 2022**
Title:	**Internal Audit Annual Report**
Responsible Executive/Non-Executive:	**M McGurk, Director of Finance**
Report Author:	**T Gaskin, Chief Internal Auditor**

1 Purpose

This is presented to the Public Health & Wellbeing Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to present the **FINAL** 2021/22 Annual Internal Audit Report to the Committee. This report is for the Committee to consider as part of the wider portfolio of year end governance assurances.

2.2 Background

The Committee is asked to approve this report with completed action plan as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This annual report provides details on the outcomes of the 2021/22 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2021/22.

2.3 Assessment

Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2021/22 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

Therefore, **it is my opinion** that:

- The Board has adequate and effective internal controls in place
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

We noted the following key themes:

- The Board continues to respond positively to the governance challenges posed by Covid19. During 2021/22, NHS Fife has adapted its approach to governance when needed to ensure the organisation could effectively respond to Covid19 and discharge its governance responsibilities, maximising time available for staff to deal with Covid19.
- Operational performance in the face of the challenges posed by Covid has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
- As previously reported in the 2021/22 ICE report, during 2021/22 the necessary focus has been on the immediate priority of the response to Covid19 and on government mandated actions and performance. The challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, not all of which are known yet, but the Board has instigated the necessary preparatory work and a risk assessment to ensure the most urgent work is prioritised.
- Whilst the Board planned to update all strategies during 2021/22, this work was necessarily delayed due to Covid19. Updated timetables, detailing the roles and responsibilities of Standing Committees and the Board with key stages and targets documented will aid the progress needed to achieve the March 2023 completion date. Whilst the SGHSCD has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances.
- NHS Fife continues to progress its overhaul of its Risk Management Framework. Covid 19 risks will be considered as linked operational risks, corporate risks in their own right, or will be treated as business as usual as part of the Risk Management Framework development.
- This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. There are opportunities now further to

enhance governance through the further application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment/Management

The internal audit planning process which produces the Annual Internal Audit Plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and agreed by the Director of Finance and Strategy.

2.4 Recommendation

The Committee is asked to:

- **APPROVE** this report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

3 List of appendices

The following appendices are included with this report:

- Annual Internal Audit Report 2021/22

FTF Internal Audit Service

Annual Internal Audit Report 2021/22

Report No. B06/23

Issued To: Carol Potter, Chief Executive
Margo McGurk, Director of Finance and Strategy
NHS Fife Executive Directors Group

Gillian MacIntosh, Head of Corporate Governance and Board Secretary

Audit & Risk Committee
External Audit

Contents

Draft Report Issued	2 June 2022
Management Responses Received	6 June 2022
Target Audit & Risk Committee Date	16 June 2022
Final Report Issued	**13 June 2022**

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2021/22 internal audit and my opinion on the Board's internal control framework for the financial year 2021/22.

2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2021/22 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

ACTION

4. The Audit & Risk Committee is asked to **take assurance from** this report in evaluating the internal control environment and **report** accordingly to the Board.

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2021/22 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance & Strategy and were approved by both the Executive Directors Group (EDG) and the Audit & Risk Committee. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment.

6. The authority, role and objectives for Internal Audit are set out in Appendix 3 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.

7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

The Audit & Risk Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.

INTERNAL CONTROL

8. The Internal Control Evaluation (ICE), issued December 2021, was informed by detailed review of formal evidence sources including Board, Standing Committee, EDG and other papers. The ICE noted actions to enhance governance and achieve transformation and concluded that NHS Fife's assurance structures were adequate and effective. 12 recommendations were agreed for implementation by management.

9. The status of previous recommendations is summarised in the table on page 11. In addition, 3 recommendations from previous Internal Control Evaluations and Annual Reports remain in progress due to the ongoing impact of Covid:

   - Development of Population Health and Wellbeing Strategy.
   - Refinement of the Property Asset Management Strategy to support the Population Health and Wellbeing Strategy.
   - Development of Clinical and Care Governance Strategic Framework.

10. Throughout the year, our audits have provided assurance and made recommendations for improvements. Of these, the ICE was the most significant. We have undertaken detailed follow up of the agreed actions arising from that report as well as testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. We have reflected on the ongoing impact of Covid19 on the governance arrangements in place during the year. Some areas for further development were identified and will be followed up in the 2022/23 ICE. Where applicable, our detailed findings have been included in the NHS Fife 2021/22 Governance Statement.

11. Our assessment of the progress to address ICE recommendations is detailed in the table on page 11. NHS Fife has demonstrated good progress with only minor slippage on the majority of actions, although clearly, the revision of the overall and supporting strategies will be a significant task and much work remains to be done. The 2022/23 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.

12. For 2021/22, the Governance Statement format and guidance were included within the NHSScotland Annual Accounts Manual. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make clear that the Governance Statement applies to the consolidated financial statements as a whole, which would therefore include activities under the direction of IJBs.

13. The Board has produced a Governance Statement which states that:

    '*During the 2021/22 financial year, no other significant control weaknesses or issues have arisen, in the expected standards for good governance, risk management and control*'.

14. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum, and this combined with a sound corporate governance framework in place within the Board throughout 2021/22, provides assurance for the Chief Executive as Accountable Officer.

15. Therefore, **it is my opinion** that:

    - The Board has adequate and effective internal controls in place;

- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

16. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been further enhanced by guidance written by the Director of Finance and Strategy. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were identified.

17. The Governance Statement reflects the necessary changes to Board governance and operating arrangements due to Covid19. The Governance Statement includes details of the Board performance profile and risk management arrangements, and the future intention to revise organisational and supporting strategies. All elements of the Governance Statement have been considered by Internal Audit in previous internal audit annual reports and the ICE and have been followed up in detail in this report.

Key Themes

18. Detailed findings are shown later in the report. Key themes emerging from this review and other audit work during the year, as well as consideration of the overall impact of Covid19 and the need to ensure sustainable services, are detailed in the following paragraphs.

19. The Board continues to respond positively to the governance challenges posed by Covid19. During 2021/22, NHS Fife has adapted its approach to governance when needed to ensure the organisation could effectively respond to Covid19 and discharge its governance responsibilities, maximising time available for staff to deal with Covid19.

20. Operational performance in the face of the challenges posed by Covid has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.

21. As previously reported in the 2021/22 ICE report, during 2021/22 the necessary focus has been on the immediate priority of the response to Covid19 and on government mandated actions and performance. The challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, not all of which are known yet, but the Board has instigated the necessary preparatory work and a risk assessment to ensure the most urgent work is prioritised.

22. Whilst the Board planned to update all strategies during 2021/22, this work was necessarily paused due to Covid19. Updated timetables, detailing the roles and responsibilities of Standing Committees and the Board with key stages and targets documented will aid the progress needed to achieve the March 2023 completion date. Whilst the SGHSCD has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances.

23. NHS Fife continues to progress its Risk Management Framework Improvement Programme. Covid 19 risks will be considered as linked operational risks, corporate risks in their own right, or will be treated as business as usual as part of the Risk Management Framework development.

24. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. There are opportunities now to further enhance governance through the application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

Key developments since the issue of the ICE included:

- The April 2022 NHS Fife Board Development session on Culture, Values and the Role of the Board and Developing our Population Health and Wellbeing Strategy.
- A Risk Management Framework Improvement Programme was approved by the NHS Fife Board in March 2022.
- The updated Fife IJB Integration Scheme was formally signed off by the Scottish Government on 8 March 2022.
- Progress against the 4th iteration of the Remobilisation Plan was reported to the May 2022 meeting of the Finance, Performance & Resources Committee (FPRC), with all incomplete action to be included in the 2022/23 Annual Delivery Plan.
- The development of the Operational Pressures Escalation Levels (OPEL) process to manage day-to-day pressures, with clear triggers for action and escalation.
- A review of the Integrated Performance and Quality Report (IPQR) content and format to address actions from the Board's Active Governance session and to ensure it remains relevant and clear to Board members.
- As of April 2022, NHS Scotland is no longer on emergency footing.

25. During 2021/22 we delivered 25 audit products (May 2021 to June 2022) with a further two products issued in draft. These audits reviewed the systems of financial and management control operating within the Board.

26. Our 2021/22 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit & Risk Committee throughout the year.

27. A number of our reports, including the ICE and Strategy development, have been wide ranging and complex audits and have relevance to a wide range of areas within NHS Fife. These reports continue to assist NHS Fife to build on the very good work already being done to improve and sustain service provision.

28. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control. Internal audit have maintained a system for the follow-up of audit recommendations and reporting of results to the Audit & Risk Committee. As reported to the March 2022 Audit & Risk Committee, 37 audit actions were remaining, with 11 risk assessed as Amber – action required, 23 risk assessed as Green – good progress and 3 not yet due.

ADDED VALUE

29. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:

- Examining a wide range of controls in place across the organisation.
- Undertaking Fife IJB internal audits and providing a Chief Internal Auditor Service.
- For the Fife Integrated Joint Board (IJB), updating and enhancing the IJB Governance Statement self assessment checklist.
- Providing initial comment on a draft version of the now approved Integration Scheme.

- CIA liaison with the Director of Finance & Strategy, on issues of governance, risk, control and assurance.
- Assurance mapping and risk management advice, in particular on Digital and Information risk reports.
- Advice on the revised Terms of Reference for the Digital Information Board, Information Governance and Security Steering and Operational Groups and attendance at their meetings.
- Assurance reporting regarding Whistle blowing (quarterly and annual).
- Commenting on Terms of Reference for the Quality Management Assurance Group.
- Facilitating the work of the Assurance Mapping group and liaising with the Board Secretary to consider how the agreed principles can be adapted to the specific needs of NHS Fife.
- Highlighting national governance developments with relevance to NHS Fife.
- Continued development and use of the principles for Health & Social Care Integration (HSCI) governance and sustainability within the Board and its IJB partner.
- Detailed review of the process for revising NHS Fife's overall Strategy.
- Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive Internal Control Evaluation which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
- Contribution to the development of the NHS Fife Risk Management Strategy and Fife IJB Risk Management Framework.
- Advice provided to the Fraud Liaison Officer in response to an ongoing incident and attendance at meeting.

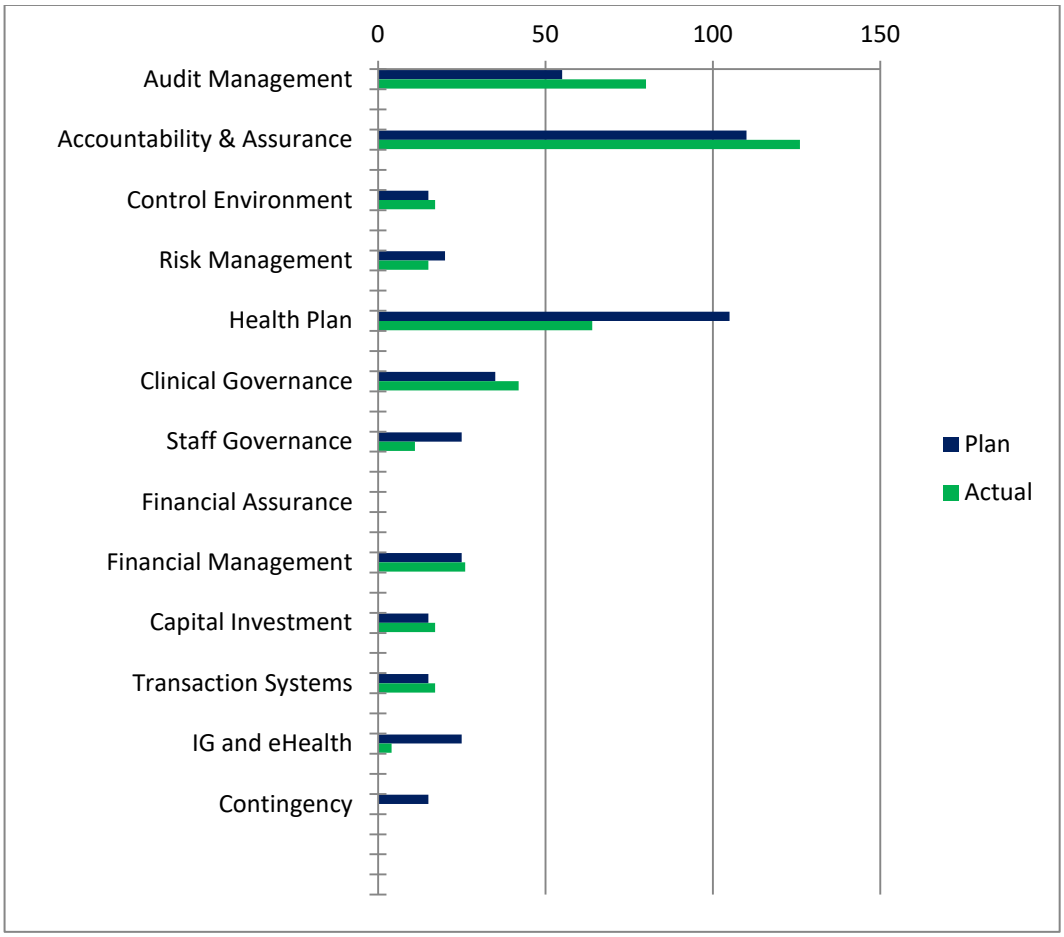
30. Internal Audit have also used time made available by necessary senior management prioritisation of Covid19 duties to reflect on our working practices, both to build on action taken in response to previous External Quality Reviews and to adapt to a post Covid19 environment. This has included:

    - Update of the Committee Assurance Principles.
    - Development of a good practice template for the process of developing new Strategic Plans in IJBs and Health Boards.
    - Development of the FTF website.
    - Review and update of the FTF self assessment against the Public Sector Internal Audit Standards.
    - Reviewed our recommendation priorities to include an additional category 'Moderate' and updated the assurance definitions.
    - Updated the Property Transaction Monitoring Checklist for FTF clients.

31. The 2021/22 Annual Internal Audit Plan included provision for delivering audit services, together with council colleagues, and providing the Chief Internal Auditor function to Fife Integrated Joint Board as well as progressing the audit plan of Fife IJB agreed with the IJB. Internal Audit has continued to highlight governance and assurance aspects of integration and the need for clear lines of accountability and ownership of risk as well as the requirement for a revised Strategic Plan and working with partners to clear intractable and long-standing issues.

INTERNAL AUDIT COVERAGE

32. Figure 1: Internal Audit Cover 2021/22



33. Figure 1 summarises the 2021/22 outturn position against the planned internal audit cover. The initial Annual Internal Audit Plan was approved by the Audit & Risk Committee at its meeting on 13 May 2021. It was agreed at that time that the plan would be revised as changes to the risk profile and other factors became better known, and the Audit & Risk Committee approved amendments in March 2022. We have delivered 412 days against the 455 planned days.

34. Following a recommendation from the External Quality Assessment (EQA) carried out on Internal Audit in 2018/19, we continue with the agreed process of risk assessing outstanding 2021/22 audits for inclusion in the 2022/23 plan.

35. A summary of 2021/22 performance is shown in Section 3.

PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

36. Due to prioritisation of Covid19 duties, the FTF Partnership Board met only once in 2021/22. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF client Directors of Finance are members. The FTF Management Team attends all meetings. During the year the Partnership Board reviewed the Internal Audit Shared Service Agreement 2018-2023 and the Internal Audit Service Specification, as well as approving the 2021/22 budget. The Partnership Board also approved revised risk assessment definitions for internal audit reporting.

37. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the Public Sector Internal Audit Standards (PSIAS).

38. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance and Strategy rather than the Accountable Officer. There are no impairments to independence or objectivity.

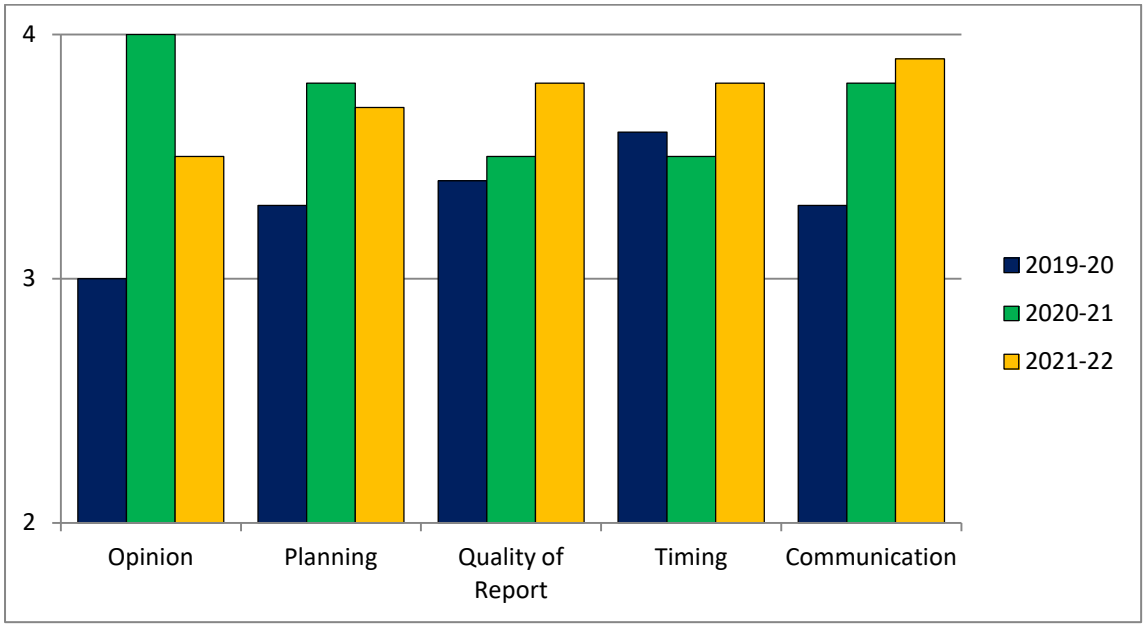
39. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.

40. Public Sector Internal Audit Standards (PSIAS) require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, *'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.'* FTF has updated its self assessment which is due to presented to the June 2022 Audit & Risk Committee.

41. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

42. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



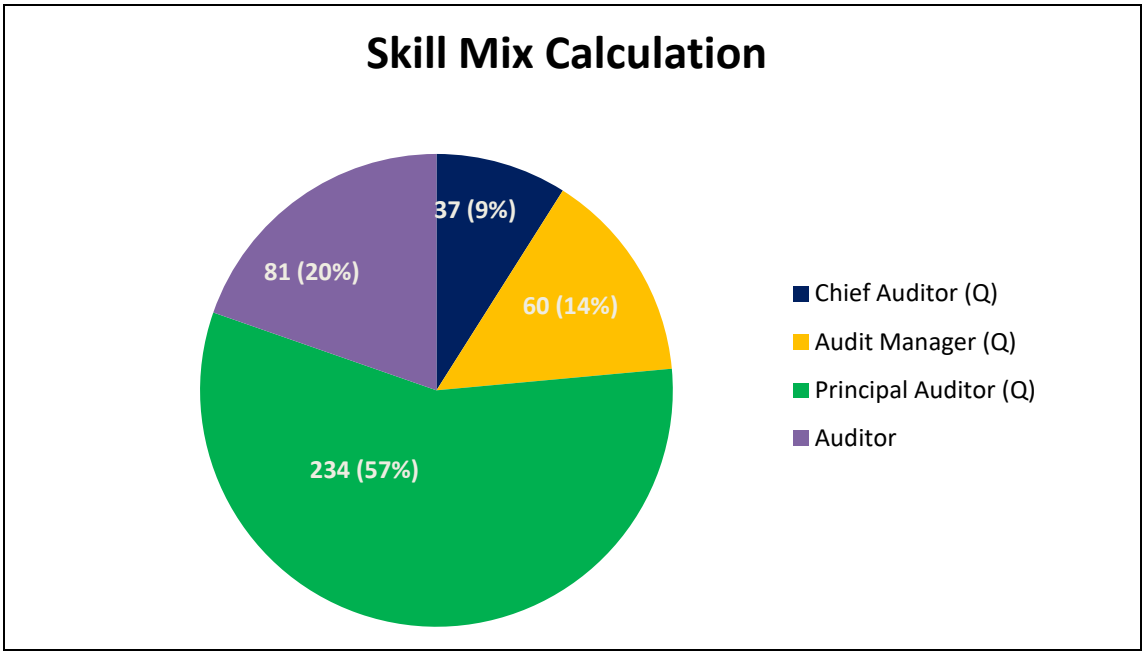
43. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

44. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2021/22 the audit was delivered with a skill mix of 81%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

45. **Figure 3: Audit Staff Skill Mix 2021/22**

Audit Staff Inputs in 2021/22[days] Q= qualified input.



ACKNOWLEDGEMENT

46. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit.

47. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance & Strategy, the Board Secretary, EDG and the Audit & Risk Committee.

A Gaskin, BSc. ACA
Chief Internal Auditor

ICE 2021/22(B08/22) - Update of Progress Against Actions		
Agreed Management Actions with Dates	**Progress with agreed Management Actions**	**Assurance Against Progress**
1. Board Assurance Framework • The inclusion of appropriate analysis in each SBAR supporting the BAFs regarding the adequacy and effectiveness of key controls and actions would promote/aid further scrutiny by committee members. • The Board Assurance Framework should encompass and link Covid19 risks, to ensure the NHS Board has appropriate oversight and transparency over these risks. • Once the revised Integration Scheme has been approved by the Scottish Government, the IJB BAF should be revised to ensure that it adequately describes the risk the mitigating controls and appropriately scored. ***Action Owner: Chief Executive & Director of Finance*** ***Original date of expected completion for all of the above is the 31 March 2022.***	A detailed Risk Management Improvement Plan has been developed. It was agreed with the EDG in February 2022 and presented for assurance to each Standing Committee in May 2022. This sets out the further work required to complete and embed the changes required. ***Date Expected Completed – 31 July 2022***	 **Minor slippage on agreed timelines**
2. Performance Reporting • As part of this Active Governance action plan, consideration should be given to how Performance Reports can provide overt assurance on the accuracy of the narrative and scores for related strategic (BAF) risks as well as the adequacy and effectiveness of key controls. • The risk section of Board and Committee papers should be given higher priority than at present and should contain basic information to facilitate a focused discussion on the risk implications, be overtly linked to any operational or BAF risks and contain enough information for members to be able to form a conclusion on whether the score narrative and other elements of the related risk are adequately described. ***Action Owner:*** **Director of Finance and Strategy** ***Original date of expected completion for all of the above is the 31 March 2022.***	A detailed Improvement Plan has been developed and was agreed with EDG in February 2022 and the FPRC in March 2022. This sets out the further work required to complete and embed the changes required. Aspects of the plan have been completed. ***Date Expected Completed – 30 June 2022***	 **Minor slippage on agreed timelines**

3.Organisational Duty of Candour • An update on the number of instances Organisational Duty of Candour has been applied in NHS Fife in 2021/22 should be scheduled for presentation to Clinical Governance Committee (CGC) prior to it concluding on its Annual Assurance Report and Statement, which should highlight any issues experienced and be sufficient allow it to conclude whether there were adequate and effective Duty of Candour arrangements throughout 2021/22. • The Committee should be informed when it can expect the final report on the year's activity and how arrangements will be developed in future to allow more timely reporting. ***Action Owner: Medical Director*** ***Original date of expected completion for all of the above is the 31 March 2022.***	The CGC considered the Interim 2020/21 NHS Fife Duty of Candour report at its 13 January 2022 meeting, and it was noted by Fife NHS Board at their meeting on 29 March 2022, although this related exclusively to Duty of Candour Activity that occurred in the financial year 2020/21. The CGC has not received any update on Duty of Candour Activity occurring in financial year 2021/22. The Medical Director advised that delays to the adverse event process in its entirety are a known consequence of the impact of the Covid-19 pandemic on service pressures. Recovery to a state where more timely reporting is heavily dependent on the recovery of the backlog of closure of adverse event reviews.	 **Significant Slippage**
4. Adverse Events KPIs • The revised approach for Adverse Events should include regular reporting of KPIs to CGC on the completion of adverse events within agreed timescales. ***Action Owner: Medical Director*** ***Original date of expected completion for all of the above is the 30 April 2022.***	The Clinical Governance Oversight Group (CGOG) merged with the Adverse Events and Duty of Candour Group and its revised Terms of reference were presented to the CGOG meeting on 19 April 2022. These include the responsibility *'To oversee the development and implementation of local guidance relating to Adverse Events and Duty of Candour including monitoring of performance against agreed measures*'. For this action to be considered complete we need evidence of the new reporting arrangements to CGOG operating in practice and will report on this in the 2022/23 ICE report. The Medical Director advised that there is currently no plan, unless by escalation, to routinely report these KPI's with the CGC.	 **Minor slippage on agreed timelines**
5. Succession Planning • The Staff Governance Committee (SGC) and Remuneration Committee should be assured	Within the draft Workforce Plan 2022-25 there is a medium term action for	 On track

on succession planning arrangements within NHS Fife and of the potential risks associated with this area. ***Action Owner: Director of Workforce*** ***Original date of expected completion for all of the above is the 31 October 2022.***	Directorate level Workforce Plans, to consider succession planning implications for a range of critical roles, including advanced practitioners grades and above. This will give assurance to the SGC that succession planning is being considered, but the SGC and Remuneration Committee still require a full update on the implementation of these arrangements and the potential risks associated with this area.	
6. Staff Governance Standards • To enable the SGC to fully ascertain the SGS initiatives introduced during 2021/22 and provide a measure of their success in meeting the requirements of the SGS, the assurances given at those meetings should give an equivalent level of assurance to that of previous years (per the previously maintained SGAP), setting out actions and assurances still to be provided and the reasons for any delays. ***Action Owner: Director of workforce.*** ***Original date of expected completion for all of the above is the 31 March 2022.***	This recommendation has not been implemented as agreed. For 2021/22 only verbal updates on the action taken to meet the SGS has been provided at the September 2021 and March 2022 SGC meetings. No documented record has been provided of the initiatives introduced and the actions and assurances still to be provided and the reason for any delays. As part of its 2021/22 Annual Assurance Statement the Committee has agreed to "enhancing the signposting on papers and agenda items, to make it clear which strand of the Standards is being addressed, to ensure full coverage across the Committee's yearly workplan".	 **Significant Slippage**

7.IPQR and Financial Sustainability BAF • Links between the Financial Sustainability BAF and IPQR should be clear and overtly linked so the controls/mitigations of the BAF provide assurance that challenges within the IPQR is being managed. • The financial sustainability BAF should be updated to include links to Strategy, PMO Savings Programme and relevant External audit recommendations. ***Action Owner:*** **Director of Finance and Strategy** ***Original date of expected completion for all of the above is the 31 March 2022.***	An Improvement Plan has been developed and was agreed with EDG in February 2022 and the March 2022 FPRC. This sets out the further work required to complete and embed the changes required. Concluding this recommendation has clear links to the ongoing requirements of Risk Management Improvement Plan. The development of the Financial Improvement/Sustainability (FIS) Programme will support the delivery of efficiency savings and closing significant external audit recommendations. ***Date Expected Completed – 31 July 2022***	 **Minor slippage on agreed timelines**
8. Property & Asset Management Strategy (PAMS) • The risks around delivery of the PAMs and capital programme would benefit from having a BAF or operational risk which would aid and support the delivery of the future Health and Wellbeing Strategy. ***Action Owner: Director of Property and Asset Management*** ***Original date of expected completion for all of the above is the 31 March 2022.***	The Environmental Sustainability BAF presented to the FPRC in May 2022 has committed to a new corporate risk related to the Capital Programme and Property Strategy to be developed within the revised Risk Management Framework. ***Date Expected Completed – 31 July 2022***	 **Minor slippage on agreed timelines**
9. IG&S Assurance Reporting to CGC • Regular assurance reporting from the IG&SSG to CGC should be scheduled in the workplan of CGC for 2021/22 and future years. • This should include a regular Assurance Report as well as IG&SSG minutes. • The Assurance report should include clear, sufficient and reliable assurance on the key aspects of IG&S so that the CGC can conclude on the adequacy and effectiveness of Information Governance arrangements at year end. ***Action Owner: Associate Director of Digital and Information*** ***Original date of expected completion for all of the above is the*** **28 April 2022**	Activity Tracker report provided IG&S assurance to CGC at their meeting on 10 March 2022 and updates are scheduled in the committee's 2022/23 workplan for September 2022 and March 2023.	 **Complete and Validated**

10. Information Governance and Security Policies • Assurance provided regarding Information Governance Policies and Procedures should be improved so that a list of all policies and procedures and their review dates is provided to the IG&S Operational Group and percentage compliance, regarding reviewed within scheduled review date, figures are reported to the IG&S Steering Group. • Progress towards mitigating the risk regarding lack of resources for Information Governance and Security Policy Management should also be reported to the IG&S Steering Group. • The NHS Fife Information Security Policy [GP/I5] and NHS Fife Data Protection and Confidentiality Policy [GP/D3] must be reviewed at the earliest opportunity. The review should specifically consider the impact of the pandemic and the increase in fraud risk and remote working implications. ***Action Owner: Associate Director of Digital and Information*** ***Original date of expected completion for all of the above is the* 14 February 2022**	The IG&S Key Measures Report to March 2022 IG&SSG includes an update on policies at section 5. Reporting on how the required level of resources was being provided was included in section 4.5 of the IG&SSG Annual Assurance Statement. Revised Information Security Policy (GP/I5) is published on Stafflink with a scheduled review date of January 2025. Although we are advised that the NHS Fife Data Protection and Confidentiality Policy [GP/D3] has been reviewed, and is being presented to the General Policies Group and EDG for approval, the version of the policy published on Stafflink is the old version which had a scheduled review date of 1 June 2021.	 **Minor slippage on agreed timelines**
11. Information Governance Incident Management • The assurance route for reporting of assurances on Information Governance incidents needs to be clarified and streamlined to provide sufficient assurance to CGC. ***Action Owner: Associate Director of Digital and Information*** ***Original date of expected completion for all of the above is the* 31 March 2022**	Section 6.1 of the IG&SSG Annual Assurance Report includes the recommended details regarding IG&S incidents. This was considered by IG&S Steering Group following cancellation of scheduled meeting on 8 April 2022 and then by CGC 29 April 2022.	 **Complete and Validated**
12. Digital and Information Risk Management • It is important that the processes for recording and managing risks related to Digital and Information are sufficient to provide CGC with assurance regarding these risks at year end on the accuracy of risk ratings, and the adequacy and effectiveness of key controls and actions. • The impact of the pandemic on Digital and Information risks should be considered and specific assurance on this should be	The risk reports presented to IG&SSG and Digital & Information Board have been updated in format throughout 2021/22 and a review of all risks was undertaken which included revisiting the scoring and considered the impact of the pandemic. The new format includes graphical representation to highlight risks with improved or deteriorating ratings and provides	 **Complete and Validated**

provided to CGC. ***Action Owner: Associate Director of Digital and Information*** ***Original date of expected completion for all of the above is the* 31 May 2022**	detailed analysis on the highest ranked risks which provided the Group with additional understanding of the risk and allowed them to consider if the management actions would mitigate the risk within a suitable timescale. To date the Group has been able to provide that assurance for the highest ranked risks.	
ICE Report 2020/21 – B08/21		
1. Long term Strategy • The EDG should jointly agree how the various strands of work to inform and deliver the long term strategy for NHS Fife will be analysed and translated into a co-ordinated programme, building on the progress already made through the Strategic Planning and Resource Allocation (SPRA) as well as remobilisation planning, considering how best use can be made of existing expertise and data and understanding constraints on resources. • This review should also consider how best to ensure effective governance and oversight of this key area in advance of the Board Development Session • A timetable for development of the new Strategy and supporting strategies should be reported to the NHS Board. Reporting on progress should be clearly assigned to an Assurance Committee or the NHS Board and should include a broad overview of whether Recovery, Remobilisation and strategy development is on track, key achievements, challenges and risks and any significant implications for strategy and priorities. ***Action Owner: Chief Executive*** ***Original date of expected completion for all of the above is the 31 March 2022.***	The recommendation was integrated with the plan to develop the new Population Health and Wellbeing Strategy. Progress was made during 2021/22 on a number of key stages however the ongoing impact of the pandemic has led to delays. A paper detailing the re-phasing of this work was approved by the Public Health and Wellbeing Committee on 8 March 2022 and the NHS Fife Board at the end of March. The paper includes a milestone plan to deliver the new strategy by the end of December 2022, with Board approval by the end of March 2023. The paper also sets out the Portfolio Board arrangements to support the development of the strategy work and the governance route for each activity as the plan is developed. ***Date Expected Completed – 31 March 2023***	**Pausing of development activities as a consequence of the pandemic.**  **Minor slippage on agreed timelines**
3. Clinical Governance Framework • Development of the Clinical Governance Strategy and Clinical Governance Assurance Framework with a focus on risk, informed by Committee Assurance and Integration	Progress has slipped slightly from original targets to allow further engagement with staff which has been taking place taking place regarding a draft version of the NHS Fife Clinical and	 **Minor slippage on agreed timelines**

Principles. ***Action Owner: Medical Director*** ***Original date of expected completion for all of the above is the 31 March 2022.***	Care Governance Strategic Framework 2022-2025. It has been agreed with the Chair of the CGC, the Medical Director and Nursing Director that the Framework will be presented to CGC for approval at their meeting on 1 July 2022. The Medical Director advised that due to unforeseen circumstances a further extension has been deemed necessary.	
5. Property Management Strategy • The Property Management Strategy should be reviewed and revised to align it to updated NHS Fife Strategies and future sustainability and should specifically consider the impact of Covid19 around the property infrastructure going forward. ***Action Owner: Director of Property and Asset Management*** ***Original date of expected completion for all of the above is the 30 August 2021***	The paper considered by Fife NHS Board on 29 March 2022 on the plan for the Population Health and Wellbeing Strategy included the further development of the PAMS strategy. ***Date Expected Completed – 30 November 2022***	 **Minor slippage on agreed timelines**
6. Information Governance and Security • Establishment of IG&S Operational Group and Steering Group Terms of Reference (ToR) • Digital and Information (D&I) Board to provide additional support and assurance to IG&S and its alignment to strategy and operational performance **– April 2021** • IG&S Assurance Report and Framework – **March 2021** • Assurance report will be made available for consideration at the next Clinical Governance Meeting, following the IG&S Steering Group meeting on 23 March 2021. • Risk associated with resources and requirement for business cases when delivering the Digital and Information Strategy will be documented within the related BAF – **April 2021** ***Action Owner: Associate Director of Digital*** ***Original date of expected completion for all of the above is the 30 April 2021***	IG&SSG and IG&SOG ToRs agreed and meetings taking place. Reporting through Activity Tracker to IG&S Steering Groups and to CGC: •To 4 March IG&SSG – Tracker & Performance •To 10 March CGC – SBAR & Tracker Board Assurance Framework for D&I Strategy Delivery reporting including linked risks provided to CGC via EDG (September 2021, November 2021, and March 2022). Risk Reports including performance analysis and detailed root cause analysis and risk proximity reported to D&I Board and IG&S Steering Group.	 **Complete and Validated**

Annual Report 2020/21 – B06/22		
1. Increased Risk of Harm • A specific risk should be recorded, delegated to the CGC, to capture the clinical implications of Covid19 on waiting times and the associated impact on patient safety, clinical effectiveness and strategic prioritisation. The risk should include clear controls and assurance sources looking at reducing avoidable harm caused by delays in diagnoses and treatment and should reflect: • The key priorities and aims for 2021/22 within the current remobilisation plan. • Other relevant controls, such as implementation of Royal College of Surgeons guidelines • A description of controls to address the current pressure on scheduled care as a result of imbalance in demand and capacity; additional pressures due to Covid19; possible pent up demand due to reduction in referral rates. • Identified requirements to redesign services. ***Action Owner: Medical Director*** ***Original date of expected completion for all of the above is the 30 November 2021.***	The change to the Quality & Safety BAF was proposed and agreed by CGC at their meeting on 3 November 2021 and the was presented again to CGC at their meeting on 10 March 2022 and the revised risk description is reflected in the version of the BAF presented to CGC on 29 April 2022. The Quality and Safety BAF Risk description now reflects risk to patients from reprioritisation associated with the pandemic and linked risks include pandemic related risks.	 **Complete and Validated**

Corporate Governance

BAF risks:

Risk 1675 - Strategic Planning – Moderate (12)

- 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.

Risk 1676 – Integration Joint Board –Moderate (12)

- 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.

Strategy

The ICE report highlighted positive progress on the plans to develop the Population and Wellbeing Strategy (PWS) and welcomed NHS Fife's intention to have an approved Strategy in place by 31 March 2022. This was delayed by the ongoing impact of Covid19; a revised timetable was approved by Standing Committees and the Board in March 2022. Consequently with a one year Transitional Strategic Plan will be submitted in line with the Scottish Government (SG) deadline of 31 July 2022. A one year financial plan for 2022/23 was approved by the Board and submitted to Scottish Government in March 2022.

The approved timetable details a route map for the development of the medium to long term Population Health and Wellbeing Strategy, with a draft Strategy and associated Delivery plan to be presented to the NHS Fife Board by December 2022. The route map provides key steps and dates, with dates established for Standing Committees and the Board to review and influence the work.

The SGHSCD issued the NHS Recovery plan on 25 August 2021. The recent Audit Scotland report NHS in Scotland 2021 stated that '*The ambitions in the plan will be stretching and difficult to deliver against the competing demands of the pandemic and an increasing number of other policy initiatives. The recovery plan will involve new ways of delivering services and these will take a lot of work. There is not enough detail in the plan to determine whether ambitions can be achieved in the timescales set out.*' The SGHSCD have subsequently issued further guidance reiterating its intention for NHS Boards to deliver the objectives within the NHS Recovery Plan. However, it is clear that the workforce and financial assumptions underlying both the NHS Recovery Plan and the Health and social care: national workforce strategy would require very careful risk assessment, before they could be relied upon in local planning.

Whilst the Board will need to be cognisant of SGHSCD ambitions, its priority must be the production of a realistic, achievable strategy which addresses the needs of the local population post-covid within the parameters of available resources, most particularly financial, digital and workforce. This will almost inevitably involve extremely difficult decisions, which may not fully align with public or SGHSCD expectations.

During the Covid pandemic, there was a necessary shift of focus towards operational priorities, which reflected the extreme risks in those areas as well as an influx of Covid related funding which lessened the immediate financial risk. In future, the risks related to financial sustainability are likely to rise sharply and rapidly, with the acute sector in particular facing very significant financial challenges. Consideration of the changes in culture required to adapt to this change should start now. The implementation of the Financial

Improvement and Sustainability Programme in November 2021 will be a key enabler to securing recurring financial balance and sustainability. In March 2022, the Finance, Performance & Resources Committee (FPRC) were provided an update on the Operational Pressures Escalation Levels (OPEL) process, which aims to manage day-to-day pressures, with clear triggers for action and escalation. We commend this development and note the Scottish Government interest in the overall tool. An update report on how the OPEL process is working in practice would be a useful future assurance report to the FPRC.

Covid19 & Governance

NHS Fife has continued to monitor and adapt arrangements to maintain an appropriate level of governance, whilst taking account of the pressures on management and the need to free operational staff to deal with Covid19.

On 20 May 2020 the Board ratified revised governance arrangements for the Board's Standing Committees whereby meetings were to be undertaken by TEAMs. The command structure which was stood down from 31 March 2021 was reinstated in July 2021 due to resurgence in Covid19 cases.

Given the lifting of Covid19 restrictions during April 2022, NHS Fife successfully tested its first face to face meeting for two years at a Board Development session in April 2022.

Covid19 reporting to Board has continued and covers: Covid19 Vaccination, Test and Protect and Covid19 Testing in Fife.

Assurance Mapping

The Chief Internal Auditor, working with officers from NHS Fife and other client Health Boards, developed a set of Committee Assurance principles, together with a series of questions which would help Standing Committees assess the assurances they receive on risks delegated to them. These were considered and endorsed by the NHS Fife Audit & Risk Committee at its meeting in May 2021.

The Board Secretary is working with Standing Committee Chairs to ensure these are embedded within the Board's formal assurance processes and Internal Audit continue to liaise with management on the application of the principles.

Remobilisation

The draft Remobilisation Plan 4 (RMP4) was considered and approved by the NHS Fife Board in private session on 28 September 2021 prior to submission to the SG, with positive feedback received on 19 November 2021.

An action tracker, outlining key actions and progress on deliverables, has helped support the delivery of the RMP and provided scrutiny of its achievements against target dates. The update to 31 March 2022 was provided to the FPRC on 10 May 2022, with:

- 52 actions completed
- 61 on track
- 20 at risk – require attention
- 12 unlikely to meet target

Actions that are unlikely to be completed are delivery of elective care and diagnostics, and improvements in cancer performance and early diagnosis. Incomplete actions will be carried over into the 2022/23 Annual Delivery Plan.

Risk Management

During 2021/22, the 7 BAFs were reported bi-monthly to standing committees, and

subsequently to the Audit & Risk Committee and the Board. The majority of these BAFs have been updated in year, including updates to reflect Covid19, and have shown positive score changes towards target, albeit Environmental Sustainability and IJB have remained static.

The Risk Management Framework update to the March 2022 NHS Board meeting included the development of the risk profile against the NHS Fife Strategic Priorities/Objectives as follows:

- To improve health and wellbeing
- To improve the quality of health and care services
- To improve staff experience and wellbeing
- To deliver value and sustainability

Various risks were identified under each priority/objective and following feedback further risks have been identified for Climate Change and Health Inequalities.

A risk management improvement programme was approved by the NHS Fife Board in March 2022. A comprehensive update was provided to the May Audit & Risk Committee including aims and required actions.

A Board-wide review of risk reporting is currently underway and, when concluded, will make recommendations for the reporting of relevant risks to the Standing committees. It is likely that stand-alone Board Assurance Frameworks (BAFs) in use at present will be replaced by a refreshed Corporate Risk Register, with sections pertinent to each standing committee. This will help each Committee define and monitor risks relevant to their remit once the process becomes fully established. This should help improve the consideration of risk within SBARs to the Board and Standing Committees, which still requires considerable development.

Supporting the Board Strategic Risks will be a Corporate Risk Register, featuring risks that have the potential to affect the whole organisation, or escalated operational split into: Clinical Quality and Safety, Property and Infrastructure (including Digital and Information), Workforce and Finance. In addition, a Risk Dashboard will be developed to enable oversight of the risk level of corporate risks, provide assurance that adequate controls are in place to proactively manage risks, align to improvement actions contained within the Integrated Performance & Quality Report (IPQR) and integrate with Key Performance Indicators (KPIs) and Quality Performance Indicators (QPIs). We also note the intention to refresh the Board Risk Appetite Statement, which should be an important feature of the new system.

Given operational pressures, a Covid19 strategic risk was not included in NHS Fife's extant BAF risk profile. A high level Covid19 risk register is maintained via the Emergency Command structures, which are considered by EDG. At the EDG on 5 May 2022, it was agreed that while some elements of these risks, such as workforce pressures, may remain, they are no longer primarily linked to the pandemic and will now be managed as business as usual, included in the operational risk registers or escalated to the corporate risk register as required.

Performance

NHS Fife has achieved financial breakeven position with non recurring funding of £13.7m received to bridge the financial gap.

The IPQR was presented to each Standing Committee and Board meeting as per each work plan. The IPQR reports on a range of measures covering financial and clinical delivery, with significant challenges highlighted in year.

A review of the IPQR's content and format is currently underway, to address actions from

the Board's Active Governance session and to ensure it remains relevant and clear to Board members.

The IPQR to the May 2022 FPRC provided the latest reported performance for 2021/2022, with data provided to end of March 2022 for Remobilisation Activity and all other targets to February 2022.

Cancer 31-Day Diagnostic Decision to first Treatment (DTT), Inpatient Falls, SABs - HAI and Antenatal are meeting target, with six indicators not achieving target but performing well above the Scotland average: C-Diff Community; 4- Hour Emergency Access; Cancer 62 Day RTT; Patient TTG; New Outpatients; Delayed discharge – Standard Delays.

A further eight areas are neither meeting the target nor the Scotland average: Diagnostics; 18 week RTT; Detect Cancer early; Cancer 62 Day RTT; Delayed Discharge (% bed days lost); Smoking Cessation; CAHMS Waiting Times; Psychological Therapies. Improvement actions to address these areas are included in the IPQR and will take time to embed, and we note that many of these areas are still performing well against the Scottish average.

Integration

The final version of self-evaluation response to the Ministerial Strategic Group (MSG) Integration of Health & Social Care report was submitted by Fife IJB to Scottish Government in May 2019, and detailed areas for further work locally. An update on progress was provided to the Fife IJB Audit & Risk Committee in April 2022, which showed some progress but a number of actions still outstanding. There would be benefit in the NHS Fife Board or a Standing Committee also receiving this report, as the responsibility for implementing actions also lies with the partner bodies, who are reliant on the success of the IJB in a number of key areas.

The NHS Fife Director of Health and Social Care advised the 29 March 2022 Board Meeting that the Integration Scheme (IS) had been formally signed off by Scottish Ministers on 8 March 2022.

Internal Audit has continued to provide advice and highlight governance and assurance aspects of integration and the need for clear lines of accountability and ownership of risk. Internal Audit F05-22 - Strategic Plan is reviewing the process for developing the Fife IJB Strategic Plan. The Fife IJB Strategic Risks were reviewed, updated and presented to the January 2022 meeting of the Fife IJB.

We previously noted that the Integration BAF was significantly out of date and needed to be reviewed. This will be considered as part of the updating of the NHS Fife Risk Management Framework; with the Director of HSCP recommending that the current risk is closed as the Integration Scheme is complete.

Other Governance Areas

General Policies

As reported to the May 2022 FPRC, as at April 2022, 29 (51%) of the 57 General Policies are up to date. 10 (17%) remain beyond their due date and are presently being followed up. Work is underway for 18 (32%) of General Policies, which are either being reviewed or are out for consultation to the General Policies Group. Completion has improved since the last report in November 2021.

Corporate Objectives

During April/May 2022 the Standing Committees endorsed and the Board approved the NHS Fife Corporate Objectives which will inform the development of the Annual Delivery Plan for

2022/23.

Annual Review Letter

The outcome letter from the Scottish Government Annual Review for NHS Fife was received in February 2022 and presented to the March 2022 NHS Fife Board meeting. Overall the feedback received was positive, in particular the organisational actions to the impact of Covid19 and associated activity.

Board and Standing Committee Development Sessions

We commend the timetabling of development sessions for 2022-23 which will provide an understanding in advance of business proposals to Board members and help members to scrutinise papers and understand the topics as they arise at meetings.

Board and Standing Committee Work Plans and Annual Reports

The Audit & Risk Committee will present its annual work plan to each meeting in 2022/23 which will enable the Committee to monitor items that have been completed, carried forward to a future meeting or removed. We recommend that this good practice is extended to all Standing Committees and the Board.

All standing committees' draft annual reports are broadly in line with the FTF Committee Assurance Principles and will be presented to the 16 June 2022 Audit & Risk Committee.

Blueprint for Good Governance and Active Governance

An update was presented to the NHS Fife Board in January 2022 reporting all actions from the initial assessment against the Blueprint for Good Governance as complete.

A Board Development session was held on 2 November 2021 on Active Governance, with a focus on improving how data is presented to the Board and Standing Committees, and how insights from intelligence can be used to assure quality and performance. A plan including a number of actions to improve reporting was agreed. The action plan is due to be completed during the summer of 2022 and then reported to the Board, and will include the recently updated Blue Print for Good Governance.

Code of Corporate Governance

An update to the NHS Fife Code of Corporate Governance was due to be presented to the Audit & Risk Committee in May 2022, but has been delayed to allow the recently issued Model Code of Conduct to be included in the next iteration.

Action Point Reference 1 – MSG Report	
Finding:	
Over the last few years a number of the MSG indicators have progressed but due to Covid there are a number outstanding. An update was provided to the Fife IJB Audit and Risk Committee in April 2022 but no update has been provided to the NHS Fife Board.	
Audit Recommendation:	
NHS Fife should be provided with an update/precis on work being undertaken to foster closer working relationships with colleagues in local authorities and IJBs.	
Assessment of Risk:	
Moderate 	Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**
Management Response/Action:	
A report on the MSG indicators will be presented to the Finance and Performance Committee as a standing committee of NHS Fife Board.	
Action by:	**Date of expected completion:**
Director of HSCP	**September 2022**

Clinical Governance

BAF Risk:

Risk 1674 – Quality & Safety – High Risk (15)

- There is a risk that due to failure of clinical governance, performance, and management systems (including 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

Risk 1677 – Digital & Information – High Risk (15)

- 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.

Annual Report

The Clinical Governance Committee (CGC) annual report provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place throughout NHS Fife during the year. The narrative in the report includes detailed commentary on key areas including pandemic related activity, the risk based approach taken to service pause during the pandemic and mitigating action taken to minimise the impact of this on patient treatment and diagnosis. The report also highlighted business considered during the year including the establishment of the Public Health and Wellbeing Committee, Remobilisation Planning, Population Health and Wellbeing Strategy development, Primary Care Improvement Plan, Complaints Backlog and how this is being addressed, New legislative requirements, New Participation and Engagement Advisory Group, Urgent Care Redesign, East Region Formulary development, Independent review of Paediatric Audiology Services, Revised Integration Scheme, Annual Reports from supporting groups and relevant internal audit and external regulatory body reports.

Pandemic & Immunisation

The CGC received updates on different aspects of work related to the pandemic including the Covid19 vaccination programme and the governance around it and the wider vaccination programme, testing and tracing, communication, infection rates, pressures on services and pausing of elective services and outpatient activity.

An external review of all immunisation programmes in NHS Fife subsequently made recommendations to allow NHS Fife to meet the increasing demands and expectations for childhood and adult immunisation programmes. Recommendations were approved by the EDG at their 6 May 2021 meeting and the Fife Immunisation Strategic Framework 2021-24 was considered and supported by the CGC in September 2021 along with the flu and Covid19 booster immunisation programmes.

Clinical and Care Governance Strategy and Framework

Engagement with staff throughout NHS Fife and the Health and Social Care Partnership has

taken place regarding the draft NHS Fife Clinical and Care Governance Strategic Framework which is to be finalised and presented to the Clinical Governance Committee for endorsement at their meeting on 1 July 2022, later than expected due to service pressures associated with the pandemic. Internal Audit have been consulted on the strategy and have provided comment on governance, integration and assurance aspects as well as on the extent to which the strategy meets the requirements of previous internal audit recommendations.

CGC Governance and Assurance

A Public Health and Wellbeing standing committee has been established with responsibilities related to public health and wellbeing strategy development and assurances regarding this and public health initiatives that were previously within the remit of the CGC. Although terms of reference and workplans have been reviewed, the CGC annual assurance report acknowledges the need for further work to avoid unnecessary duplication and ensure clarity over the different roles and responsibilities of standing committees.

The Clinical Governance Oversight Group has merged with the Duty of Candour and Adverse Events Group and has a revised Terms of Reference which include responsibility for provision of an annual assurance report to the CGC. A newly formed Organisational Learning Group reports to the Clinical Governance Oversight Group, with one of its duties being to review the consistency of external and internal reports.

Risk Management

In response to our finding and recommendation in our 2020/21 Internal Audit Annual Report (B06/22 - pt 1) the Quality and Safety BAF risk was updated by the CGC to reflect the increased risk of morbidity/mortality as a result of necessary reprioritisation of service provision associated with the response to the pandemic as follows: '*There is a risk that due to failure of clinical governance, performance and management systems (including 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*'. The Quality and Safety BAF is linked to relevant operational risks including risks 2214 (staffing levels), 1904 (pandemic associated increased morbidity, mortality and reduced capacity), 1907 (Pandemic associated oversight of Care Homes).

External Review

The NHS Fife CGC Annual Assurance Report referred to the reviews undertaken by regulatory bodies which were reported to CGC during the year along with assurance regarding action being taken to address recommendations made in the reports. The following reports were considered by CGC in 2021/22:

- Healthcare Improvement Scotland (HIS) Healthcare Associated Infection (HAI) inspection - Glenrothes Hospital (7-8 July 2020)
- HIS HAI inspection - Adamson Hospital (28 October 2020)
- HIS Covid focused inspection – Victoria Hospital (May 2021)

In addition the Clinical Governance Oversight Group considered the following additional reports as well as routinely considering the activity tracker including inspection reports. Consultations, reports and publications for awareness and published standards:

- Multi-agency Adult Support and Protection inspection was carried out in Fife between May and August 2021 to provide assurance to the Scottish Government about local partnership areas effective operation of adult support and protection processes and leadership for adult support and protection services

The following reports were referred to in Executive Director Letters but were not reported to the CGC or CGOG:

- Mental Welfare Commission Inspection of Ravenscraig Ward, Whytemans Brae, on 30 September 2021 (update provided to Clinical & Care Governance Committee on 20 April 2022)
- Mental Welfare Commission Inspection of Dunino Ward, Stratheden on 2 November 2021.

Significant Adverse Events

A new post of Lead for Adverse Events has been recruited to and the Lead is co-ordinating the implementation of the Adverse Events improvement plan which includes the review and revision of the Adverse Events Policy. We have been advised that the revised policy will address relevant recommendations in internal audit reports (B08/22, B20/21 & B14/21).

Organisational Duty of Candour

The Annual Duty of Candour (DoC) report covering the 2020/21 financial year was presented to Fife NHS Board at their 29 March 2022 meeting. Neither CGC nor Fife NHS Board have received any information on the application of DoC during 2021/22. The Medical Director has informed us that delays to the adverse event process in its entirety are a known consequence of the impact of the Covid-19 pandemic on service pressures. Recovery to a state where more timely reporting is heavily dependent on the recovery of the backlog of closure of adverse event reviews. .

Clinical Policies and Procedures

The latest report to the Clinical Governance Oversight Group in April 2022 indicated that 97% of Clinical Policies and Procedures had been reviewed by their scheduled review date.

Health and Safety

The 2021/22 Health & Safety Sub-Committee Annual Report confirmed that there were no significant control weaknesses or issues at the year-end which it considered should be escalated to the Clinical Governance Committee or disclosed in the Board's Governance Statement.

Staff Governance

BAF Risks:

- **Risk 1673 - Workforce sustainability - 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.**

Workforce Planning and Risk Assurance

The Staff Governance Committee (SGC) considered the draft Interim Workforce Plan on 20 April 2021 prior to submission to SG by the deadline; with final endorsement by the Committee on 15 June 2021. The Interim Workforce Plan complied with the Scottish Governance guidance and template, and reflected workforce elements of the RMP4. No specific update on delivery of the Workforce Plan for 2021/22 has been provided to the SGC; instead the SGC has been advised of its implementation via updates on the RMP4. Whilst this enables the SGC to be kept informed of the workforce actions taken, it does not provide a conclusion on the success in implementing the Workforce Plan for 2021/22 or of its impact on the key workforce risks facing the Board. Whilst compliant with SG direction and timetables, workforce planning remains an area of high risk which is fundamental to the achievement of NHS Fife's strategic objectives and will be integral to the design and delivery of a sustainable Population Health and Wellbeing Strategy.

The National Workforce Strategy for Health and Social Care in Scotland was published in March 2022, and on 1 April 2022, the SG issued associated guidance which required Boards to submit three year integrated health and social care Workforce Plans by 31 July 2022. The risk profile of the national strategy is not available, but our assessment would be that a number of assumptions within the document are very high risk.

The NHS Fife Workforce Strategy will need to inform and be informed by the overall strategy of the Board. When the new Workforce Strategy is presented to the SGC, there would therefore be considerable benefit in a companion paper which describes how it will be monitored by the SGC, how it fits in with Population Health and Wellbeing Strategy and is connected to the developing IJB Strategic Plan e.g. delegated health services, how the associated risks will be identified and consolidated within the new risk register and how assurance will be provided on progress.

The SGC continued to receive regular assurance reports on the strategic workforce risks and received a detailed review of the Workforce Sustainability BAF in October 2021. The workforce risks remained at high; but with greater consideration to workforce sustainability risks relating to service delivery as set out in the Clinical Strategy and the future Health and Wellbeing Strategy, plus the impact of the Covid19 pandemic.

Internal Audit is completing a review of the processes relating to the development of the 2022-25 Workforce Strategy and Workforce plan, using the Workforce Sustainability BAF as the basis to evaluate the design and operation of the controls to inform the Workforce Plan.

Staff Governance Assurances

Reports, such as the Health and Wellbeing Update, indicate that a lot of work is ongoing to meet the Staff Governance Standards (SGS), but there is no reference within such reports as to the specific strands of the SGS that they are addressing or to the resulting outcomes. The SGC also did not receive comprehensive assurance on compliance with the SGS throughout

the year, with only verbal updates on the action taken to meet the SGS being provided at the September 2021 and March 2022 SGC meetings.

The SGC annual report 2021/22 reported that the committee received individual papers to demonstrate that the five strands of the SGS are being met. More detailed, written assurances are required in future to evidence such a conclusion.

Remuneration Committee (RC)

The RC completed an annual assessment of its performance for 2021/22 at its April 2022 meeting. No issues were identified for improvement, with a training session being arranged to further enhance members understanding of their responsibilities. The RC now keeps an Action List to ensure matters carried forward from each meeting are actioned.

Promoting Health and Wellbeing, Appropriately Trained & Developed, and COVID-19 Response

Regular reports have been made to SGC meetings on the impact of the Covid19 pandemic and provision of assurance on the evolving measures being taken to ensure NHS Fife's workforce is being supported during the pandemic. Our review of the Staff Health and Wellbeing update reports presented to the SGC evidenced a good level of detail and showed that NHS Fife continues to respond to the workforce issues presented by the Covid19 pandemic.

The draft Workforce Plan 2022-25 includes an action to consider succession planning implications for critical roles, including advanced practitioners grades and above. It also includes a workforce profile overview for the different medical specialities and each includes a number of actions to sustain each speciality or professional group e.g. Pharmacy Workforce, including training and development.

The sickness absence statistic for March 2022 was 5.59%, which although still high is showing a downward trend since December 2021, when it was 6.98%. For 2021/22, it is reported that there was a staffing reduction of 1.87% due to Covid19.

Appraisal

TURAS appraisal completion continues to be impacted by the Covid19 pandemic, with a 31% completion rate at the end of March 2022. The Area Partnership Forum, which supports partnership working to improve performance, receives updates on both TURAS appraisal and training arrangements, with the SGC receiving copies of its minutes. Arrangements are proposed to include TURAS appraisal performance reporting as part of the IPQR reporting cycle for 2022/23, with reporting to each SGC meeting.

As at 31 March 2022, Medical Appraisal and Revalidation data shows that of 302 Primary Care doctors, 96.7% were appraised and out of 330 Secondary Care doctors 88.8% were appraised. Internal Audit was informed that although appraisals are slowly getting back to normal, there is still a shortage of appraisers in Secondary Care, which has resulted in some being delayed in addition to the existing pressures resulting from Covid19. An update on the appraisal process has recently been issued by the Scottish Government, confirming that the more flexible approach to appraisal recommended over the previous two years should be continued at present. This includes flexibility regarding the amount of supporting information required.

Staff Governance Annual Monitoring Return

The SG advised all health boards in April 2022 that a different approach was being taken to the review of the monitoring return for 2020/21 in recognition of the continuing pressures faced by Boards. As a consequence no further actions/recommendations are being made by

the SG, based on the 2020/21 monitoring return. Although a more streamlined exercise was completed, NHS Fife was advised that the exercise will still allow the SG to measure the application of the SGS and to identify areas of good practice that will be shared to help drive continuous improvement across all NHSScotland Health Boards. The SGC will be advised of the outcome of this exercise once confirmation of the 2021/22 monitoring return format is received from the SG.

Whistleblowing

The SGC and NHS Fife Board were previously advised of the launch of the National Whistleblowing Standards from 1 April 2021 and during 2021/22 it has received updates on how the new standards were being rolled out, including Quarterly Reports detailing the number of concerns raised. Consideration is still being given to the level of detail provided to the SGC to keep it informed on the action taken to address concerns raised. A Whistleblowing Annual Report for 2021/22 will be presented to the September 2022 SGC meeting and thereafter to NHS Fife Board.

Action Point Reference 2: Staff Governance Assurances	
Finding:	
Reports provided to the SGC detailing the actions taken to meet the SGS do not specify which strand they are addressing. In addition, the SGC also did not receive comprehensive assurance on compliance with the SGSs throughout the year, with only verbal updates on the action taken to meet the SGSs being provided at the September 2021 and March 2022 SGC meetings. The SGC annual report 2021/22 reported that the committee received individual papers to demonstrate that the five strands of the SGSs are being met. More detailed, written assurances are required in future to evidence such a conclusion.	
Audit Recommendation:	
To enable the SGC to fully conclude that the SGSs are being met, written reports indicating how ongoing workstream and other activity meets the appropriate SGS(s) should be presented to it in accordance with its Workplan. Any related reports, such as the Health and Wellbeing Update, should also state which strands they provide assurance on and where possible report on the impact as well as the implementation of any actions taken.	
Assessment of Risk:	
Moderate 	Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**
Management Response/Action:	
Work is already underway to respond to this assessment and recommendations **In future all reports to Staff Governance Committee will, where appropriate, include an explicit reference to the SGS(s) the paper meets.**	
Action by:	**Date of expected completion:**
Director of Workforce, with specific action taken by the authors of papers to SGC	**November 2022**

Financial Governance

BAF Risk:

Risk 1671 – Financial Sustainability – Moderate Risk (9)

- 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.

Risk 1672 – Environmental sustainability – High Risk (20)

- 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

Financial Performance

The draft financial outturn position to 31 March 2022, subject to external audit review, was:

- A £0.380 million under spend on the core Revenue Resource Limit (RRL) of £920.02 million
- A break-even position against the core Capital Resources Limit (CRL) of £32.389 million
- 2021/22 savings delivered of £9.618 million, of which £5.779 million (60%) was recurring,

Total additional Covid19 funding of £95.189m was received from SG in 2021/22. Board Directed Services accounted for £36.464m of the Covid19 costs, and the balance of £58.725m was allocated to the HSCP.

The draft year-end figures for the Health and Social Care Partnership were breakeven for Health delegated, a £1.690m under spend for Social Care with the Fife IJB having a reserve balance of £78.843m.

Financial reporting throughout the year to the FPRC and Board remained consistent and the position was clearly presented, along with the impact of Covid19. Financial forecasts during the year provided an accurate outcome of the year-end position.

Efficiency Savings

The 2021/22 financial plan reflected an overall savings target of £21.7m and assumed £8m was achievable in-year with £4m on a recurring basis and £4m on a nonrecurring basis. Throughout 2021-22 the savings shortfall of £13.7m, as identified in the financial plan, remained a risk to financial balance and Scottish Government (SG) assistance was required. The SG required NHS Fife to deliver a series of actions prior to providing £13.7m to enable NHS Fife to break even for 2021-22.

Significant financial challenges remain as NHS Fife emerges from emergency footing and the Financial Improvement and Sustainability Programme (FISP) will require to ensure there is the required capacity to deliver substantial cost reduction to achieve financial balance in 2022-23 and beyond. The FISP has now been established and its remit endorsed at the January 2022 FPRC. The programme aims to develop and agree productive opportunities and savings targets for 2022/23 and plans for the more medium-term. The Programme will

report directly into the Portfolio Board with governance reporting in place to other Standing Committees and the Board.

Financial Planning 2022/23 and Covid Funding

The Strategic financial plan 2022/23 was approved by the Board on 28 March 2022. This identified a projected budget gap for 2022/23 of £24.1m with plans for this to be mitigated in part through a range of cost improvement plans and a significant capital to revenue transfer. The forecast financial position after the application of these proposed actions is a deficit of £10.4m. A 3-year medium-term plan is being developed to identify a range of cost improvement activity to ensure recurring financial balance at the end of that 3 year period. NHS Fife remain within 0.8% from the full NRAC share.

The Strategic Financial Plan highlighted the risk that Covid19 funding would not match additional costs, but did include provision for Covid consequentials. Subsequently, the SG have advised that "*the UK Government has indicated that in 2022-23 there will be no further specific consequentials to meet the ongoing cost pressures with managing Covid19*."

This guidance was highlighted in a paper to the May FP&R on the budgetary process. However, the paper also stated that '*The financial plan does not assume the continuation of SG funding for Covid19 costs*', which is not necessarily consistent with the information presented in the March budget. The Director of Finance & Strategy has advised Internal Audit that *"the inconsistency arose due to the timing of the recent notification from Scottish Government that there would be no further Covid consequentials, prior to that i.e., in March 2022 the assumption all Boards had made was that Covid consequentials would continue into 2022/23, albeit at a reduced rate. The IJB Covid reserve is earmarked to cover health delegated budget costs which include acute set aside and therefore that aspect of Covid cost will be funded from that source. The Scottish Government also advised on 1 June 2022 that an additional £7.5m for health board retained acute Covid costs will be allocated*."

Now that this risk has crystallised, the financial impact on NHS Fife budgets for 2022/23 is being fully quantified, as it may lead to an increase in the year-end deficit which will generate the need for even more savings in future years. This aspect of financial planning is currently being reviewed and will be reported to the FPRC and the Board by the end of Quarter 1.

We have been informed that the current Financial Sustainability BAF will be split into two new corporate risks. One will focus on in year delivery of the current financial plan and the second will consider the wider delivery of the 3 year financial plan. This approach should provide a more detailed and focussed management of financial risks as part of the updating of the NHS Fife Risk Framework. The Financial Plan did list a number of constituent risks to financial balance, not all of which were reflected in the BAF; these should be assigned to the relevant strategic financial risk in future where that is deemed appropriate.

Capital Planning and Asset Management

The Five Year Capital Plan 2022/23 was endorsed at the March 2022 FPRC and approved at the NHS Fife Board meeting.

The November 2021 FPRC received the Property and Asset Management Strategy (PAMS) report for the year to 31 March 2021, which is not mandatory but good practice. The PAMS itself was largely retrospective but emphasised the need for a revised NHS Fife Property & Asset Management Strategy to support the development and deliver the objectives of the future Health & Wellbeing Strategy.

Within the 2021/22 ICE report we highlighted the ambition for an NHS Fife PAMS Implementation Action Plan to be developed for 2021/22 and onwards, which will include

actions and outcomes. The development of this plan will be included as part of the process to develop the 2022 PAMS.

The PAMS and Capital Programme will be a vital enabler of the Health and Wellbeing Strategy. Internal Audit previously highlighted the absence of a BAF or operational risk for the Capital Programme and Property Strategy and is pleased to note that the intention is to develop a Property Corporate Risk.

The FPRC receive regular updates on current major capital projects. The Fife Elective Orthopaedic Centre (FEOC) Project is on track and due for completion in October 2022 and plans to be operational in January 2023, with progress regularly reported to the FPRC. Updates to the FPRC highlight the need for an additional 38.5WTE staff above the numbers originally envisaged to allow the FEOC to be fully operational by end of 2022. The reason for this increase was fully reviewed with the Scottish Government who approved additional Scottish Government funding to cover it.

BAF – Financial Sustainability – Moderate Risk

The Financial Sustainability BAF, as reported to the FPRC during 2021/22, recognises the ongoing financial challenges facing the Board, in particular Covid19 funding and savings gaps. The risk score has reduced in year with the confirmation of non repayable funding support from the SG. The BAF risk remains as Moderate, reflecting the underlying financial gap going into 2022/23. We would expect the absence of funding for net additional costs for Covid 19 to be reflected in the risk score.

We note the future ambition that the Financial Sustainability BAF would be split with one part focusing on financial performance and the other would be a risk on financial improvement and sustainability for the medium-term. This approach will allow for clearer linkages to strategy and savings programme.

BAF – Environmental Sustainability – High Risk and Environmental Reporting

A paper was presented to the September 2021 FPRC detailing NHS Fife's ambition to improve the energy efficiency of its buildings, as part of the health sector's drive towards 'net zero carbon' and with funding available from the SG as part of the Low Carbon Infrastructure Programme.

A Policy For NHS Scotland on the Climate Emergency and Sustainable Development - DL (2021) 38, was issued on 10 November 2021, setting out mandatory requirements with immediate effect. A briefing paper for the DL was taken to the Board and Public Health and Wellbeing Committee in May 2022. The DL requirements will almost certainly impact on all NHS Fife Board decision making.

The extant BAF has not materially changed during 2021/22 as the major risk is contingent on the delivery of the Fife Elective Orthopaedic Centre (FEOC) to remove inpatients from the tower block at the Victoria Hospital. As noted above, the Director of Property & Asset Management will develop an appropriate corporate risk including the impact of the net-zero requirement.

Best Value

The draft FPRC Annual Report was presented to the FPRC in May 2022. The report concludes on the NHS Fife Best Value arrangements and reflects on the introduction of both the SPRA and FISP which overall "*facilitates a more effective triangulation of workforce, operational and financial planning*" to supporting the delivery of best value across its resource allocations. The FPRC Annual Report also considered the achievement of Best Value characteristic.

Action Point Reference 3: NHS Fife PAMS Implementation Action Plan	
Finding:	
The ICE highlighted the ambition for an NHS Fife PAMS Implementation Action Plan to be developed for 2021/22 and onwards, to include actions and outcomes and be used by the Capital Groups to assess progress in achieving PAMS outcomes and objectives. We have been informed by management this is not an actual document, but is a 'living plan' that is evidenced by discussions at various Capital Groups.	
Audit Recommendation:	
The Implementation Plan for delivering the PAMS should be properly documented, approved and monitored to ensure the delivery of actions and outcomes and provide assurance to the Board that the PAMS is being delivered.	
Assessment of Risk:	
Moderate 	Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**
Management Response/Action:	
An Implementation Action Plan will be developed as part of the 2022 PAMS.	
Action by:	**Date of expected completion:**
Director of Property & Asset Management	**30 November 2022**

Information Governance

BAF Risk:

Risk 1677 – Digital & Information – High Risk (15)

- 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.

Governance Arrangements and Assurance Reporting

Reporting to the Digital and Information Group has been consistent throughout the year; both groups provided update reports to the Clinical Governance Committee during the year and Annual Assurance Reports/Statements at year-end.

In 2021/22 the format of reporting to the Information Governance and Security Steering Group improved and is now standardised with an Activity Tracker and Assessment against key measures now being provided to each meeting. Improvements have also been made to the quality and availability of data for the key measures report, albeit data is not yet available for some measures such as training/education and records management.

We commend the work of the Director of Finance and Strategy, Medical Director and Associate Director of Digital and Information in driving and supporting the considerable improvements made to assurance reporting, particularly to IG&SSG.

The IG&S Operational Group has not met as often as intended in 2021/22 due to service pressures and staffing resource issues in the IG&S Team and as a result the relationship between the Operational Group and the Steering Group is not yet fully resolved.

The improvements in the assurance reporting and governance arrangements, and scheduling of reporting throughout 2022/23 to the CGC in its annual workplan, have completed recommendations made in previous internal audit reports (B08/21, B28/21 & B08/22).

Digital and Information Strategy

Updates on the NHS Fife Digital and Information Strategy 2019-2024 were provided to the September 2021 and March 2022 Clinical Governance Committee meetings. The latest update recognised that '*the Digital strategy would have benefited from a resourcing and financial assessment to achieve the stated ambitions*' and '*noted the impact of the COVID-19 pandemic response and the requirement to align activities to the evolving risk profile within the Digital and Information domains*'. The CGC have been informed of a new prioritisation process launched in February 2022 in order to align the digital deliverables to their operational and strategic requirements and agree a prioritised workplan consistent with available resources, including the use of a revised prioritisation matrix to balance the adoption of existing digital capabilities with the implementation of new ones.

Whilst resources have increased, and there is now a clearer view of how the remaining two years of the Digital and Information Strategy will be delivered, it is clear that elements of the strategy will not be delivered by the end date of 31 March 2024. The CGC should therefore be notified of these changes, and informed of the impact that this will have on the strategic objectives of the Board.

Risk Management

The format of risk reports presented to IG&SSG and D&I Board have improved throughout 2021/22 and all risks were reviewed to ensure the scores reflected the impact of the pandemic. The new format includes graphical representation to highlight risks with improved or deteriorating ratings and provides detailed analysis on the highest ranked risks which provided the Group with additional understanding of the risk and allowed them to provide assurance on whether management actions would mitigate the risk within a suitable timescale.

The latest Digital and Information BAF presented to CGC on 29 April 2022 highlighted the increased threat of cyber attack due to the war in Ukraine.

External Review

The IG&SSG received detailed update on the NIS Audit throughout the year, with the in March 2022 estimating current compliance of 73% with additional assurance that evidence to demonstrate implementation of previous recommendations was underway, ahead of the review audit to be undertaken by the Competent Authority in April 2022. The review audit was completed for 2022 and the report received detailing an overall compliance status of 76%, an increase from 69% achieved in 2021.

IG&SSG await final feedback from the Keeper of the National Records of Scotland on NHS Fife's draft Records Management Plan submitted in February 2021.

The Information Commissioners Office (ICO) will be auditing Boards in NHS Scotland against its accountability framework; NHS Fife is due late summer 2022. In preparation, a self assessment was presented to CGC on 10 March 2022 which considered the 343 activities associated with the 10 categories and 77 expectations in the framework and concluded that:

- 84 activities had yet to start
- 146 activities had been started but were not complete
- 113 activities had been completed and can be evidenced as such.

Information Governance Incidents

Through the year, 14 incidents were reported to the ICO, an increase of 3 on the previous year. Of the 14, 9 (64%) were reported within the 72-hour requirement. Of the 14 incidents, 13 have been confirmed not to require any further follow up and 1 item rejected as it was deemed to not meet the criteria. At present there is no requirement for these to be disclosed in the Board's annual Governance Statement.

ITIL Processes

In response to internal audit B23-21 – ITIL Processes, the D&I Board supported the introduction of Information Technology Infrastructure Library (ITIL) Version 4 to support strategic planning, design, build activities and the efficient running of operations and service management to further enhance the availability of systems and digital capability.

Action Point Reference 4: Delivery of D&I Strategy 2019/24	
Finding:	
Whilst resources have increased, and there is now a clearer view of how the remaining two years of the Digital and Information Strategy will be delivered, it is clear that elements of the strategy will not be delivered by the end date of 31 March 2024.	
Audit Recommendation:	
The CGC should be notified in 2022/23 of any elements of the D&I Strategy that will not be delivered by 31 March 2024 and the impact that this will have on the strategic objectives of the Board.	
Assessment of Risk:	
Moderate 	Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**
Management Response/Action:	
The element of digital strategy that will not be delivered in full or in part will be identified to the CGC. The initial identification will take place for the 1 July meeting; with the fuller impact assessment being presented as part of the strategy update report on 13 January 2023, as per the Committee's work plan. **This will be evidenced through the committee's minutes.**	
Action by:	**Date of expected completion:**
Associate Director of Digital & Information	**March 2023**

Key Performance Indicators – Performance against Service Specification

	Planning	Target	2021/22	2020/21
1	Strategic/Annual Plan presented to Audit & Risk Committee by 30 June.	Yes	Draft presented May 2022	No (July 21)
2	Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2022	No
3	Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	79%
4	Draft reports issued by target date	75%	67%	59%
5	Responses received from client within timescale defined in reporting protocol	75%	100%	68%
6	Final reports presented to target Audit & Risk Committee	75%	67%	47%
7	Number of days delivered against plan	100% at year-end	67%	93%
8	Number of audits delivered to planned number of days (within 10%)	75%	91%	77%
9	Skill mix	50%	80%	77%
10	Staff provision by category	As per SSA/Spec	Pie chart	
	Effectiveness			
11	Client satisfaction surveys	Average score of 3.5	Bar chart	

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**	None
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**	Four (Ref 1,2,3,4)
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	None

NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 July 2022**
Title:	**Population Health and Wellbeing Strategy: Progress Update**
Responsible Executive:	**Margo McGurk, Director of Finance and Strategy, Joy Tomlinson, Director of Public Health**
Report Author:	**Susan Fraser, Associate Director Planning and Performance**

1 Purpose

This is presented to the Public Health & Wellbeing Committee for:

- Assurance

This report relates to a:

- NHS Board strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the progress of the development of the Population Health and Wellbeing Strategy. The Committee is asked to note its contents.

2.2 Background

Work on developing the Public Health and Wellbeing (PH&W) Strategy commenced in 2021. The strategy will outline how NHS Fife will deliver its organisational strategic priorities (these include improving: health and wellbeing; the quality of health and care services; staff experience and wellbeing; and, delivering value and sustainability). The strategy has a focus on population health and wellbeing which includes access and inequalities.

In previous papers, members of the Public Health and Wellbeing committee have received information on how the strategy has been developed and updates on the progress to date.

A summary of the key components is provided below:

1. Public Health and Wellbeing Review led by Public Health.
2. Review of the recommendations in the 2016-21 Clinical Strategy.
3. Exploration with clinical services to understand their key priorities for the next 5 years.
4. Ongoing engagement work with communities across Fife.

In March 2022 key milestones for the development of the strategy were shared with members of the PHW Committee. This committed to completion of the strategy by December 2022. This report provides further update on this work and the milestones.

2.3 Assessment

The following narrative provides an overview of current activity and the next steps planned for this work:

Review of previous clinical strategy

- Presentation delivered to the May 2022 Portfolio Board on the findings to date of the review of the 2016-21 Clinical Strategy.
- Further meetings with key service areas are ongoing to address outstanding parts of this review.
- A write up of this work is now underway and will be completed by the end of June 2022.

Mapping future priorities

- Continuing to meet with services to understand their priorities for the future.
- Papers synthesising the findings is being prepared and will be presented back to the services for further reflections and comment.

Public Health Wellbeing Review

- Public Health have completed a population health and wellbeing review. Key findings have been included as part of the Director of Public Health annual report. This was presented at the NHS Fife Board in May 2022. Where necessary, data will be refreshed later prior to the publication of the strategy.
- A workshop is planned with a wide range of stakeholders to explore the role of NHS Fife in creating health and wellbeing. This workshop will be key to considering how we take the findings from the health and wellbeing review and how we incorporate the learning and thinking from this work into the strategy.

Engagement:

- It has been agreed that the engagement work associated with the population health and wellbeing strategy will be delivered jointly with the HSCP strategic plan as there is much overlap between these two pieces of work. Relevant colleagues are now meeting to agree process, methods and timescales.
- Further work is being commissioned from Progressive, the consultancy company who undertook the public and patient survey on behalf of NHS Fife, to develop and facilitate locality engagement sessions and focus groups.
- Participants for the focus groups will be recruited via the participation and engagement network (PEN) and from those who showed interest from the original survey completed in December 2021.
- This joint work will commence in summer 2022 (it is anticipated in July/August 2022) and will last till October. Results will be incorporated into the PHW Strategy.

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 will provide a strategic framework for the responding to the population health and wellbeing in the context of the development of NHS services in the next 5 years. It is intended it will support high quality care.

2.3.2 Workforce

Workforce is a key element to the delivery of the strategy. In addition, as part of the engagement work for the strategy, we are engaging with and listening to the views of the entire workforce.

2.3.3 Financial

There are no additional financial pressures associated with this work but will be considered at every stage. Resource for this work is coming from existing budgets. A key part of this work is to consider how we ensure value and sustainability for NHS Fife services in the future.

2.3.4 Risk Assessment/Management

The risks associated with this work are identified and managed by the NHS Fife Corporate PMO.

2.3.5 Equality and Diversity, including health inequalities

This work is examining, in detail, the impact of health inequalities and ensuring a population health and wellbeing response.

2.3.6 Other impact

No other impacts are anticipated.

2.3.7 Communication, involvement, engagement and consultation

Engagement is being managed as part of the engagement work stream as described above.

2.3.8 Route to the Meeting

Updates on the strategy are reported to the Portfolio Board on a monthly basis. The contents of this report were discussed at Portfolio Board on Thursday 9 June 2022.

2.4 Recommendation

The Committee are invited to

- **Note** the contents of this report and provide comments on this work.

3 List of appendices

There are no appendices with this report.

Report Contact
Tom McCarthy
Portfolio Manager
Email tom.mccarthy@nhs.scot

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 July 2022**
Title:	**Mental Health Strategy Progress Report – June 2022**
Responsible Executive:	**Nicky Connor, Chief Officer, Fife Health and Social Care Partnership**
Report Author:	**Rona Laskowski, Head of Critical and Complex Care Services, Fife HSCP**

1 Purpose

This is presented to the Public Health and Wellbeing Committee for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy
- National Health & Well-Being Outcomes

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

- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report has been requested by NHS Fife Public Health and Wellbeing Committee (4 July) for assurance. This progress update informs the committee of the progress driven by Fife Mental Health services, strategic drivers, the range of work undertaken and services provided.

2.2 Background

The Fife Mental Health Strategy Progress report provides information on the role of the service, the key national and local strategic drivers and commitments to equity of service offer and access to treatment across Fife for those experiencing poor mental health or reduced wellbeing. The report sets out the range of work underway and the services provided, with selected examples to illustrate the breadth of work, and the integrated contribution of partners across Fife Council, NHS and 3rd sector services.

2.3 Assessment

The attached report provides the Public Health and Wellbeing Committee with update and assurance on:

- Fife Mental Health Strategic Framework
- The organisation of services across the Mental Health family
- Mental Health Strategic Drivers
- Examples of delivery of the range of Strategic Commitments

Mental Health services are a delegated service within the Health and Social Care Partnership. The team have specialist knowledge, skills and experience in providing advice, care, support and treatments which improve the health and wellbeing of people living and working in Fife. Recent national investment has enabled supporting posts including Senior Project Managers, Participation and Engagement Officers specific to Mental Health service development, which will provide much needed planning and project capacity, supporting the service to deliver the strategic ambitions.

The attached report demonstrates the relationship between the Health Board, Integration Joint Board Strategic Priorities, National Priorities and the strategic ambitions of the Fife Mental Health strategy, plus provides examples of the range of workstreams that are ongoing which evidences and assures that proactive work has continued over the past year, despite the challenges of the pandemic.

2.3.1 Quality/ Patient Care

The range of service improvements being driven forward by Fife Mental Health Services and stakeholder partners, examples of which are provided in the appended report, are focussed on improving access routes into advice, support care and treatment, to facilitate the most appropriate care for the presenting issue, at the earliest opportunity. The combined impact of the initiatives will directly contribute to improving the health and wellbeing of the Fife population, and improving the quality of patient care through including consideration in patient pathways; and improving access to services.

2.3.2 Workforce

Workforce are at the heart of our mental health strategy. The strategy includes additional investment in relation to the mental health renewal and recovery funding to support growth in the workforce. The impact of COVID has affected mental health service as it has other NHS services and the has therefore had an impact on the capacity to take forward aspects of this strategy. It is also recognised that there are challenges in relation to recruitment and workforce growth in relation to mental health and this includes nursing, medical staff and specialist areas such as psychology and CAMHS. New Roles are being explored which have been presented in previous reports to the Public Health and Wellbeing Committee. There is engagement with staff side and partnership colleagues. This will be reflected within the aligned strategy including the IJB and NHS Fife workforce strategies.

2.3.3 Financial

No additional financial considerations associated with this report but assurance is given regarding the use of the mental health renewal and recovery funding to support delivery. Part of the forward vision for this strategy will include the Mental Health Estate Redesign work and there is close working with the Medical Director, Director of Estates, Finance Director and Director of Health and Social Care to ensure that there is a joined up approach to the formation of any business cases needed in the future to underpin the utilisation of our buildings with our models of care.

2.3.4 Risk Assessment/Management

There has been delays associated with the progress of elements the strategy which was originally launched immediately before the COVID pandemic impacted on services. The attached reports outlines the progress made and the next steps for progressing this strategy for the people of Fife.

2.3.5 Equality and Diversity, including health inequalities

Prevention and early intervention and working to tackle health inequalities is central to the strategic ambition of Mental Health service provision. Mental Health services, supported by a range of stakeholders are committed to improving approaches and access into service which improves mental health and wellbeing. This supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

2.3.6 Other impact

There are linkages in relation to the mental health strategy to the mental health capital estates work and the development of the Population Health and Wellbeing Strategy.

2.3.7 Communication, involvement, engagement and consultation

This report was developed with involvement from 3rd sector agencies, Fife Council Contracts team, Fife Mental Health Services, Fife Psychology services, HSCP Head of Critical and Complex Care and communicated to HSCP Director.

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.

- Health and Social Care Partnership Senior Leadership Team June 2022
- Executive Directors Group June 2022

2.4 Recommendation

Assurance to the Public Health and Wellbeing Committee on the work undertaken by Fife mental Health services during 2021/22 to support and drive delivery of the strategic priorities for the people of Fife. **Assurance** that there is joined up working in place to support connection between the Mental Health Strategy and the Mental Health Estates work.

3 List of appendices

The following appendices are included with this report:

Appendix No 1, Mental Health Strategy Progress Report

Report Contact
Rona Laskowski
Head of Critical and Complex Care Services
rona.laskowski2@nhs.scot

The Mental Health Strategy Progress Report

Fife Health & Social Care Partnership
Supporting the people of Fife together

Contents

I would like to introduce the progress report, describing strategic implementation and improvement of Mental Health Services across Fife. The report has as its focus the 6 month period November 2021 through to end April 2022.

During this period Mental Health services continued to experience increasing demand for support, and acuity of illness across all areas of service. This ongoing increase across the population, for care, support and treatment associated with poor mental health is understood to be directly associated to the COVID pandemic. Absorbing this, endeavouring to meet as much need as possible, alongside a particularly pressured winter period where the health and social care system was dealing with the Omicron variant has been a significant feat of resilience, commitment and endurance by the workforce. There were significant impacts on available workforce as well as a further increase in need for mental health services, compounded by restricted access to inpatient wards as they grappled with the delivery of services whilst maintaining maximum vigilance on Infection Prevention and Control measures. This had the unintended consequence of delaying availability of service to the most acutely unwell patients, pushing the management of risk back onto others including the Community Mental Health Teams.

It is therefore nothing short of remarkable that the services in Fife that are grouped under the Mental Health umbrella, and all the people that work within these, have continued to push forward with strategic development and improvement of services. Progress has been made both with local initiatives and areas driven by national priorities and the range of workstreams supported by the Scottish Government's Transition and Recovery Plan, originally published in October 2020.

This report is a celebration of progress; a demonstration of continued commitment to improving the patient experience, maximising the availability of services and working to improve the mental health and wellbeing of the people of Fife.

Rona Laskowski
Head of Service, Complex and Critical Care
May 2022

The extant Mental Health strategy for Fife was agreed by Fife IJB on 28th February 2020, 2 weeks prior to the onset of the COVID pandemic and 4 weeks prior to complete lock down across the country.

Mental Health services were recognised from the outset as essential services and whilst the mode of delivery changed where possible from face to face to digital interventions such as Near Me consultations, the range of services continued to receive, support and treat patients and service users.

Despite the challenges faced by Health and Social Care services over the past 2 years, the vision of the published strategy "Let's Really Raise the Bar" remains appropriate:

"We will live in mentally healthy communities; free from stigma and discrimination, where mental health is understood. Where support is required, it will be personalised, responsive and accessible."

The ambition of the current Fife MH Strategy 2020 – 2024 is arranged over seven priority areas:

- Prevention and Early Intervention
- Shifting the Balance of Care
- Workforce
- Access to Treatment
- Technology Enabled Care
- Participation and Engagement
- Rights, Information Use and Planning.

With consideration of the learning that continues to develop as we understand more about the impact the pandemic has had on population mental health, Fife MH services, supported by the HSCP Clinical and Care Governance Committee recognised a need to reflect on the content of the 2020 – 2024 strategy, and consider the need for further emphasis on certain areas such as service access points, self referral for social distress and support for families/ carers, to name a few examples.

The decision was taken at the end of October 2021 to undertake a refresh of the MH Strategy for Fife, in parallel to continuation of delivery against the 7 areas referenced above. In acknowledgement of the challenging months that followed, it is only now that the service is beginning to explore these areas, however, this report will demonstrate the preparatory work that has been completed, which will provide the platform for the next stages.

The national report "Mental Health - Scotland's Transition and Recovery" published in October 2020 continues to drive service direction, demand improved levels of capacity in certain areas of mental health and influence workforce planning and recruitment activity. The requirements imposed by this programme clearly must be a priority for Fife MH services, alongside service redesign and improvement directly informed by, and responsive to our understanding of local needs and our internal analysis of where core services require to be improved.

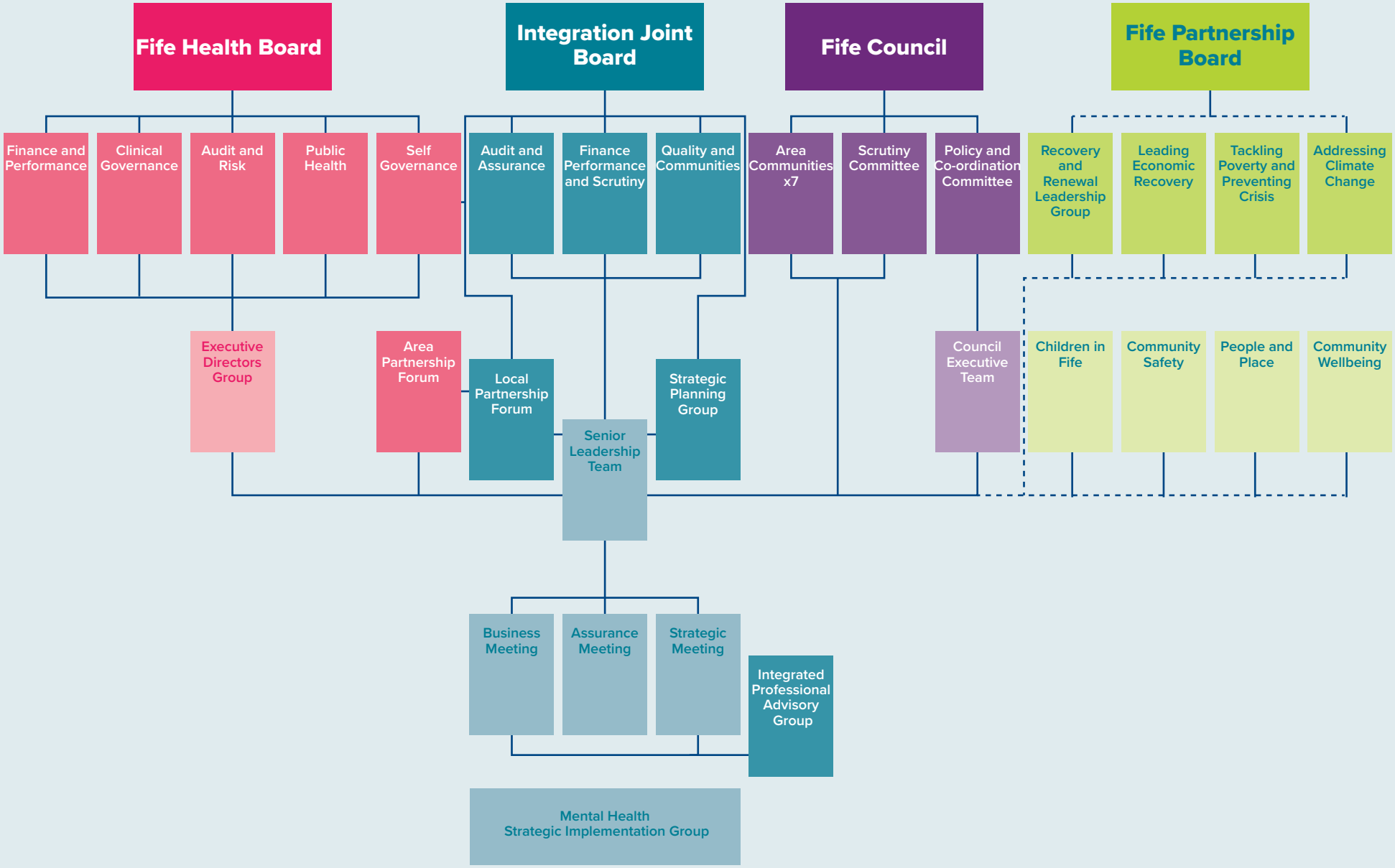
To date, direction and associated financial allocations have been received with specific criteria for improvements in the following services:

- Workforce Investment: Addressing waiting times for access to both CAMHS and Psychological Therapies
- Implementation of the national CAMHS Service Specification, and increase in the age range for CAMHS service up to age 25
- Contributing to regional developments of more specialist CAMHS services across South East Planning Partners
- Implementation of the Neurodevelopmental pathway
- Eating Disorders services: inflation of the multi-disciplinary teams

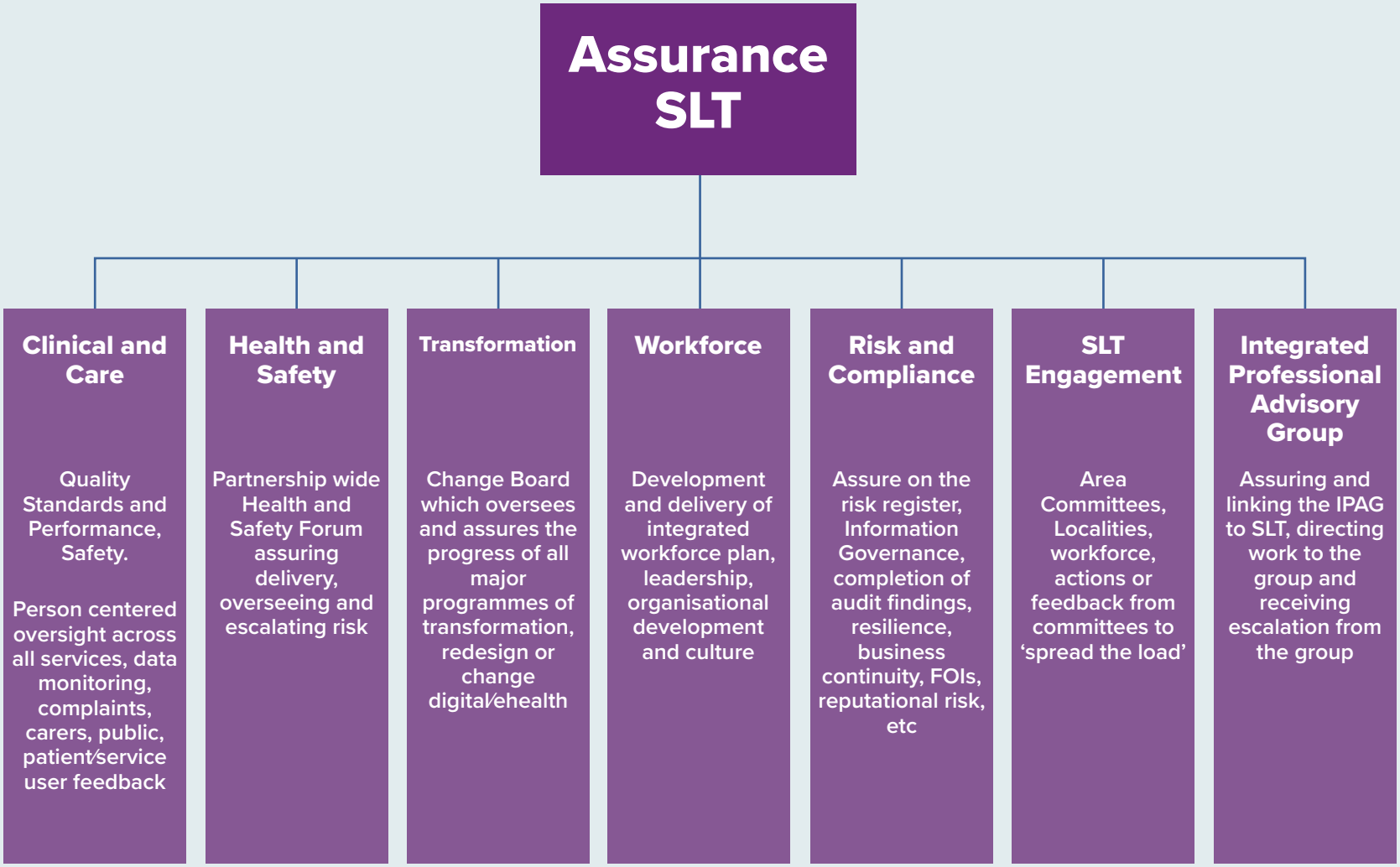
- MH Pharmacists and Pharmacy Technicians : Provide community mental health pharmacy support to improve medication use and prescribing practices
- Dementia: Increasing the local workforce who are specifically delivering dementia post-diagnostic support
- Mental Health Officers: increasing the workforce to inflate capacity, improving access to Mental Health Officers
- Mental Health and Wellbeing: creation of multi-disciplinary teams in all localities to improve capacity and access to support for mental health and wellbeing in primary care.


Primary Care Psychological Therapies Fife
Link Living,Local Area Co-ordinators,
Community Connectors
Community Services
Partner Organisations, SAMH,
FRASAC, FVA, Penumbra
Secondary Care
Community Services, CAMHS,
Older Adult MH, Adult MH
IPCU:
Inpatient Care
Adult and Older
Adult MH

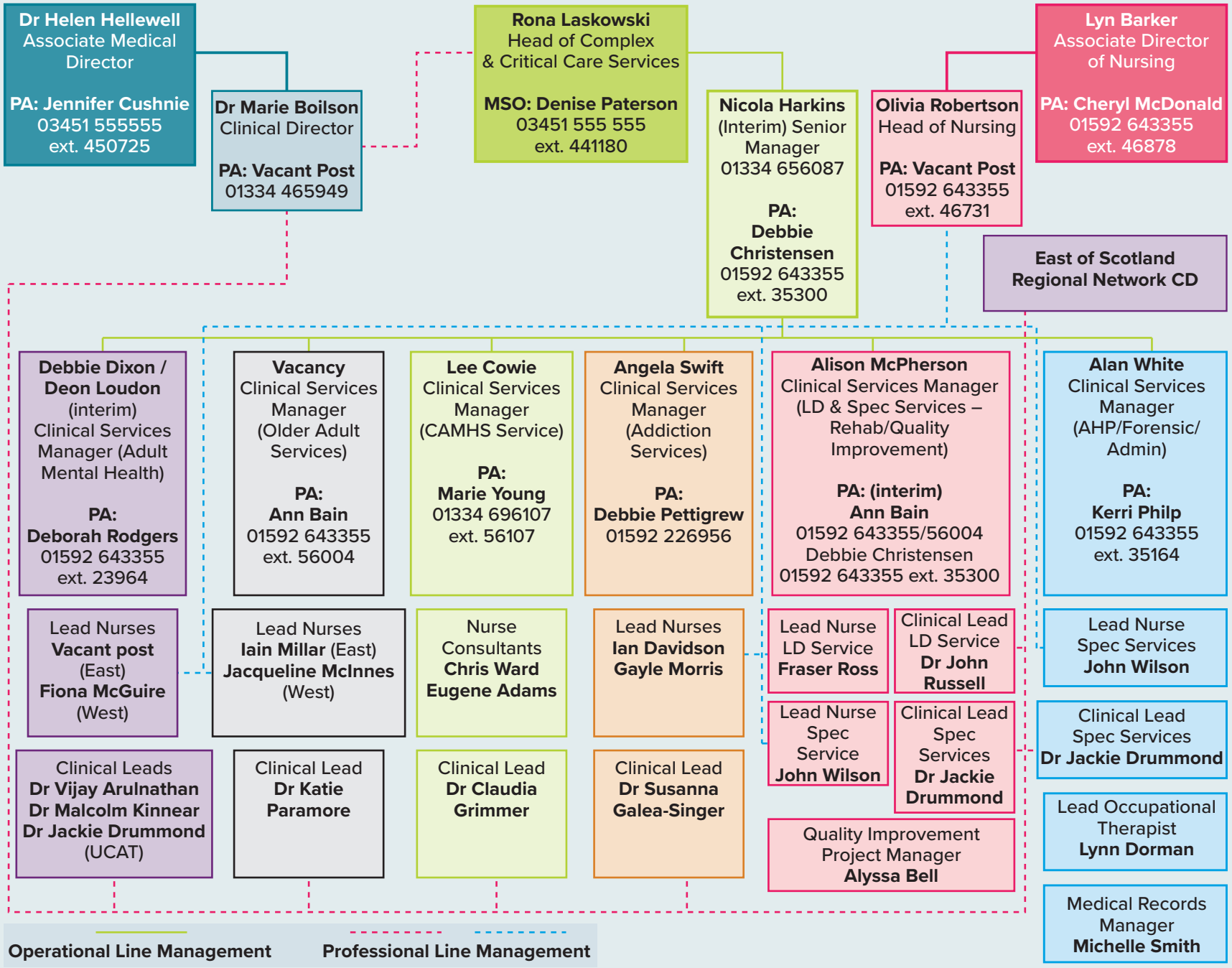
Fife Health & Social Care Partnership/NHS Fife



Clinical Governance and Quality Assurance



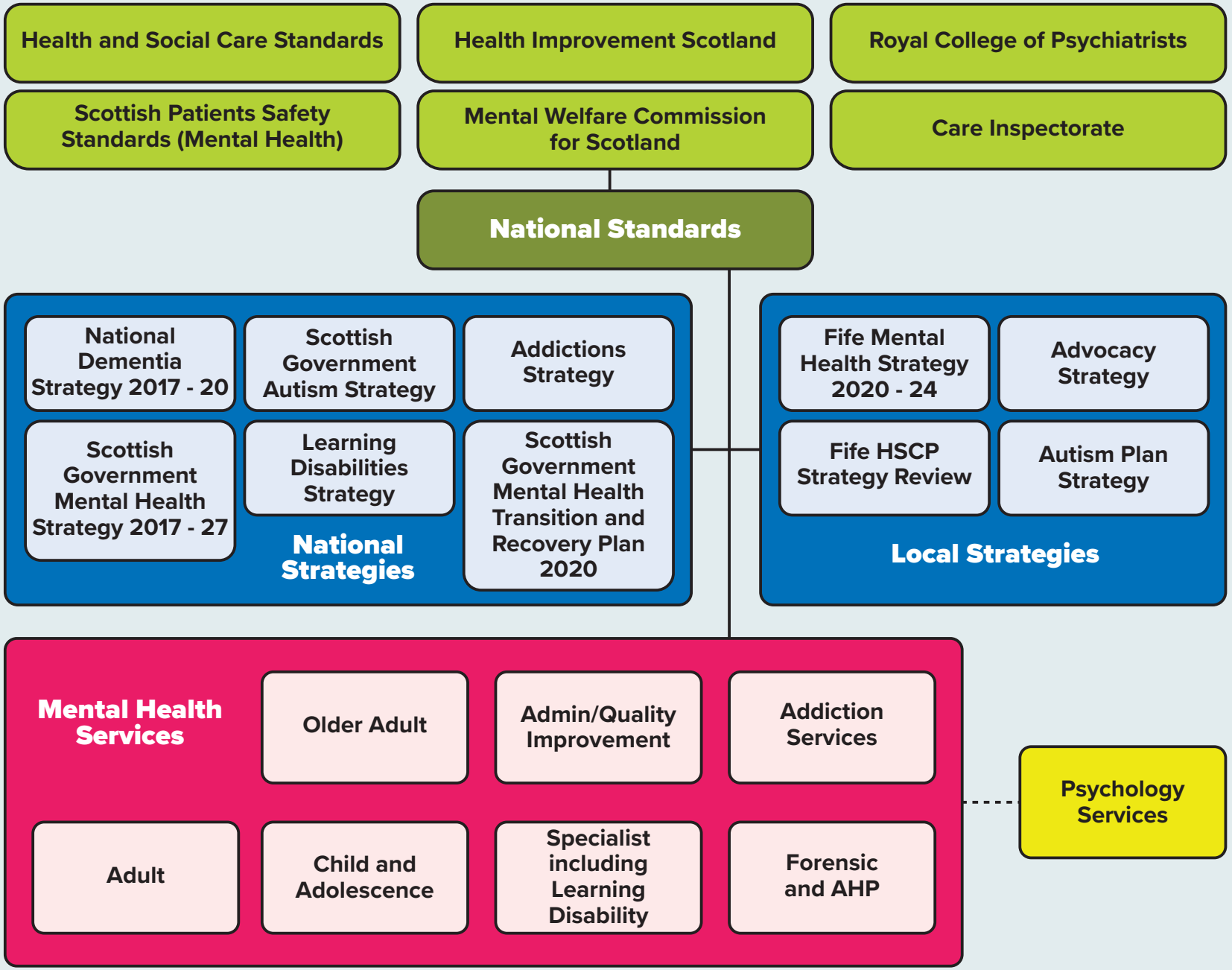
Mental Health, Learning Disabilities and Addictions Service



Project Improvement Workstreams

Benchmarking	Workstreams	Resources	Digital & Information	Redesign of MH Estate
Local Benchmarking	MH Primary Care / Community Based (Project Initated)	PMO: Programme Manager x1	Quality Improvement Reporting	Stratheden Hospital
Public Health Scotland (National) MH Quality	MH Inpatient Service Redesign and Integration (Capital Project Initiated)	Senior Project Manager x3	Discovery Reporting	Whyteman's Brae Hospital
National Benchmarking Data	Mental Health Service Improvement	Project Support Officer x1	Systems	Lynebank Hospital
		MH Senior Data Analyst	Morse	Queen Margaret Hospital
		MH Communications	EMIS Other Boards?	Community Estate
		MH Participation and Engagement Officer	Clinical Portal	
		Change and Improvement Manager Psychology Services	Trakcare	
			Near Me	
			Tiara	
			Patient Trak	

Service Delivery/Scrutiny Groups



Fife Strategic Assessment 2020 reflected that "One of the impacts of an infectious disease like coronavirus and its requirements for people to self-isolate or quarantine, is the effect it has on their mental health and wellbeing. These requirements can have negative psychological effects similar to post-traumatic stress symptoms, and involve depression, anxiety, stress, and even worry about being discriminated against. These effects on people's mental health can be intensified for those shielding for long periods of time, and prolong fears of infection, boredom, lack of social contact, financial loss and stigma, that can endure for a long time after lockdown requirements are lifted."

All current intelligence indicates that the impacts of the pandemic, whilst exacerbating levels of anxiety, stress, depression and psychological trauma, have not caused any demonstrable increase in severe or enduring mental ill health.

Work is underway across Fife Mental Health services to ensure our service redesign has a focus on primary care based mental health and wellbeing services across all 7 localities to provide a robust response to this emerging level of need.

That said, the level of activity throughout the pandemic, of people experiencing mental ill-health where their treatment required application of statutory powers, i.e. detention in hospital, or requirement to comply with treatment has been demonstrably higher, particularly in the first year of the pandemic.

As demonstrated in the table, people subject to Short Term Detention, i.e. detention in hospital under the Mental Health Act, for a period up to 28 days rose by 21% in the year 2020 – 2021 and whilst we are beginning to see a welcome reduction in the second year of the pandemic, it is not reducing as quickly as we had hoped, and the needs of individuals requiring hospital based care has not returned to pre-pandemic levels.

Mental Health Act Detention	Apr 2019 to Mar 2020	Apr 2020 to Mar 2021	Apr 2021 to Mar 2022
NUR1 (Nurse Detention)	20	3	5
Emergency Detention Certificate (EDC) (Community)	53	59	70
EDC Hospital	154	166	119
Short Term Detention Certificate	269	326	314
Interim Compulsory Treatment Order	36	57	53
Compulsory Treatment Order	105	141	127
Compulsion Order	9	8	4
Total Detentions Overall	**646**	**760**	**692**

Strategic Context, Service Drivers, Quality Measures etc.

Fife HSCP strategic objectives	Public Health Scotland/ H.I.S. MH Quality Indicators	H&SC National Standards	"Industry" Specific Standards	Associated Strategies
Priority 1 Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife **Priority 2** Promoting mental health and wellbeing **Priority 3** Working with communities, partners and our workforce to effectively transform, integrate and improve our services **Priority 4** Living well with long term conditions **Priority 5** Managing resources effectively while delivering quality outcome	Mental Health In Patient Activity Mental Health Quality Indicator Profile Adult Mental Health Indicators Children and Young People Mental Health Indicators CAMHS Waiting Times Psychological Therapies Waiting Times Scottish Patient Safety – MH Standards	1: I experience high quality care and support that is right for me. 2: I am fully involved in all decisions about my care and support. 3: I have confidence in the people who support and care for me. 4: I have confidence in the organisation providing my care and support. 5: I experience a high quality environment if the organisation provides the premises	National Association of Psychiatric Intensive Care and Low Secure Units - national minimum standards Standards for Adult Community Mental Health Services; RCoP Standards for Acute Inpatient Services; RCoP Standards for Inpatient MH Rehabilitation; RCoP	Safe Staffing Legislation NES: Trauma Training Framework Medication Assisted Treatment Standards Suicide Prevention Psychological Therapies Matrix

On the following pages, examples of initiatives across the range of strategic commitments and the spread of mental health services have been provided to give a flavour of the breadth of activity and service development that is underway.

Commitment 1: Prevention and Early Intervention

SAMHS Cafe

Peer Workers at Sam's each have personal experience of mental ill health, and are trained and employed by us to help others. They offer support with mental health, crisis support, challenging thoughts and suicidal thoughts.

At Sam's, the support is free of cost, accessible and available evenings and weekends. You do not need a referral or an appointment. The service also offers support to the family, carers and friends of people experiencing mental health problems.

3 Key development/ improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Peer staff recruited from outside of Health and Social care and trained	All staff have completed PDA in Peer support as well as registered with CLD	
No appointment/ no referral. Have expanded service delivery	SAMS support available 7 days per week 12pm-8pm Kirkcaldy – Mon & Fri Leven Tue, Wed & Sat Dunfermline Thu & Sun	People can access when they need support and able to give immediate support to people Feedback is very positive with people particular focus of feedback tends to be peer aspect, non- judgemental, being listened to. Between Oct-Mar SAMS delivered 339 support sessions which included 119 suicide interventions/ safe plans carried out
SAMS working in ED at Victoria Hospital	7 days per week 3 late shifts and 4 early shifts	NHS staff will alert SAMS staff to patients that attend due to mental health issue and that they feel would benefit from SAMS support. Very positive partnership working feedback from NHS consultants /nurses included: "just makes so much sense having SAMS here, it's great having it in the department" "that patient really appreciated your support yesterday they were like a changed person when I saw them later" "we would never want to lose sams from the department its such a great service"

Neurodevelomental Pathway

Children, young people and their families will be able to access additional support, appropriate for their neurodevelopmental needs, through universal services, such as via the named person, and community based mental health and wellbeing supports and services. Universal services should work closely with professionals working in neurodevelopmental services, relevant health and social care and education services. These professionals should be linked with CAMHS so that children and young people with both neurodevelopmental and mental health support needs can get the additional support they require.

3 Key development/ improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Recruit to new NDP posts	Underway - Psychology posts partly recruited - some vacancy remains. SLT posts about to be advertised	Psychologists recruited have commenced NDP clinics and Test of Change work
Quicker response to concerns around ND conditions and support put in place for the child	Commenced - Education Test of Change and Implementation of NDP triage	Schools implementing supports/fewer referrals for ND diagnosis
Developing ways to increase number of children seen from waiting list	Commenced - Healios identified as provider for ND assessments	First cohort identified and parents signed up

Mental Health and Wellbeing in Primary Care (MHWPC)

MHWPC Services should be established within an area served by a group of GP practices (this could be a locality, part of a locality or a cluster area). There should be a multi-agency team providing assessment, advice, support and some levels of treatment for people who have mental health, distress or wellbeing needs. The MHWPC Service could include Occupational Therapists, Mental Health Nurses, Psychologists, Enhanced Practitioners, Peer Support Workers as well as linking to others such as those providing financial advice, exercise coaches, family support networks. Every MHWPC Service should ensure that it provides access to a link worker to support wellbeing.

The Scottish Government have directed that Mental Health and Wellbeing Primary Care Services should be established within every locality or GP cluster area. These should consist of a multi-agency team providing assessment, advice, support and some levels of treatment for people who have mental health, distress or wellbeing needs. This may include Occupational Therapists, Mental Health Nurses, Psychologists, Enhanced Practitioners, Peer Support Workers . Every MHWPC Service should ensure that it provides access to a link worker to support wellbeing.

There is a 5 year time line for the development of these services, with this initial proposal from HSCPs submitted to Scottish Government in March 2022.

Fife HSCP has established a multi agency steering group, including representation from GPs, MH services, AHPs, Third sector agencies and Psychology.

The intended activity in year 1 is to establish a core group, directly informed by people with Lived Experience, to work with Locality groups and communities to co-produce the plan for each area. It is anticipated that year 1 will see an initial focus in 2 localities, Levenmouth and West Fife as analysis indicates higher levels of poor mental health and wellbeing in these areas.

The Scottish Government is working with Fife HSCP Steering Group to further develop proposals at this time.

Link Life Fife – Action 15 (Community Led Support)

Link Life Fife is a project which is funded by the Scottish Government's Mental Health Strategy (Action 15). The aim of the project is to reduce pressures on GP practices whilst supporting individuals to meet their outcomes and reduce dependence upon GPs, where appropriate. The Action 15 funding is driven by the Scottish Government's commitment to increase mental health workers across Scotland by 800 WTE, drawn from a range of non-traditional mental health backgrounds.

The project criteria is for anyone aged 18 and over living in Fife who is engaging with their GP or other primary care health professional for support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general well-being. A team of Local Area Co-ordinators (2.5) and Community Connectors (7) work across Fife and their role is to offer people a service based on the "personal outcomes" approach. The Community Connector will meet with people on an individual basis to discuss any challenges the person is experiencing and help the person to identify areas to work on, offering practical support and guidance.

Currently the project will accept referrals from Primary Care Health Professionals. Most referrals to the project are received from the Mental Health Nurse Triage Service, no self-referrals can be made.

The criteria for the project are:

- emotional distress affected by social circumstances; and/or
- persistent poor mental wellbeing despite mental health problems being treated; and/or
- a long-term health condition where there is an adverse effect on mental wellbeing.

Note: the team were recruited in September. The project did not start to accept referrals till October to allow for staff induction and mandatory training.

See Jax talk about Link Living

3 Key development/ improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Improve the referral process from Primary Care to Link Life Fife	In progress	Electronic referral process in place Increased number of referrals from GPs
Develop an evaluation framework for Link Life Fife	In progress	Number of referrals from Primary Care Outcomes achieved Feedback from people who engage with the service Feedback from referrers
Develop a case management system	In progress	Robust recording of information (information governance compliant) Monthly progress reports

Commitment 2: Estate Redesign

Development of a new community resource

Shifting the balance of care - this is a development of supported accommodation to enable 4 gentlemen with Learning Disability who have been delayed discharge for a significant number of years, finally be supported to leave hospital and be supported to live in the community.

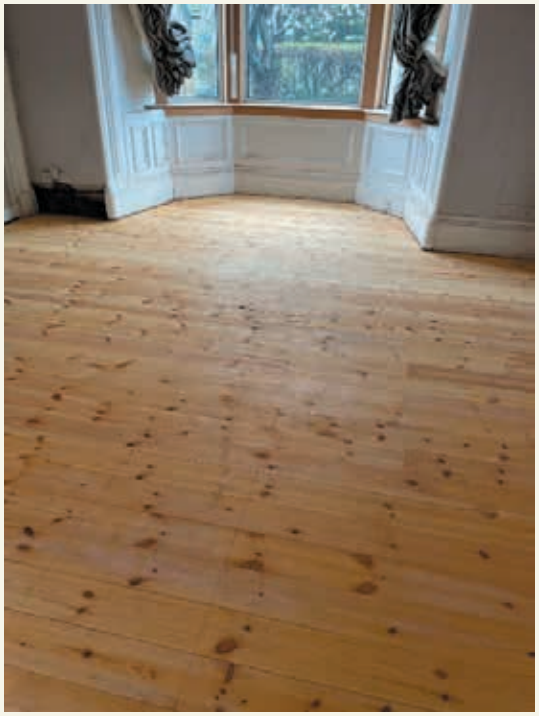
3 Key development/ improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Recruitment/induction of Staff team	Ongoing	Whilst not unique to this particular project, recruiting staff has been a challenge. However, out of the 16 posts there are 8 posts still to be recruited to All staff are being mentored by long established and experienced staff from other areas within the existing Forensic Services By January 2022, in addition to a service induction, the MDT have developed a training programme for staff as part of their induction programme. Moreover, the MDT have delivered bespoke formulation days tailored specifically on the needs of each individual service user. This has not only enhanced the staffs' knowledge of each service user, but has improved their skills, knowledge and practice in working with complex Forensic service users

Supporting Service Users within Levendale	Ongoing	In assisting with the decommissioning of Levendale unit, by November 2021 Social Care staff began having a greater presence in the ward. Once established on the ward staff began providing more support to the service users with their daily routines and activities both within and outwith the ward. Nursing staff were able to be reduced to minimum staffing levels Greater presence on the ward has enabled the services to identify areas of concern/risk and take corrective action prior to discharge Having care staff on the ward supporting the service users towards transition has helped develop relationships with and between the service users, families, and the staff team Transition meetings with key personnel from the MDT and the managers have been organised regularly to provide information about the property, service and answer any questions the service users have about the move
Property repairs/HMO Licence	Ongoing	The property needs extensive structural and cosmetic repairs carried out to make it habitable and in a suitable condition to enable the submission of the application for HMO (House of Multiple Occupation) licence The extent of the repairs coupled with Covid-19, shortages in personnel and building materials had initially caused delays. However, since November 2021 there has been considerable structural work completed both internally and externally All legal processes are completed as service users have either a Local authority appointed Welfare Guardian and intervention orders or family as the Welfare Guardian/Financial Guardian

Original hallway

Upgraded hallway

Rear hall



Downstairs living room

Mental Health Estate Redesign

NHS Fife are starting to consider the model for the delivery of inpatient mental health services in the future.

Inpatient care and treatment services for the population of Fife are currently provided from three main geographical locations, providing a range of relevant specialties. Provision is currently available for adults, aged 18 – 65 yrs and older adults aged 65+. There is no inpatient provision for children or adolescents, with patients cared for in either NHS Tayside, NHS Lothian or NHS Greater Glasgow and Clyde. There is also no inpatient psychiatric care for people with addictions, with patients currently required to travel to NHS Tayside. The three main sites where our services are currently delivered from are:

- Stratheden Hospital, near Cupar
- Whyteman's Brae Hospital, Kirkcaldy
- Queen Margaret Hospital, Dunfermline.

Overall, it is becoming increasingly difficult for NHS Fife to meet relevant service and space standards for inpatient mental health care and treatment across the range of specialties within psychiatric care, covering both the relational aspects of care and the physical environment.

3 Key development/ improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Options Appraisal and Public Engagement exercise ongoing to identify the preferred facilities provision	Ongoing	Aids completion of Project Initial Agreement
Further public engagement to extend the voice of patients/ ex-patients/ careers and LET	Ongoing	Aids completion of Project Initial Agreement
Services Mapping MH Estate	Ongoing	Completed service mapping to be included in the Project Initial Agreement/ Business Case

Commitment 3: Workforce

The Fife CAMHS Improvement Plan

The Fife CAMHS Improvement Plan was submitted to the Scottish Government Directorate for Mental Health in January 2022 in order to provide assurance that actions were in place to achieve the National Service Specification.

The gap analysis identified key areas for development that were either absent in the Fife CAMHS provision or operating over capacity due to demand and limited resource. There were also a large number of priorities identified by the National Service Specification that were already delivered by Fife CAMHS or were in development and did not require financial investment to achieve.

Recruitment and service redevelopment has been underway since July 2021 aligned to the gap analysis and the service specification with areas for development including:

- additional staffing capacity in core services to meeting increasing demand
- additional capacity within CAMHS acute services: Intensive Treatment and Urgent Response
- targeted resource focussing on Care Experienced young people and those in Kinship arrangements
- additional resource to support young people with co-morbid mental health and learning disabilities
- CAMHS Psychiatric Liaison to paediatric services.

Mental Health Triage

Community Mental Health Nurses are delivering MH triage in Primary Care. The aim continues to be the development of improved access to mental health treatment and service in key settings such as, GP practices. The purpose of the service is to lead the development of improved integrated service delivery within a mental health context to people affected by mental health crisis/distress.

3 Key development/ improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
MH Primary Care (Adults) Triage – mental health nurse service embedded with Primary Care (Commitment 1: P&EI)	Completed All posts appointed into	All staff have completed induction training and have commenced patient contact within the practices delivering the Commitment 1 agenda

Peer Support Co-ordinator

Peer support ranges from the informality of attending a community of interest group for mutual support to more formal support for which specific roles are created through volunteering and employment. A 'Peer Practitioner' is someone with lived experience of mental health challenges and recovery who is recruited in a voluntary or employed role and trained to work in a mutually empowering way with individuals or groups.

Peer Support helps individuals experiencing mental health challenges to develop:

- self-management skills so that they are better able to manage and look after inevitable fluctuations in mental health and wellbeing
- a social network of support which reduces both self-stigma and social isolation.

3 Key development/ improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Creation of Fife Peer Skills Pathway	In place Participant no. in brackets	1 x Peer 2 Peer courses hosted (12) 1 x Wellness Recovery Action Plan training (17) 1 x Understanding Peer (13) 45 participants in total
4 x practitioner placements in year	In place	2 practitioner places hosted by Families in Trauma
4 x community based services supported to improve delivery of Peer Support	In development	Work underway supporting through training/1:1 advice: FEAT and Families in Trauma and Link Living, Support in Mind, Fife Gingerbread
4 x services embedding **new** peer support	In development	Conversations with Fife H&SCP CMHTs to embed peer practitioners currently stalled

Mental Health Officer – Integration into Community Mental Health Teams (CMHTs)

We are aiming to integrate MHOs in the CMHTs through the development of integrated models across social work and NHS.

3 Key development/ improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Increasing the number of MHOs to ensure sufficient to align with CMHTs	8 additional MHO posts and 1 additional Team Manager post have been established	The intention is that an MHO will be aligned to each CMHT
Appointment of Team Manager	Team Manager has been appointed	The intention is the Team Managers will work closely with CMHTs to establish processes which are more integrated
Appointment of 8 MHOs.	8 MHO posts are in recruitment process	The intention is MHOs be more integrated with CMHTs

Commitment 4: Access to Treatment

Psychological Therapies

The target continues to be to improve access to psychological therapies and deliver access to treatment within 18 weeks from point of referral.

3 Key development/ improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Participate in National Recruitment of highly specialist psychologists	Complete	1.8 WTE staff accepted offers and completing pre-employment
Develop group options for highly complex patients: a) Schema Therapy b) Compassion Focused Therapy	a) Online groups piloted, evaluated and running b) Pilot commenced May 2022	a) Evaluation shows clinically significant improvement for significant number of patients b) Pilot will be evaluated
Support other professionals to provide interventions within the Complex Trauma / Personality Disorder Pathway, reducing inappropriate referrals for PT a) Safe and Able to Cope b) Decider Skills c) Structured Clinical Management	a) Rolling training programme, coaching, and supervision groups established b) Trainers trained and online delivery of Decider Skills supported c) Psychologists trained, will lead delivery of SCM groups, involved in working groups for implementation	a) Training evaluated. All CMHT staff either already trained or will be trained in rolling programme b) Rolling training programme for Decider Skills re-established and online delivery of DS underway c) 6 psychologists trained, 6 more in June 2022

Eating Disorders

Development of services providing support and treatment for patients experiencing eating disorders is focussed on delivering increased capacity in both Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services. Activity is underway to develop the skill set and confidence of staff to provide further and relevant training for staff, such as Family Based Treatment for Anorexia Nervosa, Adolescent Focused Therapy and Cognitive Behavioural Therapy for Eating Disorders.

3 Key development/improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Expansion of EDAIT 1a recruitment of staff 1b training 1c team base 1d operational management of team	1a job descriptions developed, VMFs drawn up for nursing posts and interviews in June 1b national training in mantra being organised and Fife has signed up for this 1c team base will not be sufficient, this has been raised with estates 1d discussion around operational management of team hosted by mental health service and professional leadership within disciplines underway	Increased capacity at specialist end of pathway for moderate to high risk patients Measured by numbers of patients seen at this level and quality outcome measures (national group considering these currently) 1c

Development of adult eating disorder pathway 2a. guidance agreed for FROG to support referrals (adult and CAMHS) 2b. steering group in place to support operational framework being developed across, psychology, CMHTs, dietetics 2c engagement with supportedscotland initiated 2d capacity and capability to support physical health monitoring within CMHTS 2e guidance document developed to support physical health management of patients with eating disorders 2f development of outcome measures	 2a completed 2b ongoing 2c initial meeting help, further engagement TBA 2d being developed 2e being formatted currently 2f to be developed	
Support management of medical emergencies of patients with eating disorders	Meetings commenced with gastroenterology team for adults to consider admission process when needed, ongoing Good relationships with paediatrics and CAMHS	Streamlined access to acute admission beds when indicated

Link Living - Better than Well Project

Fife Better than Well project, funded by Fife HSCP Mental Health Action 15, has supported the creation and availability of Self Help coaches to provide help to people over the age of 16 in Fife who have struggled with trauma. Link Living Coaches take the time to talk to clients and work with then to recognise, understand and manage the symptoms of trauma.

The service delivers up to 8 1:1 sessions with a self help coach who helps clients learn strategies so they can move forward with their live. The service is available across the 7 localities within Fife.

The level of demand for the service was such that waiting list initiatives had to be implemented, described in the table below. Alongside that, Fife HSCO took the decision to support an inflation of the service, increasing the number of self help coaches from 6.8 whole time equivalents to 11.5. As described below, this has decreased the waiting time for first appointment from 33 down to 8 weeks.

3 Key development/improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Pilot waiting list groups Self-compassion CBT group. The aim of this group was to look at alternative ways to manage a growing waiting list, mitigate the impact of the lengthy waiting times and provide useful learning points that could be taken forward and implemented into further groups The Managing Well group began running twice a week (2 separate groups) for 6 weeks, the content includes psychoeducation and an introduction to self-help materials with a focus on soothing skill to manage distress	These groups are not currently required (given that the waiting times have now reduced) The purpose of both the CBT / Self-Compassion group and the Managing Well group was to assist people with the long waiting times, to introduce tools / techniques to 'hold' them until they were able to access 1:1 support. For some people, this proved enough, and they did not go on to require 1:1 support having developed tools and techniques through the groups	Waiting lists reduced significantly The Managing Well group has had a huge impact in terms of peer support. Looking to develop Peer Support groups - 3 people with lived experience who have completed the volunteer / peer network training will now be involved in the delivery of the peer support groups when they are up and running

2. Increase staff numbers to help meet the growing demands of the service	4.69FTE coaches have now been recruited and are all in post to help work through the backlog and reduce the waiting times for new referrals Admin support has increased to manage the large number of incoming referrals	The waiting list time has now been reduced from 26-33 weeks to around 6-8 weeks (Glenrothes / West and east Fife villages: approx. 8 weeks Dunfermline / Cowdenbeath: approx. 3 weeks) Less people are now dropping off the waiting list
Re-engage with other agencies and services In reconnecting with external colleagues, the coaches can explain the aims of the service, re-establish close working ties, offer training to staff and work in partnership to improve the outcomes	In process - the coaches are actively networking with partner agencies	Since February 2022 there have been **95** referrals received from various sources including Psychology services, Social Work, KASP, Frontline Fife and FIRST
Signposting service users to other services and support in the community This greater collaboration between organisations creates further opportunities for clients to access appropriate services to meet their needs	In process - the coaches continue to signpost to other services	Since November there have been **42** referrals made to other services e.g. KASP, Andy's Man Club and Cosy Kingdom

Mental Health Pharmacy

Community Mental Health Pharmacy support is essential to improve prescribing practices in areas where there is predicted to be an increasing mental health support need as well as support non-pharmacological interventions.

3 Key development / improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Recruitment of additional pharmacy staff allowing CMHT pharmacy input	3 new band 7 pharmacists recruited – 2 to start Jul. band 8a pharmacist for re-advert	Workplan developing for pharmacy CMHT input – monitoring hubs, high dose antipsychotic monitoring, Valproate Pregnancy Prevention Programme will provide organisational assurance
Improved safety of medicines supply through monitoring hubs	Almost complete	Almost all patients will now have clozapine issued through monitoring hubs and physical health meds through GP practices where appropriate monitoring undertaking
Improved compliance with national lithium monitoring recommendations	Planning underway	Establish pathways that would ensure all patients on lithium therapy have appropriate monitoring in accordance with national guidance
Approval of Buvidal pathway as further treatment option for Opiod Substitution Treatment	Completed	Now possible to increase numbers of patients able to access Buvidal as another OST treatment option in line with MAT standards

Mental Health Psychological Support After Covid-19

3 Key development/improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Design and develop a Mental Health Service for patients hospitalised by severe symptoms of Covid-19 called The MACH Service (Mental health After Covid Hospitalisation)	Business case for the development of the service approved by EDG. Funding received from Scottish Government. All staff now recruited and service up and running Clinical Governance and e-Health have assisted with identifying all patients who were hospitalised earlier in the pandemic. The service is retrospectively contacting these to screen for mental health problems. Direct referrals to the service are also being received and 1:1 and group clinical work is underway The MACH service is closely linked to the INSPIRE Post Intensive Care Rehab Service which also has psychology input and there is a direct pathway for referral into MACH where additional support is required The INSPIRE Team continue to run additional rehab groups to accommodate increased numbers of patients coming through ICU during the pandemic	A nationally agreed set of mental health screening tools and outcome measures are being used within the MACH service. A database has been designed and data from pre and post outcome measures is being collected. There is also a requirement to provide quarterly reports to Scottish Government on progress to date

Provide Mental Health post ICU expertise to MACH National Advisory Group which provides oversight of all MACH service developments across Scotland	MACH National Advisory Group has been developed and meets fortnightly. Back fill for Dr Fearn's role in this group has been funded by Scottish Government Dr Fearn is supporting other Health Boards with set up of MACH services and leads a MACH Service National Clinical Hub which meets fortnightly to provide clinical supervision and training to all staff working in MACH Services	N/A
Expansion of psychology provision to support long-COVID in Fife	There is currently no dedicated long-COVID service in Fife. Bids were invited from NHS Boards for Scottish Government funding for the development of long-COVID services over 3 years. The bid for Fife (via the Fife post COVID-19 recovery and rehabilitation group) included expansion of psychology provision and other rehabilitation services to support the most commonly self-reported long-COVID symptoms. Current status is that NHS Boards were asked to modify bids to reflect year one of the programme only. The modified bid for Fife prioritised the establishment of a single point of access for advice/ care coordination and the expansion of CFS/ME services. The expansion of psychology (and other services) has been deferred pending review	N/A

Development of Complex Trauma Patient Pathway

A Personality Disorder/Complex Trauma Pathway continues to be developed. To enhance the service, capacity and efficacy of the Community Mental Health Teams, develop the workforce and increase access to treatment, there has been significant investment in two particular areas:

Decider Skills

Decider Skills use a cognitive behavioural therapy approach (helping people to change the way their minds think and respond) teaching participants to recognise their own thoughts, feelings and behaviours and allow them to monitor and manage their own emotions and mental health. The skills are designed to enable participants to make effective changes to help manage distress, regulate emotion, increase mindfulness, promote effective communication and to live a more skilful, less impulsive life. Skills are delivered in an original, fun and creative style, using role play, props, imagery and music, that makes them easy to learn and easy to teach.

Structured Clinical Management (SCM)

SCM is an evidence-based intervention for people who have significant difficulties with emotional regulation (including impulsivity and self-harm), self-concept and interpersonal (relationship)functioning. These difficulties can usually be understood within the context of the person having experienced a history of complex trauma. Their difficulties are chronic, have a significant effect on their functioning. SCM is delivered by providing a clear, reliable and consistent structure to treatment from all professionals involved, addressing the attachment difficulties common in this presentation through clear structure, longer-term treatment and clinicians adopting an open and optimistic therapeutic stance. SCM is delivered using both individual and group work with a consistent focus on problem solving for present day problems.

Elements of the Mental Health National Transition and Recovery plan, for CAMHS, require a regional response. The South East CAMHS Consortium has been repurposed as the East Region CAMHS Planning Group, which will report to the East Region Programme Board and deliver in conjunction with the Director for Regional Planning. The purpose of the East Region CAMHS Planning Group is to:

- collaboratively plan and deliver safe, effective and resilient regional CAMHS services funded by Phase 2 of the Scottish Government's Mental Health Recovery and Renewal Fund
- identify other regional opportunities to work collaboratively to improve the delivery of safe, effective and resilient CAMHS services in the East region.

The priorities for this group will be:

- the development of a CAMHS Intensive Psychiatric Care Facility
- Out of Hours provision
- Intensive Therapy Service pathways and effective use of Inpatient units
- pathways for Learning Disability, Forensic and Secure Inpatient settings.

Out of Hours provision is being considered as a key priority of the East Region CAMHS Planning group. Options and potential models informed by local demand and activity data is being collated and will inform any regional out of hours provision. Regional developments will align with ongoing Royal College of Psychiatry OOH planning and local provision. Future service development based on full recruitment into CAMHS nursing workforce will allow service delivery by CAMHS Urgent Response Team until 8pm Monday to Friday with weekend call-in service from across the CAMHS Nursing staff group. Any developments will occur alongside the existing Out of Hours service delivered by the Mental Health Urgent Care and Assessment Team (UCAT).

Structured Clinical Management (SCM) Training

3 Key development/improvement tasks	Status of each	Impact : measureable/ demonstrable evidence
Train 1st cohort	Complete	35 clinicians trained
Train 2nd cohort	Scheduled for June 2022, follow-up day Dec 2022	Further 35 clinicians trained
No further training		

The national focus on mental health and wellbeing, and the improvement of services within this family, continues to receive considerable attention.

There is an expectation that there will be 3 updated and/or new strategies published by the end of the calendar year on the following:

- Suicide Prevention
- Self Harm
- National Mental Health Strategy.

In addition to this, the Scottish Law review of Mental Health legislation continues with a final report due to be submitted to Government by December 2022.

- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Mental Health (Care and Treatment) (Scotland) Act 2003.

All of the above will likely have a significant impact on strategic and service delivery plans for Fife Mental Health services.

Representatives from the HSCP are engaged with the various workstreams and report into the Mental Health Strategic Implementation Group.

Our refreshed strategic plan will be informed by the above as they emerge.

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**4 July 2022**
Title:	**Integrated Performance and Quality Report Review Progress Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Authors:	**Susan Fraser, Associate Director of Planning and Performance**

1 Purpose

This is presented to the Public Health & Wellbeing Committee for:

- Approval

This report relates to:

- Integrated Performance and Quality Report

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Following the Active Governance workshop held on 2 November 2021, a review of the current Integrated Performance and Quality Report (IPQR) commenced by the establishment of a IPQR review group.

The first report presented to the Board on 29 March 2022 described the format of the IPQR and this paper focusses on which metrics are to be included within IPQR in 2022/23.

2.2 Background

The IPQR presents performance data and information on improvement activity across a range of key service areas. The report is considered to be a good example of effective integration of clinical service performance with workforce and financial information. It presents information on performance clearly and sets out improvement actions where performance is challenged. In line with good practice the report presentation is reviewed annually.

The first paper covered the new Public Health section, use of Statistical Process Control (SPC) Charts and pie charts and integration of improvement actions with RMP/SPRA process. This paper is to focus on which metrics are to be included within IPQR in 2022/23.

2.3 Assessment

The IPQR provides performance reporting to the Board and is a key element in effective governance through providing performance against key reporting. The purpose of bringing together performance and quality indicators in the IPQR is to provide the board a sense of performance across the whole health and care system.

The IPQR has historically contained the Scottish Government HEAT Standards but over time this has been extended to include quality and safety measures and relevant local metrics. The indicators included in the IPQR are high level system metrics that form part of an overall performance framework that include operational KPIs that are monitored through the performance review process at operational level.

Some discussion took place around performance metrics that are published on a yearly basis like drug related deaths and post diagnosis dementia support. These metrics are not included in the IPQR as they can not be monitored regularly throughout the year but are presented to the relevant committees after publication as a separate item.

The IPQR group have examined each section in detail and discussed the most important and relevant metrics to include as well as the connectivity between the metrics, risk and other quality measures and agreed these would be included in the new version of the IPQR.

This part of the SBAR will review each of the IPQR sections in turn and propose metrics for inclusion and removal.

Risk Management

Risk management is a critical to the effective running of the organisation and will be included in future IPQRs following this review. The risk section will report on the corporate risks for NHS Fife and will replace the current Board Assurance Framework.

Work is ongoing to sign off the corporate risks and once agreed through the governance structure, a risk section will be added to the IPQR from late summer 2022 with references to risks throughout the performance and improvement actions sections.

Review of Indicators

Clinical Governance Metrics

This is the first time the Clinical Governance section has been reviewed since it was included in the IPQR a few years ago.

Additional metric to be included will be in relation to open actions from Adverse Events which will be linked to the review of the adverse events policy. Meetings have already taken place around data availability with inclusion anticipated in 2022/23 Q2.

Metric relating to Caesarean Sections SSI is to be paused until further notice as mandatory SSI surveillance has been paused since the start of Covid-19 pandemic. Data received is not validated and does not follow NHS Fife methodology. Services are continuing to monitor cases and carry clinical reviews, if necessary.

Clinical Governance Metrics

Major & Extreme Adverse Events	Retain
Adverse Events Actions Open	*NEW*
HSMR	Retain
Inpatient Falls	Retain
Inpatient Falls with Harm	Retain
Pressure Ulcers	Retain
Caesarean Section SSI	Paused
SAB - HAI/HCAI	Retain
SAB - Community	Remove
C Diff - HAI/HCAI	Retain
C Diff - Community	Remove
ECB - HAI/HCAI	Retain
ECB - Community	Remove
Complaints (Stage 1 Closure Rate)	Retain
Complaints (Stage 2 Closure Rate)	Retain

Operational Performance

The group discussed the ongoing inclusion of 18 weeks RTT in the IPQR as this is not routinely performance managed as the Scottish Government focus on the delivery of the

three component areas of this target – outpatients, TTG (inpatients/daycase) and diagnostics. On referencing other NHS board performance reports, the 18 week RTT is no longer being reported.

It was agreed to replace Delayed Discharge counts from the scorecard with bed days lost metric to include code 9 reasons which includes Guardianship and ward closures. The existing performance metric focusses on standard delay codes however there are a high number of delays lost due to code 9 reasons.

The group discussed the revision of Information Governance metrics but it was felt that the proposed metrics were operational and not relevant for inclusion.

Source for Antenatal Access information will change from SMR02 to Antenatal Booking Collection (ABC). This was established in response to the pandemic to monitor the impact of COVID-19 on pregnant women. The data are collected from the clinical information systems, used by the midwives who 'book' the pregnant woman for maternity care. The data include all bookings, rather than only those resulting in a delivery, and are available within a few weeks of the booking appointment, rather than a month or more after delivery. Data from this new source is available from April 2019 onwards.

Operational Performance Metrics

IVF Treatment Waiting Times	Retain
4-Hour Emergency Access	Retain
Patient TTG	Retain
New Outpatients	Retain
Diagnostics	Retain
18 Weeks RTT	Remove
Cancer 31-Day DTT	Retain
Cancer 62-Day RTT	Retain
Detect Cancer Early	Retain
Freedom of Information Requests	Retain
ALL Delayed Discharge Bed Days Lost	*NEW*
Standard Delayed Discharge Bed Days Lost	Retain
Delayed Discharge (# Standard Delays)	Remove, figure in drilldown
Antenatal Access	Retain, new source

Public Health & Wellbeing

This is a new section in the IPQR since the creation of the Public Health and Wellbeing Committee in 2021. The two new areas to be included are the vaccination and screening programmes.

There is agreement to include Covid-19 vaccinations in IPQR, this will be fluid and based on relevant cohort. Uptake of flu vaccination will also be included when programme restarts in Autumn. Inclusion in IPQR will replace the production of standalone reports for these topics.

Childhood immunisations for 6-in-1 by 12 months and MMR2 by 5 years are also to be included.

Screening indicators are still being explored.

Public Health and Wellbeing metrics

Smoking Cessation	Retain
CAMHS Waiting Times	Retain
Psychological Therapies Waiting Times	Retain
Alcohol Brief Interventions	Retain
Drugs & Alcohol Treatment Waiting Times	Retain
Dementia Post-Diagnostic Support	Retain
Dementia Referrals	Retain
Covid-19 Vaccination	*NEW*
Flu Vaccination (Sept to Feb)	*NEW*
Childhood immunisation 6-in-1 by 12 months	*NEW*
Childhood immunisation MMR2 by 5 years	*NEW*

Staff Governance

There has been previous discussion about the inclusion of additional metrics in the Staff Governance section. Not all workforce measures lend themselves to routine performance reporting. These will therefore be reported separately e.g. iMatter annual reporting or through provision of Workforce Information reporting introduced in the last year and provided to EDG, Area Partnership Forum and Staff Governance Committee.

However, following discussion at EDG there is agreement that PDPR compliance should be included as soon as possible in addition to our current reporting on Sickness Absence, with discussion already taking place about data availability and visualisation. Core training and Establishment Gap reporting will be explored during 2022/23 for inclusion in due course.

Staff Governance Metrics

Sickness Absence	Retain
PDPR	*NEW*
Core Training	Proposed for future
Establishment Gap	Proposed for future

In terms of Sickness Absence, we note that the existing Board targets were set up to the end of 2021/22, and to date there is no direction about the updating of Scottish Government directed national targets. It is also worth noting the potential implications of any change to the present COVID absence recording and reporting in the course of this year.

2.3.1 Quality/ Patient Care

The IPQR reports on the quality of patient care through a number of core targets, the targets are reported individually.

2.3.2 Workforce

The IPQR currently reports on staff absence rates however it has been agreed that this requires to be developed to report on the important range of activity supporting the health and wellbeing of our staff.

2.3.3 Financial

The IPQR reports on the financial position of the Board, this section is also under development.

2.3.4 Risk Assessment/Management

The IPQR considers organisational risks and there will be a risk section in the IPQR going forward.

2.3.5 Equality and Diversity, including health inequalities

The IPQR considers the appropriate equality and diversity impact.

2.3.6 Other impact

n/a

2.3.7 Communication, involvement, engagement, and consultation

The cross directorate senior leadership group will ensure the appropriate communication and engagement on this review.

2.3.8 Route to the Meeting

A previous version of this paper was considered by EDG on 6 December 2021 and the Board on 26 March 2022.

This second paper has been considered by the IPQR Review Group, EDG on 7 June 2022 and the following committees:

- Clinical Governance Committee – 1 July 2022

2.4 Recommendation

The Committee is invited to

- **Note and agree** to the proposed update to the IPQR from the IPQR Review Group

2.4 Appendices

- Appendix 1: membership of IPQR Review Group

Report Contact

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Appendix 1: Membership of IPQR Review Group

Bryan Archibald, Planning and Performance Manager

Gemma Couser, Associate Director of Quality and Clinical Governance

Susan Fraser, Associate Director of Planning and Performance (CHAIR)

Ben Hannan, Director of Pharmacy and Medicines

Andy MacKay, Deputy Chief Operating Officer

Fiona McKay, Head of Planning, Fife HSCP

Maxine Michie, Deputy Director of Finance

Emma O'Keefe, Deputy Director of Public Health

Kevin Reith, Deputy Director of Workforce

Nicola Robertson, Associate Director of Nursing

Torfinn Thorbjornsen, Information Services Manager

Arlene Wood, Non Executive Director

NHS Fife

Meeting:	**Population, Health & Wellbeing Committee**
Meeting date:	**4 July 2022**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Bryan Archibald, Head of Performance**

1 Purpose

This is presented to the Public Health & Wellbeing Committee for:

- Assurance

This report relates to the:

- Integrated Performance & Quality Report

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report informs the Public Health & Wellbeing (PHW) Committee 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 April 2022.

As is normal at this stage of the FY, the first validated financial information (covering the period up to 31 May) will not be available until the first week of July. This will be incorporated in the version of the IPQR which is presented at the FPR and SG Committees. The version for the CG and PHW Committees has no Financial information.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced monthly and made available to Board Members via Admin Control.

The report is presented at the meetings of the Clinical Governance, Staff Governance, Finance, Performance & Resources and Public Health & Wellbeing Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper.

Following the Active Governance workshop held on 2 November 2021, a review of the current Integrated Performance and Quality Report (IPQR) commenced by the establishment of a IPQR review group.

Following the workshop, a new Public Health & Wellbeing section was incorporated previously with report now including Statistical Process Control (SPC) charts for applicable indicators. Following review, list of indicators has been amended with further additions relating to Adverse Events, Immunisations and PDPR to follow in due course. Improvement actions will also be included following finalisation of Annual Deliver Plan for 2022/23.

2.3 Assessment

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife worked according to the Joint Fife Remobilisation Plan for 2021/22 (RMP4), and will now progress to incorporate the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which is currently being finalised before being submitted to the Scottish Government at the end of July.

The Public Health & Wellbeing aspects of the report cover measures listed in the table below.

Measure	Update	Target	Current Status
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Not achieving

[1] There are no formal targets for either of the Dementia PDS measures (referrals and 1-year support).The guidance to Health Boards is to aim for a year-on-year improvement.

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial aspects are covered by the specific sections of the 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 NHS Fife Board Members and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The June IPQR will be available for discussion at the round of July Standing Committee meetings. As explained in Section 2.1, above, the iteration of the report does not include any financial information.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 16 June and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The PHW Committee is requested to discuss and take Assurance from this report.

3 List of appendices

- Integrated Performance & Quality Report

Report Contact
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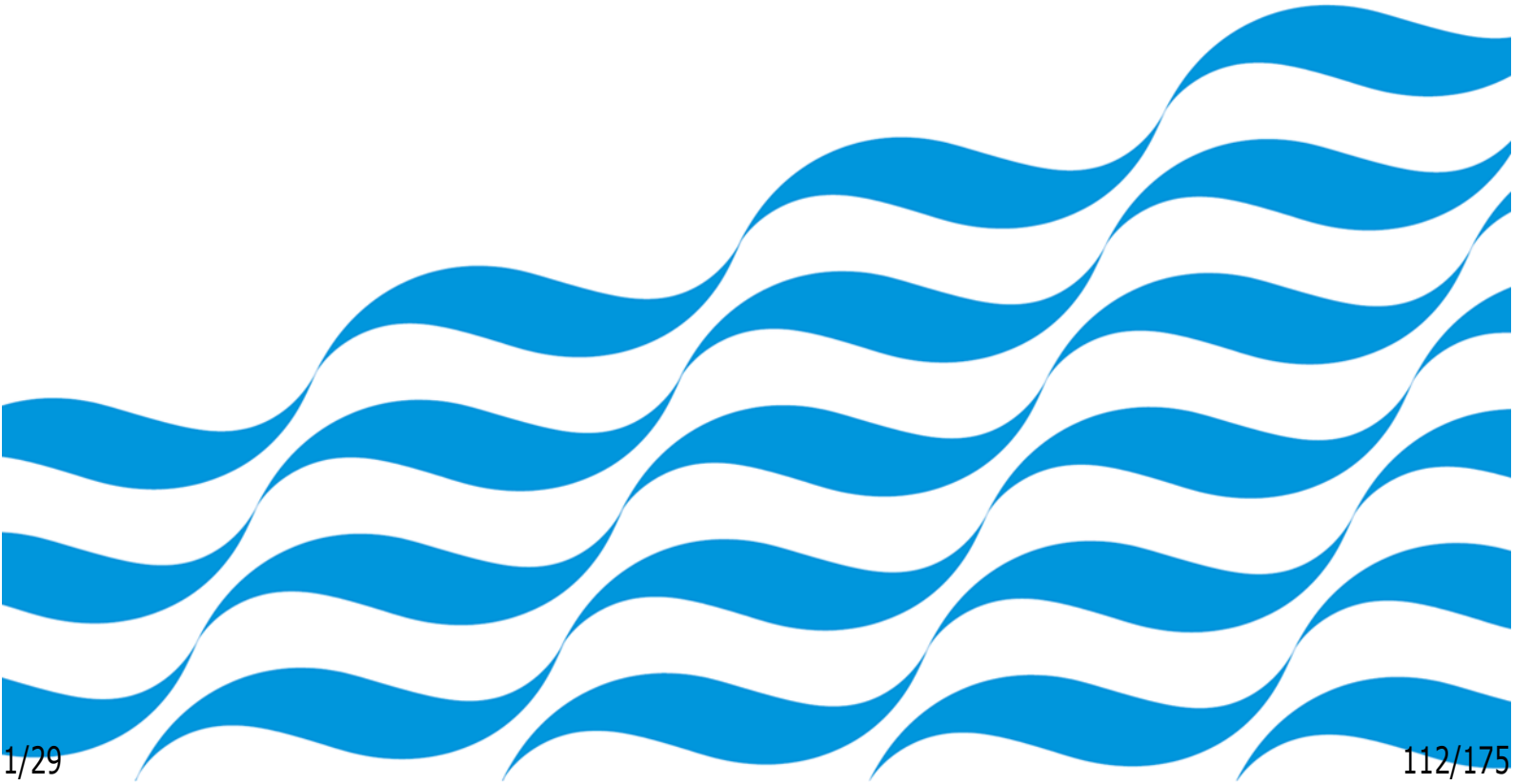
Fife Integrated Performance & Quality Report

Produced in June 2022



Introduction

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

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. National Standards & Local Key Performance Indicators (KPI)

b. National Benchmarking

c. Indicatory Summary

d. Projected & Actual Activity

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 further data presented in tables and charts, incorporating Statistical Process Control (SPC) methodology where applicable. Improvement actions will be sourced from Annual Delivery Plan and will be incorporated into the report in due course.

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

MARGO MCGURK
Director of Finance & Strategy
21 June 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 National Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current performance, comparison with 'previous' and 'previous year' and a benchmarking indication against other mainland NHS Boards (where appropriate). There is also an indication of 'special cause variation' based on Statistical Process Control methodology.

Amendments have been made to the IPQR following the IPQR Review. This involves the addition of some key indicators, removal of other indicators, updating of the Indicator Summary and data presented in SPC charts where appropriate. The Risk section will be introduced in the next few months.

NHS Boards are currently developing an Annual Delivery Plan (ADP) for 2022/23 to articulate the ongoing recovery of services following the COVID-19 Pandemic. Once agreed, actions relevant to indicators within IPQR will be incorporated accordingly and updated routinely to report to Standing Committees, Board and the Scottish Government.

a. LDP Standards & Key Performance Indicators

The performance status of the 27 indicators within this report which currently have agreed targets is 6 (24%) classified as **GREEN**, 4 (16%) **AMBER** and 15 (60%) **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. The indicator 4-hour Emergency Access is displaying 'special cause variation' for April based on data for past 24 months with performance of 77.5% exceeding lower control limit.

Note that the RAG status of the two Finance measures is not available this month.

There were notable improvements in the following areas in April:

- Rate of falls of all Inpatients continuing a downward trend towards the new target for FY 2022/23
- % bed days lost due to patients in delay continuing a downward trend towards target
- Sickness Absence rate at its lowest monthly level since April 2021

Additionally, it has now been a full 2 years since the Cancer-31 DTT performance fell below the 95% Standard.

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 90% where we are able to compare our performance nationally (20 out of 22 measures) we are delivering performance within either the upper quartile or the mid-range.

c. Indicator Summary

Section	Measure	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Trend	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Apr-22	24		▲	▲		
	HSMR	N/A	Year Ending	Dec-21	1.02		▲	▼		YE Dec-21
	Inpatient Falls	6.91	Month	Apr-22	7.09		▲	▲		
	Inpatient Falls with Harm	1.65	Month	Apr-22	1.81		▲	▼		
	Pressure Ulcers	0.89	Month	Apr-22	0.94		▲	▲		
	SAB - HAI/HCAI	18.8	Month	Apr-22	17.6		▼	▼		QE Dec-21
	C Diff - HAI/HCAI	6.5	Month	Apr-22	7.0		▼	▲		QE Dec-21
	ECB - HAI/HCAI	33.0	Month	Apr-22	28.1		▲	▼		QE Dec-21
	Complaints Closed - Stage 1	80%	Month	Apr-22	72.7%		▲	▼		2020/21
	Complaints Closed - Stage 2	50%	Month	Apr-22	5.9%		▼	▼		2020/21
Operational Performance	IVF Treatment Waiting Times	90%	Month	Apr-22	100.0%		◀▶	◀▶		
	4-Hour Emergency Access	95%	Month	Apr-22	77.5%	○	▼	▼		Apr-22
	Patient TTG % <= 12 Weeks	100%	Month	Apr-22	55.9%		▲	▲		Mar-22
	New Outpatients % <= 12 Weeks	95%	Month	Apr-22	53.9%		▲	▼		Mar-22
	Diagnostics % <= 6 Weeks	100%	Month	Apr-22	63.0%		▲	▼		Mar-22
	18 Weeks RTT	90%	Month	Apr-22	70.4%		▲	▲		QE Mar-22
	Cancer 31-Day DTT	95%	Month	Apr-22	98.0%		▲	▲		QE Dec-21
	Cancer 62-Day RTT	95%	Month	Apr-22	84.9%		▲	▲		QE Dec-21
	Detect Cancer Early	29%	Year Ending	Sep-21	23.2%		▲	▲		2019, 2020
	Freedom of Information Requests	85%	Month	Apr-22	97.6%		▲	▲		
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Apr-22	12.0%		▼	▲		QE Dec-21
	Delayed Discharge % Bed Days Lost (Standarc	5%	Month	Apr-22	6.5%		▲	▲		QE Dec-21
	Antenatal Access	80%	Month	Mar-22	82.1%		▼	▼		CY 2021
Finance	Revenue Resource Limit Performance		Month					—		
	Capital Resource Limit Performance		Month					—		
Staff Governance	Sickness Absence	4.00%	Month	Apr-22	5.14%		▲	▼		YE Mar-22
Public Health & Wellbeing	Smoking Cessation (FY 2021/22)	473	YTD	Feb-22	268		—	▲		QE Sep-21
	CAMHS Waiting Times	90%	Month	Apr-22	71.1%		▲	▲		QE Mar-22
	Psychological Therapies Waiting Times	90%	Month	Apr-22	76.5%		▼	▼		QE Mar-22
	Drugs & Alcohol Waiting Times	90%	Month	Feb-22	89.3%		▲	▼		QE Dec-21

Performance Key

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

SPC Key

○ Special cause variation, out with control limits

Change Key

- ▲ "Better" than comparator period
- ◀▶ No Change
- ▼ "Worse" than comparator period
- — Not Applicable

Benchmarking Key

- Upper Quartile
- Mid Range
- Lower Quartile
- Not Available

d. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment

(NOTE: Better/Worse may be higher or lower, depending on context)

		Month End			Quarter End	Quarter End	Quarter End	Quarter End
		Apr-22	May-22	Jun-22	Jun-22	Sep-22	Dec-22	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	1,012	1,012	1,012	3,036	3,053	3,087	3,087
	Actual	816	1,087		1,903	0	0	0
	Variance	-196	75		-1,133	-3,053	-3,087	-3,087
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	6,180	6,186	6,201	18,567	18,806	19,132	19,166
	Actual	6,036	7,603		13,639	0	0	0
	Variance	-144	1,417		-4,928	-18,806	-19,132	-19,166
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	497	497	497	1,491	1,491	1,491	1,491
	Actual	460	543		1,003	0	0	0
	Variance	-37	46		-488	-1,491	-1,491	-1,491
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	3,996	3,996	3,996	11,988	11,988	11,988	11,988
	Actual	4,759	4,486		9,245	0	0	0
	Variance	763	490		-2,743	-11,988	-11,988	-11,988

e. Assessment

CLINICAL GOVERNANCE		Target	Current
HSMR		**1.00**	**1.02**
Hospital Standardised Mortality Ratio (HMSR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.			
Inpatient Falls	*Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22*	**6.91**	**7.09**
Falls data/trends continue to be reviewed focussing on areas with higher incidence to support improvement work. The 2021/22 target (a rate of 7.68 falls per 1,000 Occupied Bed Days) was met but note the work required to drive this down. The new target reflects the ambition of SPSP to reduce falls by 30% by 2024 with the approach of a 10% reduction per year being envisaged. The Steering Group is currently updating the workplan to drive the activity toward this year's target for reduction. Imminent changes in Infection Control guidance is expected to reduce some of the environmental challenges that have presented over the last two years.			
Pressure Ulcers	*Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22*	**0.89**	**0.94**
As we mobilise out of the pandemic and significant pressures continue across the system, the 25% reduction in pressure ulcers (grade 2 to 4) targeted for this FY is thought be achievable and stretching. Whilst the data continues to show a random pattern, there has been a favourable downward trend over the past 3 months, with the previous 2 months being below the median. ASD have seen a month-on-month reduction in harms over the past 3 months with HSCP seeing the same pattern over the past 2 months. The pressure ulcer report continues to be shared with clinical teams and is one data source used for triangulation in order to drive improvement. Clinical Teams continue to follow the process for Major and Extreme Adverse Events for shared learning.			
SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023*	**18.8**	**17.6**
NHS Fife continues to address its SABs and is currently ahead of the trajectory to achieve the 10% reduction by March 2023. There was a single PVC SAB in March and there have been 3 PWID SABs in 2022 to date; positively, there has been no Renal haemodialysis line related SABs since October 2021.			
C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023*	**6.5**	**7.0**
NHS Fife is on target to achieve the 10% reduction by March 2023 although there have been 10 health care associated CDI to date in 2022. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target and continues to be addressed. There have been 2 recurrences of infection in 2022.			
ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023*	**33.0**	**28.1**
NHS Fife is on target to achieve a 25% reduction of HCAI ECBs by March 2023. Reducing CAUTI HCAI ECB incidence remains the quality improvement focus to achieve our targets. There have been 13 CAUTIs in 2022 to date.			
Complaints – Stage 2	*At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024*	**50%**	**5.9%**
There remain challenges in investigating and responding to Stage 2 complaints within the national timescales, primarily due to staffing and capacity issues across all services. We continue to see an increased volume of complaints, the majority being complex or covering multiple specialities/services. The Patient Relations team continues to face capacity and staffing levels, which have been exacerbated by vacancies and staff absence, some of which is long-term. This is having a negative effect on meeting timeframes, due to the increased workload on staff (who are managing multiple caseloads) and individual ability to manage day-to-day ad-hoc work. In order to address these challenges, existing processes have been reviewed in order to streamline workloads and generate efficiencies.			

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%**	**77.5%**

Attendance has continued to be high (a 4-week average of 223 daily attendances), impacting on the 4-hour access target. Escalation actions through OPEL, including additional surge capacity, remains in place within ASD and HSCP to accommodate the additional inpatient demand. The emergency department continue with plans for remodelling to allow for expanded assessment provision and a new approach to enhanced triage and redirection to QMH MIU is being reviewed.

Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**55.9%**

Performance in April has improved slightly. Day case elective activity increased in March due to additional waiting list initiatives, but inpatient surgery continues to be restricted to urgent and cancer patients due to sustained pressures in unscheduled care and COVID sickness absence. The waiting list continues to rise with 4,601 patients on list in April, 50% greater than in April 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 a decision is awaited around the additional resources needed to deliver additional capacity in the plan. No additional activity has been undertaken in April and core activity remains restricted.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**53.9%**

Performance in April has improved slightly following additional waiting list activity; however, core capacity remains restricted due to the ongoing need for physical distancing and the pressures of unscheduled care on outpatient capacity is some specialities. The waiting list has increased, with 22,594 on the outpatient waiting list, 12% higher than in April 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 567 in March mainly in Gastroenterology, General Surgery and Vascular Surgery specialties. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. No additional activity has been undertaken in April. Following updated infection prevention and control guidance it is anticipated that there will be a reduction in the need for physical distancing. However, the impact of this will be monitored and sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from COVID.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**63.0%**

Performance improved slightly in April. The improvement has been in Radiology with 67.7% waiting less than 6 weeks whilst the performance in endoscopy has deteriorated to 42.8% 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 reduced in April to 5,714 although the number waiting for an Endoscopy has increased. 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 a decision is awaited around the additional resources needed to deliver 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%**	**84.9%**

April continued to see challenges, but there was a slight improvement in performance. The number of referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to COVID-19 staffing issues and lack of resources, with particular capacity issues in some specialties. Breast, Oncology and Urology (Prostate) are currently our most challenged pathways. Improvements are being made at the start of the latter to reduce waits between steps and improve patient experience. The range of breaches (majority in Prostate) was 2 to 34 days (average 13 days).

OPERATIONAL PERFORMANCE		Target	Current
Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce*	**5%**	**6.3%**

The number of bed days lost due to patients in delay continues to follow a downward trajectory following a spike in February, due largely to the significant covid wave the system has endured and subsequent demand pressures on H&SCP exits. Encouragingly, despite these pressures the position is only 1.3% over target 5%.

The H&SCP continues to operate with approximately 44 surge beds and regularly maintains occupancy levels above 110%. On top of this, referrals to the VHK Integrated Discharge hub have never been higher which is putting continued strain on community services. Despite this however we note that the latest Public Health Scotland Data (3rd May 2022) placed NHS Fife as having the lowest number of patients in delay per 100,000 Age 18+ population of the 11 Mainland Health Boards.

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

Initial report for FY 2022/23, up to the end of Month 2, is not yet available

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

Initial report for FY 2022/23, up to the end of Month 2, is not yet available

STAFF GOVERNANCE		Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**4.00%**	**5.14%**

The sickness absence rate in April was 5.14%, a reduction of 0.45% from the rate in March. The COVID-19 related special leave rate, as a percentage of available contracted hours for April, was 2.46%.

To ensure focus on this issue an Attendance Taskforce has been established which will facilitate actions and drive improvements to ensure NHS Fife works to achieve the sickness absence performance target.

Pending any additional NHS Scotland guidance on sickness absence targets, we continue to monitor absence against our existing target of 4%. We would anticipate that any national update will reflect the circumstances of the last two years and therefore this target may be subject to change.

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**	**288**

The service is moving into a transitional stage whereby we are using a hybrid approach by continuing to deliver an element of service provision remotely through telephone support while concurrently returning to face to face delivery in Linburn and North Glen GP practices and Lochgelly Community centre. In addition, the mobile unit has been in Cowdenbeath, Templehall and Glamis Centre to build up service awareness and to reach our more vulnerable communities. Successful quits are currently sitting at 288 with room for improvement before final verification at the end of June. A range of service awareness opportunities and benefits of quitting happened on No Smoking Day on 9th March which saw an uplift in referrals of 14% during that week.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**71.1%**

RTT performance has been maintained at the projected level as work on the longest waits continues. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to young people presenting with Acute/High Risk presentations. The process to fill vacant posts continues with a total of 16 posts either in the recruitment process or out to advert across a range of professions that contribute to CAMHS. The longest wait initiative has been implemented through the offer of additional hours and reallocation of PMHW clinical capacity in order to re-align the current position with the predicted position which was negatively impacted by staff absence and cancelled appointments during January and February.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**76.5%**

The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of that year and this remains the case in the first 4 months of 2022 so far. This has resulted in an increase in numbers on the waiting list. 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

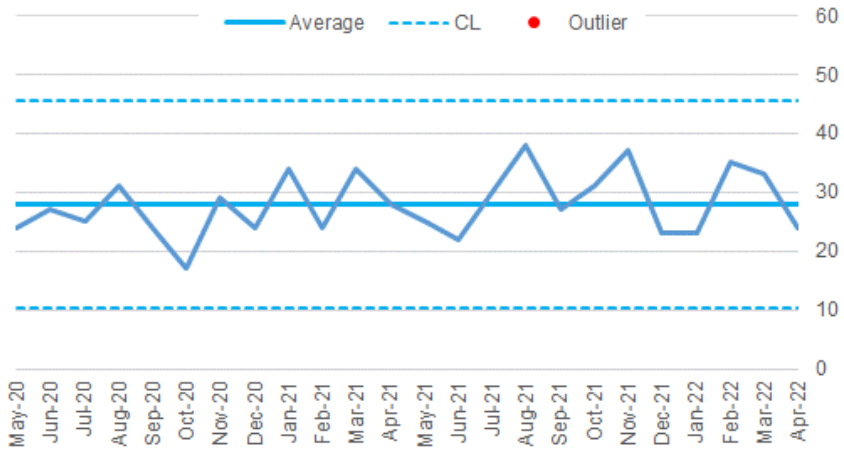
Finance, Performance & Resources: Finance

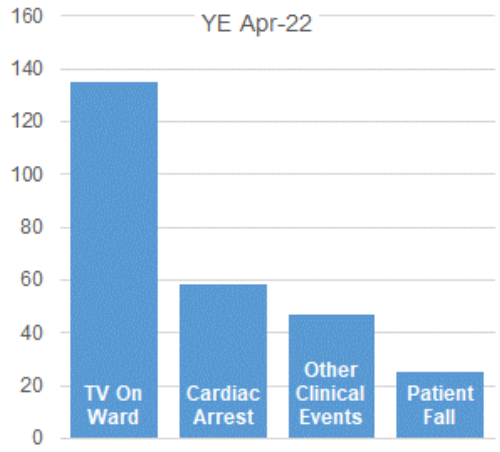
Staff Governance

Public Health & Wellbeing

Adverse Events

Major and Extreme Adverse Events





All Adverse Events

	Month	2021/22											2022/23
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
ALL	NHS Fife	1373	1352	1422	1455	1400	1397	1444	1497	1503	1289	1451	1202
	Acute Services	649	606	630	616	611	649	635	598	615	514	670	518
	HSCP	682	695	741	801	747	692	750	837	853	725	717	634
	Corporate	42	51	51	38	42	56	59	62	35	50	64	50
CLINICAL	NHS Fife	1012	937	1011	958	967	952	1020	973	945	898	1052	822
	Acute Services	600	547	569	551	538	569	584	538	569	463	616	474
	HSCP	388	366	412	386	402	353	407	396	361	406	399	328
	Corporate	24	24	30	21	27	30	29	39	15	29	37	20

Commentary

Incident numbers in March showed a slight increase, but decreased in April to the lowest level in the past 12 months; overall combined figures for the two month period is in keeping with monthly averages.

The sub category 'Transfer - In-Patient Transfer Problems' specifically relating to communication and delays, showed a significant increase in March. This sits within the 'Access / Appointment / Admission / Transfer or Discharge incidents' category, which is the only category showing any significant variation within March and April.

There were 30 Local Adverse Event Reviews and 6 Significant Adverse Event Reviews completed with formal sign off during March and April.

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.

IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

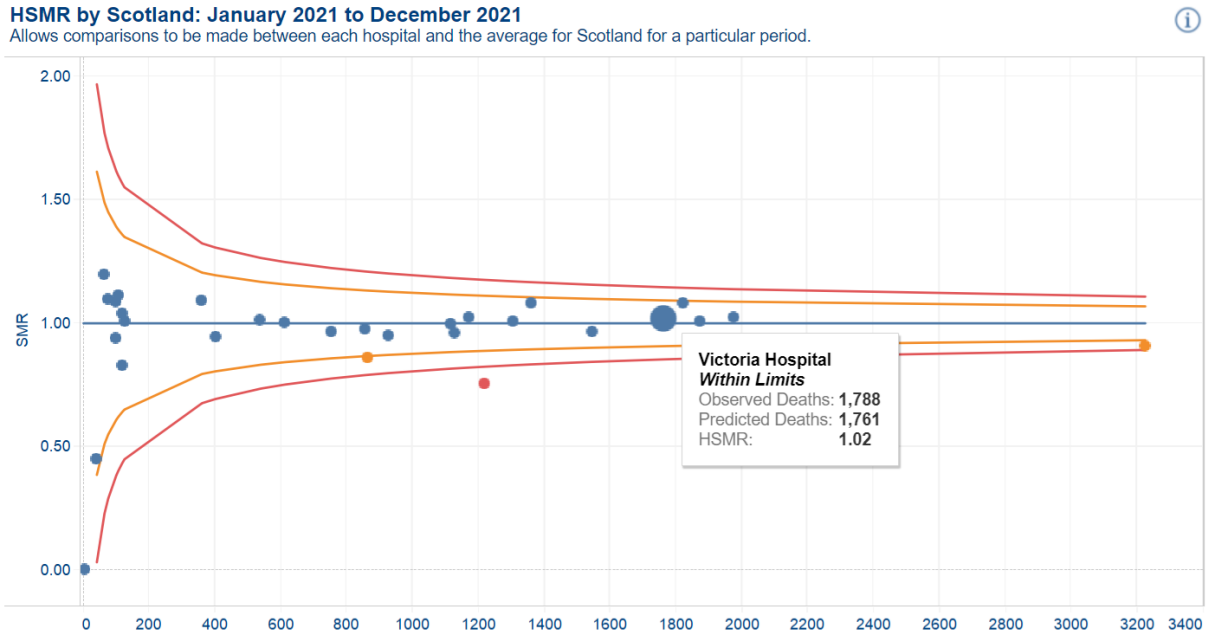
HSMR

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; January 2021 to December 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.



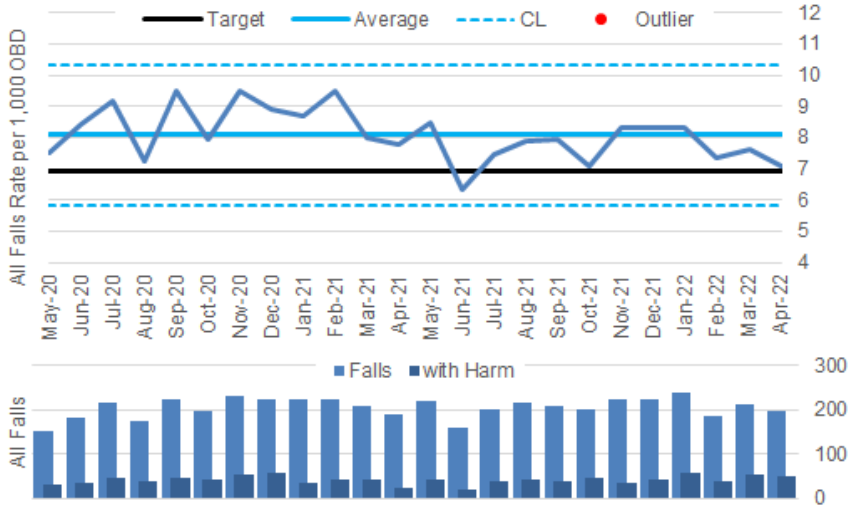
Commentary

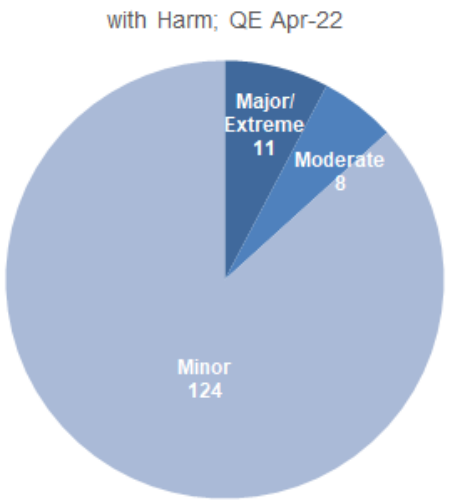
Hospital Standardised Mortality Ratio (HMSR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.

Inpatient Falls

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

Local Performance





Performance by Service Area

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	8.45	6.32	7.45	7.88	7.93	7.08	8.32	8.29	8.33	7.33	7.62	7.09
Acute Services	8.38	6.14	7.17	8.17	7.61	8.51	8.71	8.55	9.47	7.55	7.18	8.17
HSCP	8.52	6.47	7.70	7.63	8.21	5.85	7.97	8.06	7.34	7.16	8.01	6.14

IMPROVEMENT ACTIONS

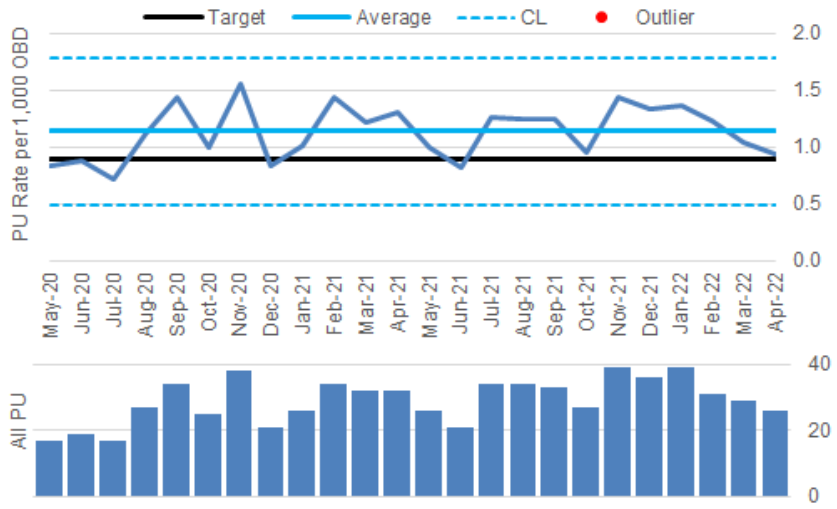
20.3 Falls Audit	***By Aug-22***
As part of the work plan update there will be an annual audit programme set which will include the Care and Comfort Clock Audit and the Falls Intervention Plan	
20.5 Improve effectiveness of Falls Champion Network	***By Aug-22***
This work remains on hold due to staffing challenges, with contact being maintained with existing champions. This work will remain a focus in the forthcoming work plan.	

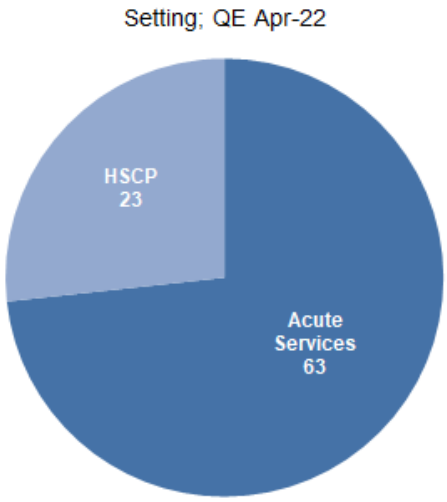
New improvement actions for will be incorporated following approval of Annual Delivery Plan

Pressure Ulcers

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

Local Performance





Performance by Service Area

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	0.99	0.82	1.26	1.25	1.24	0.95	1.44	1.33	1.36	1.23	1.03	0.94
Acute Services	1.60	1.58	2.13	2.36	2.10	1.44	2.54	2.24	2.25	1.84	1.76	1.45
HSCP	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55	0.58	0.72	0.40	0.48

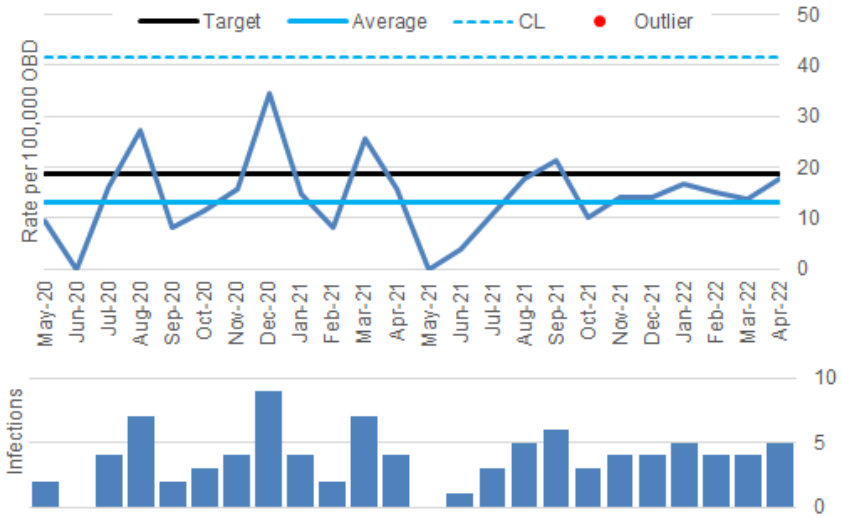
IMPROVEMENT ACTIONS

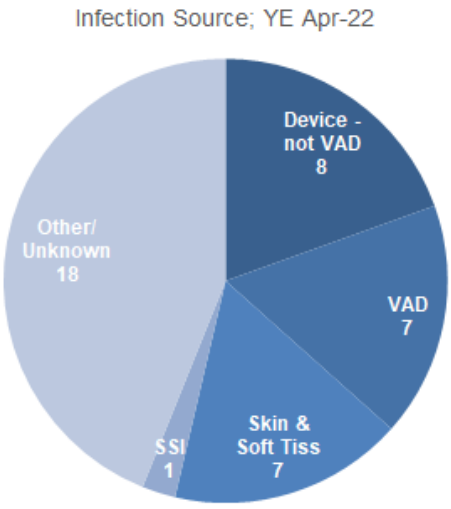
New improvement actions for will be incorporated following approval of Annual Delivery Plan

SAB (HAI/HCAI)

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

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

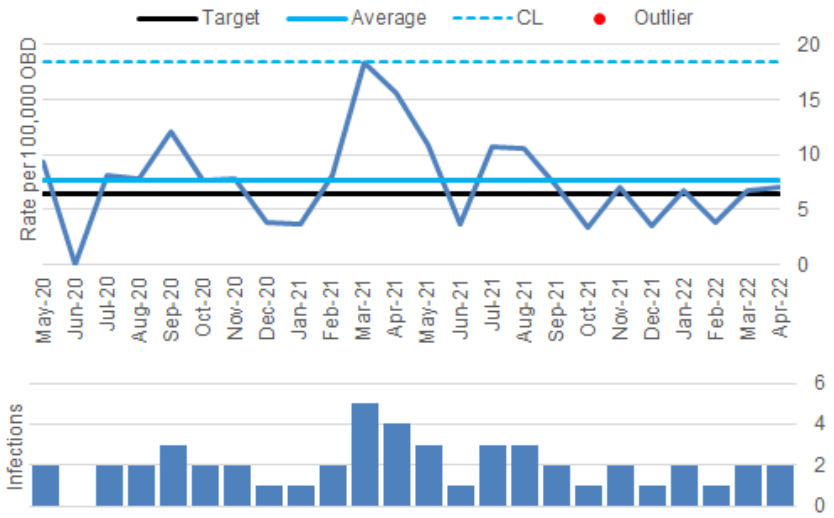
IMPROVEMENT ACTIONS

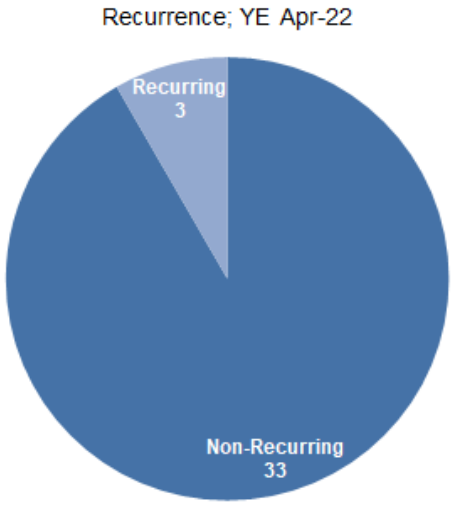
New improvement actions for will be incorporated following approval of Annual Delivery Plan

C Diff (HAI/HCAI)

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

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

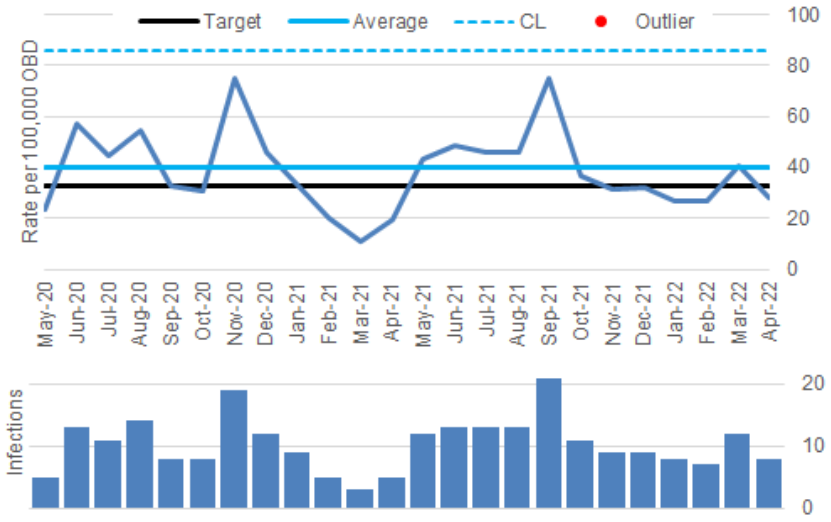
IMPROVEMENT ACTIONS

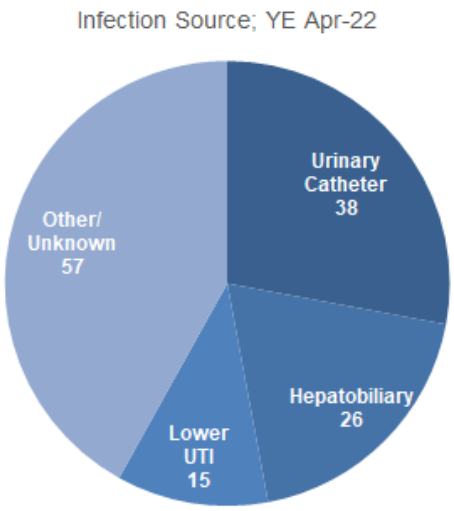
New improvement actions for will be incorporated following approval of Annual Delivery Plan

ECB (HAI/HCAI)

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

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

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.
NHS Fife is currently on target for achieving the 25% target reduction by the end of March 2023; 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 met in May, when initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife were discussed. They cover analysis and update of process, training/education/promotion and quality improvement work.

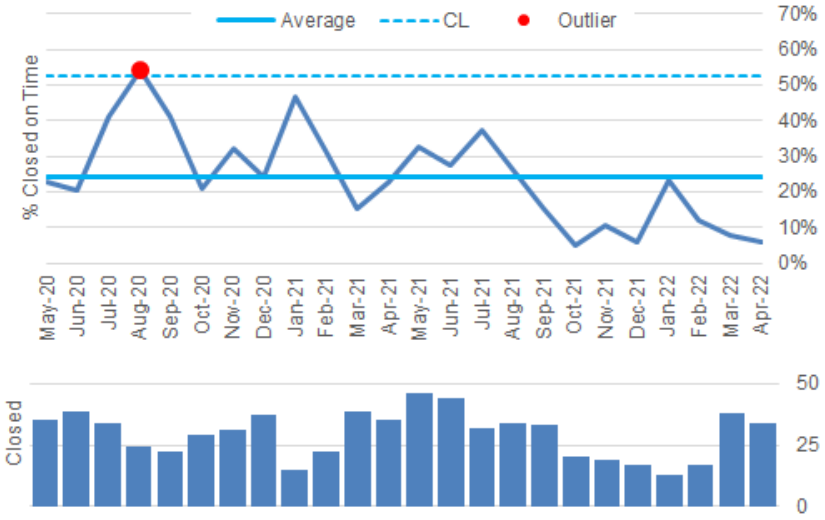
A new eCatheter insertion & maintenance bundle on Patientrack is due to be trialled by Urology before being rolled out across the wards within the ASD & HSCP. This will ensure optimum catheter care is delivered across NHS Fife resulting in a reduction of CAUTIs within the hospital setting.

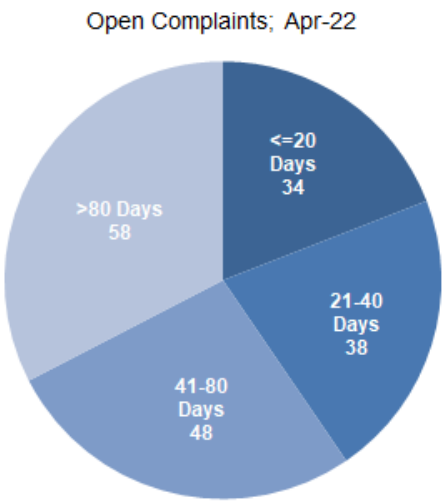
New improvement actions for will be incorporated following approval of Annual Delivery Plan

Complaints | Stage 2

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

Local Performance





Performance by Service Area

		2021/22											2022/23
		MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	% Closed on Time	32.6%	27.3%	37.5%	26.5%	15.2%	5.0%	10.5%	5.9%	23.1%	11.8%	7.9%	5.9%
	% Acknowledged (3 days)	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	88.2%	84.6%	100.0%	89.5%	88.2%
Acute Services	% Closed on Time	23.3%	21.4%	26.1%	31.6%	21.7%	0.0%	16.7%	7.7%	30.0%	18.2%	3.6%	8.0%
HSCP	% Closed on Time	53.8%	16.7%	50.0%	16.7%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%

IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality	By Sep-22

An overall review of the existing complaints handling process by Quality Improvement and Patient Relations teams continues, with a new digital monitoring system in development. This will significantly reduce duplication and negate the need for manual counting to ascertain complaints status.

In March, the Patient Relations Team focused on clearing their backlog of complaints, which was successful in reducing these numbers considerably; however, this has steadily increased again and we once more face a significant backlog of cases requiring drafting and/or progression. This is due to the ongoing increase in complaint numbers, as well as current staffing challenges.

However, the Patient Relations team have recently taken on several temporary staff members from the Contact Tracing team, who are currently receiving training in complaints handling, with a focus on stage 2 response drafting. The aim is for these additional staff members to support the Patient Relations Officers with drafting, which will help to reduce and maintain the number of cases waiting to be drafted, as well as helping to manage overall caseloads.

A new Head of Patient Experience has been appointed to the lead team and will commence in July 2022. The team will be re-branded as the Patient Experience Team and will not only focus on complaints handling (once all backlogs are cleared) but will also proactively lead on obtaining realtime patient feedback to improve patient experience and reduce complaints moving forwards.

22.2 Improve education of complaint handling	By Sep-22

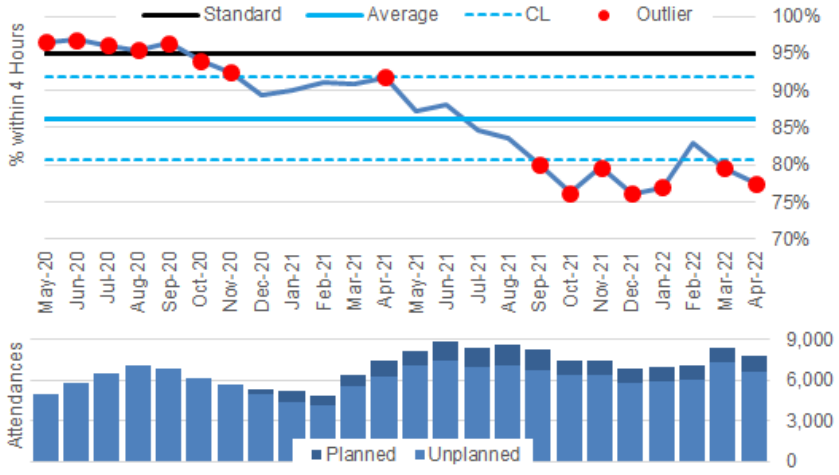
There is an existing aim to improve overall quality by recommencing the delivery of education programmes, such as induction and bespoke training sessions, across all Clinical Services. However, this plan remains on hold at present due to the pressures and capacity within the team as well as the ongoing response to COVID-19. Patient Relations is engaging with the Organisational Learning Group to share learning from complaints, address common themes and target improvements.

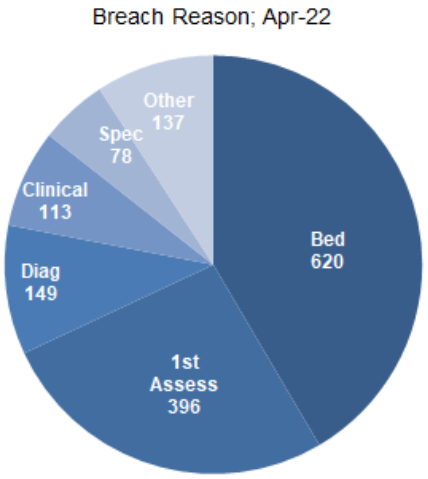
New improvement actions for will be incorporated following approval of Annual Delivery Plan

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

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%	77.0%	83.0%	79.6%	77.5%
Scotland	87.2%	85.1%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%	76.0%	74.2%	71.6%	72.1%

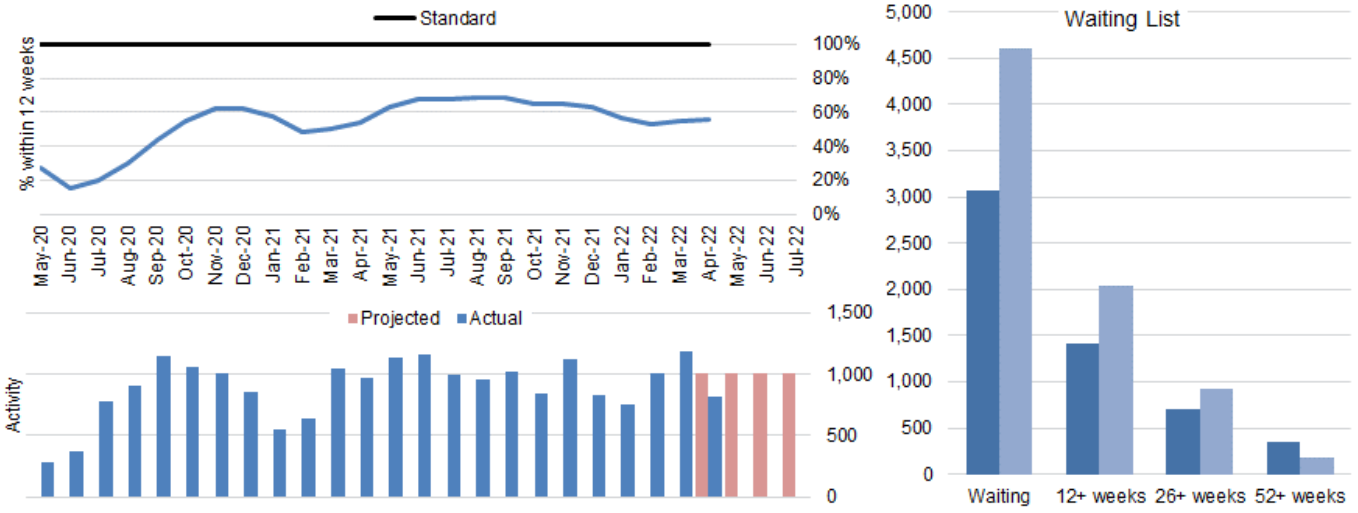
IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

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

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%	56.6%	52.7%	55.2%	55.9%
Scotland	37.2%	38.6%	36.7%	36.5%	34.0%	37.5%	37.3%	34.6%	33.7%	32.5%	34.0%	

IMPROVEMENT ACTIONS

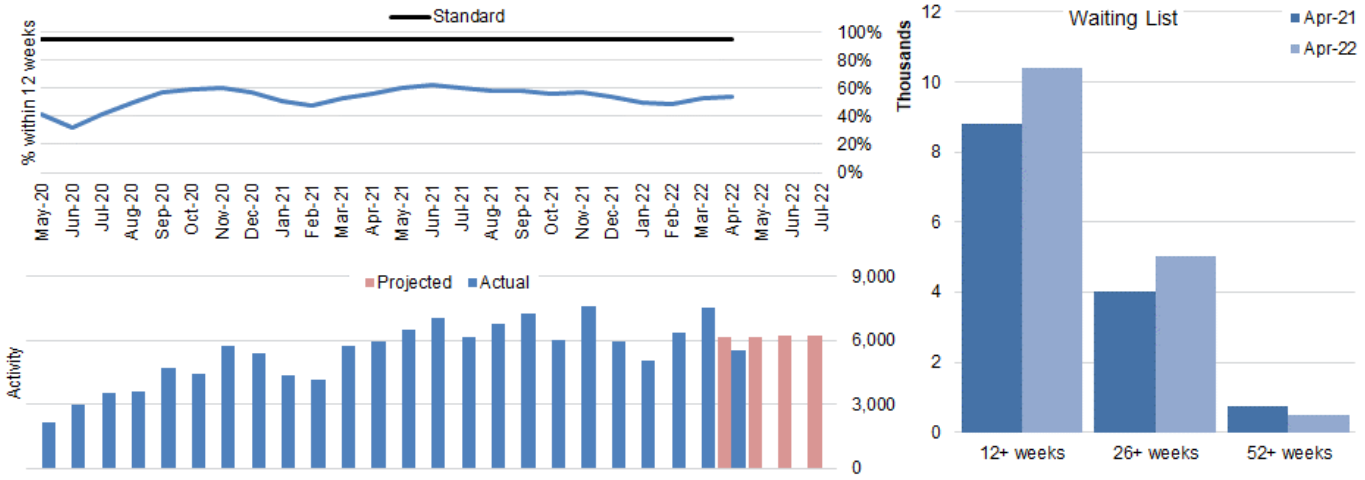
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	**By Sep-22**
Business case being progressed suitable IT system identified	

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

New Outpatients

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

Local Performance



National Benchmarking

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%	50.1%	48.8%	53.4%	53.9%
Scotland	52.3%	53.4%	51.6%	49.7%	48.1%	48.0%	48.4%	46.5%	45.5%	45.9%	49.6%	

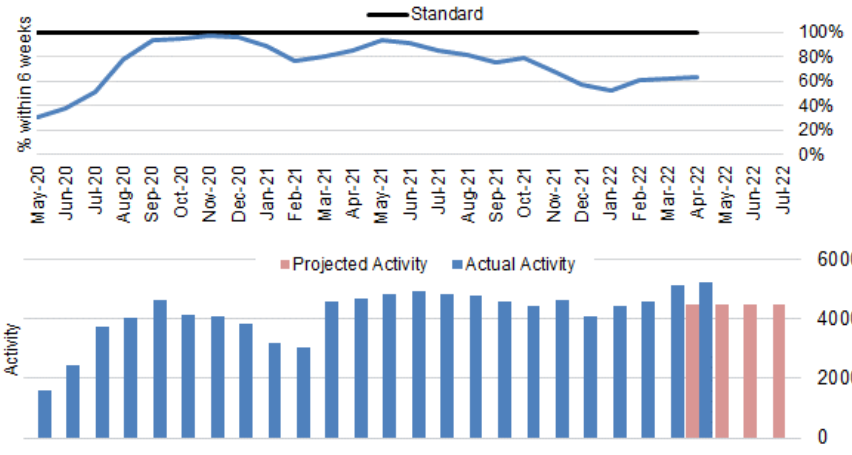
IMPROVEMENT ACTIONS

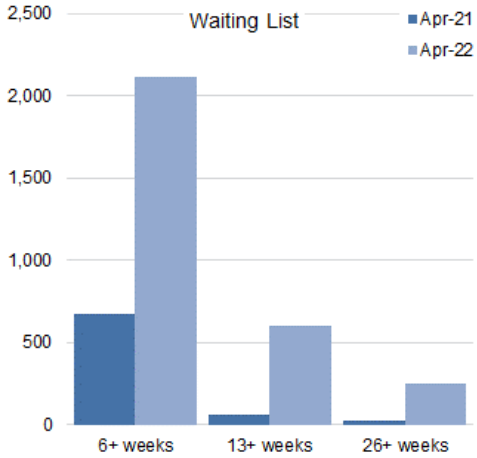
New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

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

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%	52.7%	61.2%	61.6%	63.0%
Scotland	64.1%	62.6%	57.2%	56.5%	57.8%	55.2%	56.9%	49.6%	48.1%	50.8%	49.6%	

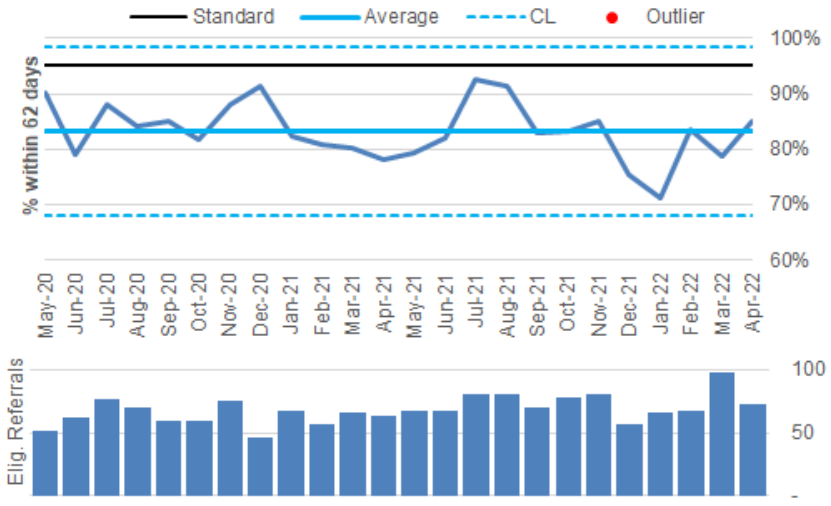
IMPROVEMENT ACTIONS

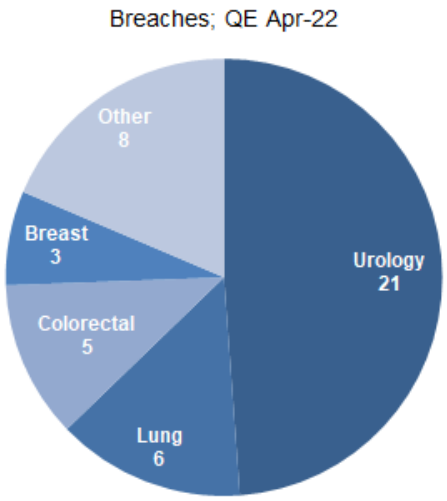
New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

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	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%	71.2%	83.6%	78.6%	84.9%
Scotland	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	78.3%	76.3%	77.4%	75.5%	77.0%

IMPROVEMENT ACTIONS

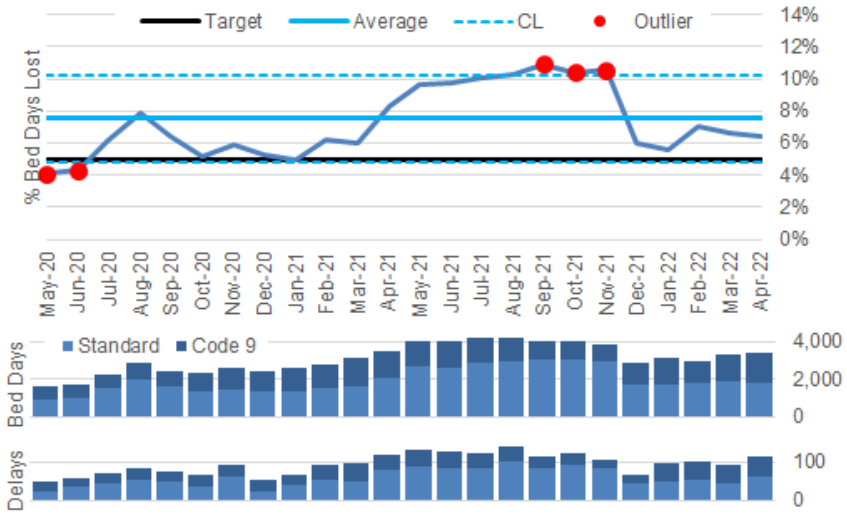
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	**By Mar-23**
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways, initially prostate, and introduction of the optimal lung cancer pathway will also be prioritised.	
20.4 Prostate Improvement Group to continue to review prostate pathway	**By Mar-23**
A national review of the prostate pathway will be undertaken as part of the Recovery Plan. Small tests of change have been made within the pathway and further improvement measures continue.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	**By Jun-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 is completed and first draft edits have been made. The delivery plan in currently under review and will be tabled at the next Cancer Governance and Strategy Group.	
22.1 Effective Cancer Management Review	**Complete 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 completed and forwarded to Scottish Government. A further action to implement the effective cancer management framework will be determined for 2022-23 through the annual delivery plan.	

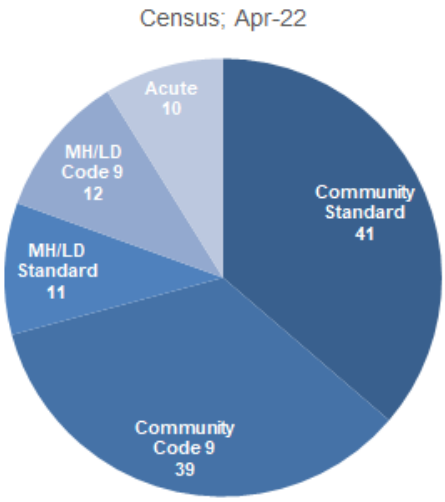
New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

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		
		Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	% Bed Days Lost - Std	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%
	% Bed Days Lost - All	10.4%	12.4%	8.6%	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%
Scotland	% Bed Days Lost - Std	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%
	% Bed Days Lost - All	8.8%	9.3%	5.9%	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%

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.	
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	**Complete May-22**
This test of change has now ended. We intend to review lessons learned and consider a second test of change in the community.	

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

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

The initial financial report for FY 2022/23, covering the period to 31 May 2022 is not yet available.

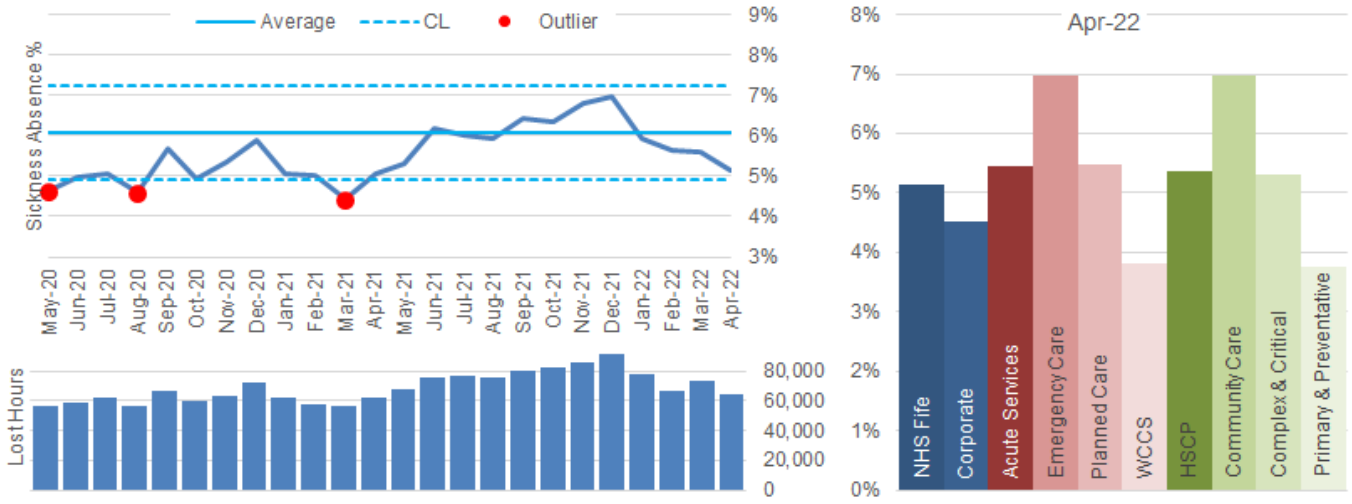
Capital Expenditure
NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

The initial financial report for FY 2022/23, covering the period to 31 May 2022 is not yet available.

Sickness Absence

*To achieve a sickness absence rate of 4% or less (Improvement Target for 2022/23 = **TBD**%)*

Local Performance



National Benchmarking

Month	2021/22											2022/23
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%	5.93%	5.63%	5.59%	5.14%
Scotland	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%	5.37%	4.96%	5.47%	5.10%

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**

Work is being progressed in a number of areas:

1. Continued early Occupational Health (OH) intervention for staff absent from work due to a mental health related reason, drawing on the specialist expertise from the OH Mental Health Nurse
2. Continued targeted managerial, Human Resources (HR) and wellbeing support for staff absent from work due to mental health related reasons
3. Introduction of Chartered Institute of Personnel and Development (CIPD) approved mental health checklist as a tool for mangers to use to support staff experiencing mental health issues.

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**

Work is being progressed in a number of areas:

1. Provision of core HR, OH and staff wellbeing support to assist with achieving a reduction in sickness absence in line with the Annual Delivery Plan standard
2. Establishment of the Promoting Attendance Task Force chaired by the Chief Executive, to support the reduction in absence within NHS Fife; the first meeting of the Group is set for 9 June

   The aims of this Group include:

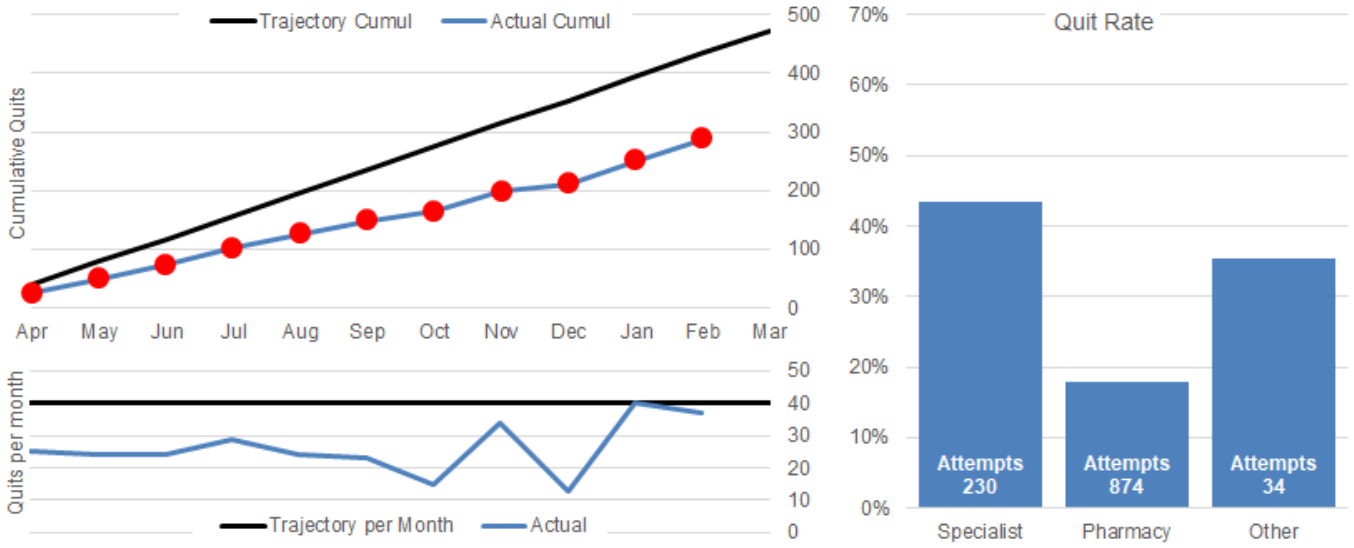
   - To facilitate NHS Fife to meet the requirements of attendance management in relation to Staff Governance Standards and NHS Scotland average of less than 4%
   - To drive forward improved attendance management in line with the target set, noting that from 1 April 2019 the aim was to work towards reducing sickness absence by 0.5% per annum over 3 years to 2022 with the target of achieving an overall NHS Scotland average of less than 4%
   - To enhance accountability of attendance management at Executive level
   - To support the implementation of locally agreed action plans
   - To refresh the current promoting attendance training offered within the Board and align it with the actions of the Attendance Task Force, alongside promotion of the Once for Scotland eLearning module to managers and staff.

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

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



National Benchmarking

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	24	24	29	24	23	15	34	13	40	37	
	Actual Cumul	25	49	73	102	126	149	164	198	211	251	288	
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	61.9%	64.6%	64.0%	63.1%	59.4%	62.9%	59.6%	63.7%	66.4%	
Scotland	Achieved			92.4%			82.0%						

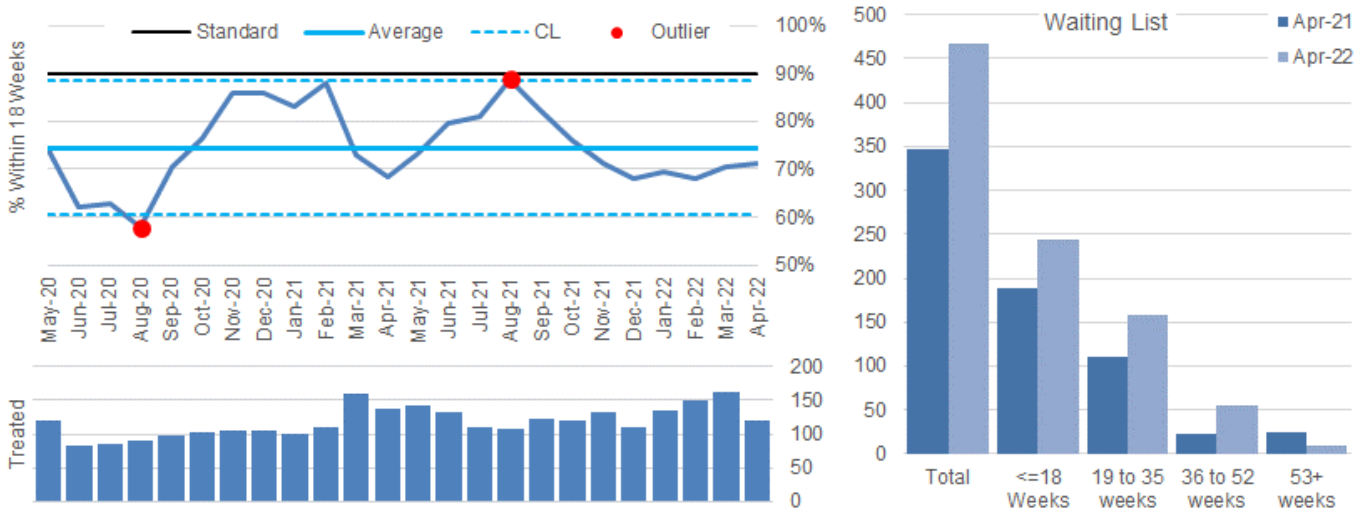
IMPROVEMENT ACTIONS

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

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	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%	69.4%	68.0%	70.6%	71.1%
Scotland	71.8%	74.8%	75.9%	77.4%	82.1%	71.5%	70.5%	68.9%	73.9%	71.9%	73.8%	

IMPROVEMENT ACTIONS

21.3 Build CAMHS Urgent Response Team (CURT)	**By Oct-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. A second round of recruitment is underway following limited applications. This aims to increase the existing CURT staffing capacity from 2.8 wte to 6.6 wte to address the increasing referral trend for urgent presentations. A review of activity and effectiveness of the model is ongoing utilising improvement methodology.

22.1 Recruitment of Additional Workforce	**By Oct-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 an 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.

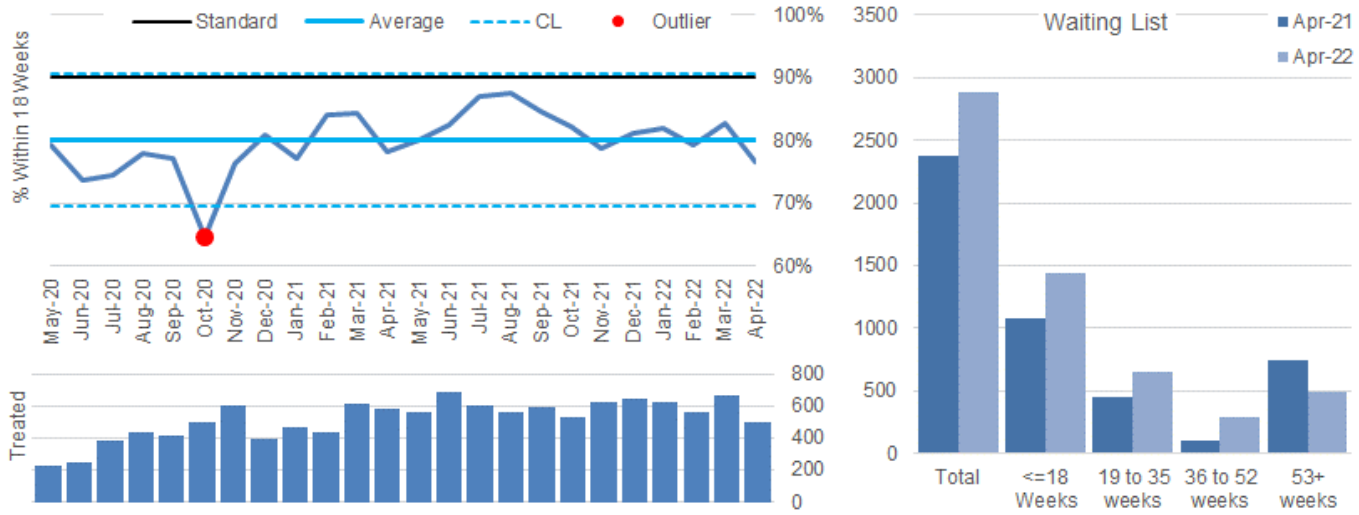
Phase 1 and Phase 2 recruitment as part of the SG Recovery & Renewal fund is underway. Currently Fife CAMHS has 16 wte posts either out to recruitment or in development with additional roles in admin (5.0 wte) and AHP (3.0 wte) at interview stage.

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

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	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%	81.8%	79.2%	82.7%	76.5%
Scotland	82.5%	84.3%	88.5%	87.0%	86.1%	85.5%	83.0%	85.1%	82.6%	82.0%	84.5%	

IMPROVEMENT ACTIONS

22.3 Recruit new staff as per Psychological Therapies Recovery Plan	**By Aug-22**

There remain significant national issues with workforce availability for staff who can provide highly specialised PTs which would 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 was less successful than hoped but 1.8 WTE staff accepted offers and are going through pre-employment.

22.4 Waiting list management within General Medical Service in Clinical Health	**By Aug-22**

Staff are continuing to undertake a focused piece of work to clear the backlog on the assessment waiting list, and this is having a positive impact on the assessment waiting time. This has helped 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. A key driver is the need to differentiate patients with functional neurological disorder (FND) from those with other needs in order to inform development of appropriate clinical pathways. Recruitment of a Specialist Clinical Psychologist to lead on development of the FND pathway is underway. In addition successful recruitment of a 0.8 WTE additional member of staff from the National Recruitment drive will increase capacity within General Medical.

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**4 July 2022**
Title:	**East of Scotland Breast Screening Programme Recovery Update**
Responsible Executive:	**Dr. Joy Tomlinson, Director of Public Health**
Report Author:	**Dr. Olukemi Oyedeji, Consultant in Public Health/ Fife Adult Screening Programme Lead**

1 Purpose

This is presented to the Public Health & Wellbeing Committee for:

- Assurance

This report relates to a:

- 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 purpose of this paper is to advise the Public Health & Wellbeing Committee of the service provision challenges impacting the East of Scotland Breast Screening Service which provides screening to the North-East of Fife. The national target for the delivery of the breast screening programme is that 90% of the eligible population are invited for screening every 36 months. The current service position for the East of Scotland Breast screening programme reflects a 90% recall rate of 51 months with some participants waiting for up to 56 months.

2.2 Background

The East of Scotland Breast Screening Programme is formally commissioned by NHS National Services Division (NSD). It is hosted by NHS Tayside, who also provide governance and performance monitoring of the programme. The screening catchment area includes all GP

Practices in Dundee, Perthshire, and Angus. The service also covers GP Practices in North-East Fife, including Newport, Tayport, St Andrews, Leuchars, Anstruther, Pittenweem, Cupar, Ladybank, Auchtermuchty and Newburgh.

The programme is delivered in 2 parts. Residents from Dundee and the immediate geographical surrounding area are invited to attend Ninewells Hospital for mammography (Static service). All other residents in Tayside and residents from NE Fife are invited to and screened using mobile screening units.

Before the Covid pandemic, the Breast Screening Service provided a 36-month call/recall cycle. However, the current service position for the East of Scotland Breast screening programme reflects a 90% recall rate of 51 months.

The deficit from the pre-covid recall of 36 months is due to a combination of the COVID pandemic pause to the national screening programme and several compounding service and workforce pressures. Plans are in place to create additional screening capacity for the service. Based on these plans, the service is projected to achieve a minimum 90% target delivery of 36 months screening recall rate by August 2023.

2.2.1 Factors Affecting Service Delivery and Recovery

During the first national lockdown, Scottish Government initiated a pause for all national screening programmes; therefore, the East of Scotland Breast Screening Programme was paused between April 2020 and August 2020, with a phased reinstatement from September 2020. During the 5-month pause period approximately 10,000 appointments were lost. In addition to the deficit caused by the COVID pandemic pause to the national screening programme, the recovery of the programme has been further impacted by several compounding service and workforce pressures on the East of Scotland Breast Screening Programme. These factors include workforce recruitment, continued impact of COVID-19 on staff absences and delayed confirmation of a third mobile screening unit.

2.3 Assessment

The National Breast Screening Standard states that **'All eligible women are invited (Call-Recall) for breast screening once every 3 years".** All eligible women will be routinely invited for breast screening before their 53rd birthday, and every 3 years until the day before their 71st birthday. The aim of an effective call-recall system is to maximise the number of eligible women invited for breast screening, with a target of 90% call/recall cycle of 36 months

To meet the 90% rate round length of 36 months, the East of Scotland Breast Screening team have been supported by the National Services Division (NSD) to develop options to improve the position and to increase screening appointment capacity. An action plan for recovery has been produced and shared with the National Services Division.

The following actions have been put in place to support delivery of a revised trajectory:

- An additional mobile screening unit will be operational from May 2022 and the workforce to staff this has been secured.
- Radiography staff are in the process of completing their required training and it is anticipated that this will be successfully achieved by all participating individuals.
- Additional resources have been secured to provide additional assessment sessions.
- Reporting and treatment are in place to support the additional screening mammography demand that will be generated as the service addresses the screening backlog.
- Several programme changes have been introduced to improve service efficiencies and improvement in screening capacity. For example, Screening locations will be altered to reduce staff travel and maximise length of working day and support more efficient skill mix.

The team have developed a fortnightly performance report designed to enable local monitoring of performance against trajectory. Following review of the impact of the above factors, predicted recovery of the standard of 90% recall every 36 months is anticipated by August 2023.

Performance continues to be monitored by the NHS Tayside, Breast Screening Position Monthly Situation Report Meeting, with the participation of NHS Fife Screening Team. The purpose of the meetings is to provide oversight and additional strategic direction and support as required.

Specific Actions for NE Fife

To address screening in NE Fife, the following steps will be taken:

- The service is scheduled to restart screening in North-East Fife (St Andrews) in June 2022.
- An additional screening van will be located in St Andrews. As a result, there will be 2 mobile units collocated in St Andrews to accommodate a wider screening geographical pool; St Andrews, Leuchars and Anstruther. The eligible women in this area will be screened over a shorter period, reducing the waiting time for some of the women.
- Temporary boundary changes have been agreed with the South-East Scotland Breast Screening Service who will invite 1,800 women from the Auchtermuchty and Ladybank practices to the Southeast Breast Screening Unit in Glenrothes.

2.3.1 Quality/Patient Care

Breast cancer is the most common cancer in women and about 1,000 women die of breast cancer every year in Scotland. The purpose of the Breast Screening Programme in Scotland is to reduce the number of women who die from breast cancer by the early detection of breast cancers that are too small to see or feel. This early detection can improve patient outcomes and reduce the level of treatment required. Therefore, delaying

breast cancer screening beyond the recommended 36 months round time poses a risk for the overall health and wellbeing of women.

2.3.2 Workforce

Workforce issues relating to the recovery of the East of Scotland Breast Screening Programme have been detailed in an action plan produced by the service and shared with the National Service Division. The action plan explored several scenarios, outlining the workforce implications of each scenario. However, the current position of 90% recall rate of 51 months is based on the current and guaranteed workforce provision for the service.

2.3.3 Financial

This report has no direct financial impact or capital requirements from NHS Fife.

2.3.4 Risk Assessment/Management

The strategic oversight of risk appraisal and management of the East of Scotland Breast Screening Programme is provided by NHS Tayside. This risk is incorporated within the NHS Tayside "Remobilisation of adult screening programme risk", (Datix ref: 1125), which is outlined below:

Datix Ref	Risk Title	Risk Owner	Risk Exposure – No controls	Current Risk Exposure Rating Please include data from previous 4 reporting periods				Planned Risk Exposure
				Jan 2022	April 2022			
1125	Remobilisation of adult screening programmes	Director of Public Health	25	20	16			8

(Taken from NHS Tayside Assurance report April 2022)

A significant issue identified by the service in April 2022 was Workforce resilience and capacity. This has impacted the remobilisation of the breast screening programmes and continues to be closely monitored. However, additional workforce is currently in training in the breast screening service which will provide additional capacity and greater resilience from May 2022 onwards.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been conducted by the East of Scotland Breast Screening Service. However, inequalities in breast screening uptake remains an area of concern.

2.3.6 Other impact

No other impact.

2.3.7 Communication, involvement, engagement and consultation

The assurance arrangements for the East of Scotland Breast Screening Services have been supported by fortnightly meetings, with Director representation, led by the Board Screening Co-ordinator and attended by the NHS Fife Screening Lead and Public Health Scientist. In addition, the East of Scotland Screening Team meet regularly with the National Services Division who co-ordinate the national screening programmes and commission the East of Scotland Breast Screening Programme from NHS Tayside.

2.3.8 Route to the Meeting

The contents of the paper have been informed by document in Appendix 1 and an action plan which was produced by the service and shared with the National Service Division, NSD. Also, the paper was considered at the NHS Fife Executive Directors Group on 19th May 2022 as well as the Public Health Assurance Committee on 1st June 2022.

2.4 Recommendation

The Public Health & Wellbeing Committee are asked to note the contents of this report for assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: NHS Tayside, Assurance Report on Strategic Risk 1125: Remobilisation of Adult Screening Programmes. Presented to the NHS Tayside Public Health Committee on 26th April 2022.

Report Contact

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Please note any items relating to Board/Committee business are embargoed and should not be made public until after the meeting.

Item Number

Report Number/Year
Public Health Committee
…..

ASSURANCE REPORT ON STRATEGIC RISK 1125: REMOBILISATION OF ADULT SCREENING PROGRAMMES

1 STRATEGIC RISK

The five adult screening programmes; bowel, breast, abdominal aortic aneurysm (AAA), cervical and diabetic eye screening (DES) were temporarily paused in March 2020, due to the rapidly changing situation with COVID-19 and imminent public health threat from the pandemic.

In September 2020 the adult screening programmes were restarted.

Due to the disruption of the pandemic, there has been an impact on the screening programmes in maintaining national standards and some key performance indicators. This has been driven primarily by the following factors:

1. The paused period created a six month backlog for each of the screening programmes.
2. When the screening programmes restarted in September 2020 there was a need to prioritise high risk patients and those on a non-routine recall pathway. This further impacted on waiting times for patients assessed as low risk and/or on routine call/recall pathway.
3. The requirement to provide screening within COVID-secure clinical environments has extended appointment times and has restricted capacity within waiting areas. The impact of both of these measures has resulted in reduced screening capacity and screening intervals which extend beyond the national standards in some of the programmes.
4. There have been a number of staff vacancies across the screening programmes due to retirement, long-term sick leave and national shortages in some key roles, in particular radiography and radiology.
5. Components of some of the screening programmes are impacted by competing pressures of delivery and remobilisation in other aspects of service delivery in both primary and secondary care.

As highlighted in the risk update paper to the Public Health Committee in February, the key risk for each of the programmes is that they are unable to meet national standards for initial screen, therefore people experience delays in receiving their appointment for screening, and treatment for any pathology found is potentially delayed. This primarily affects breast, DES and AAA as cervical and bowel are delivered by invite to make an appointment with primary care (cervical) and screening kits are posted out to those eligible (bowel).

This paper therefore provides an update on the remobilisation of the breast, DES and AAA programmes.

2 CURRENT PERFORMANCE

Abdominal Aortic Aneurysm

The target for the AAA programme is that 75% of men are screened before the age of 66 and 3 months. This target is now being met.

Diabetic Eye Screening

The DES programme has maintained appointment capacity, despite decreased staffing levels in recent weeks. The national target is for 80% of the eligible population to be invited in 2021/22. Delivery in NHS Tayside has been 70%, however, all high risk and medium priority individuals have been prioritised and there are no waiting times for these groups. Full recovery of the programme is estimated will be made by September 2022.

Breast screening

The current service position for the East of Scotland Breast screening programme reflects a 90% recall rate of 51 months. The national target for the delivery of the breast screening programme is 90% recall every 36 months.

The deficit from the pre-COVID recall of 36 months is due to a combination of the COVID pandemic pause to the national screening programme and several compounding service and workforce pressures.

Since December 2021 recovery has been impacted by several additional factors affecting delivery including workforce recruitment, continued impact of COVID-19 on staff absences and delayed confirmation of a third mobile unit.

Following review of the impact of the above factors, predicted recovery of the standard of 90% recall every 36 months is anticipated by August 2023.

A number of actions have been put in place to support delivery of the revised trajectory.

- An additional mobile screening unit will be operational from May 2022 and the workforce to staff this has been secured.
- Radiography staff are in the process of completing their required training and we anticipate that this will be successfully achieved by all participating individuals.
- Additional resources have been secured to provide additional assessment sessions; reporting and treatment are in place to support the additional screening mammography demand generated as we address the screening backlog.
- A number of programme changes have been introduced to improve service efficiencies and improvement in screening capacity.

The team have developed a fortnightly performance report designed to enable local monitoring of performance against trajectory. The pack includes data for actual invites sent, model versus actual invites variance, balance based on actual activity and variance between modelled balance and actual balance.

Performance continues to be closely monitored, with fortnightly Director-level meetings convened to provide oversight and additional strategic direction and support as required.

The East of Scotland Breast Screening Programme is formally commissioned by NHS National Services Division (NSD) from NHS Tayside, who also provide governance and performance monitoring of the programme. The action plan for recovery has been shared with and supported by NSD.

Risk rating

Recent and current performance against this risk is highlighted in the table below.

Datix Ref	Risk Title	Risk Owner	Risk Exposure – No controls	Current Risk Exposure Rating				Planned Risk Exposure
				Please include data from previous 4 reporting periods				
				Jan 2022	April 2022			
1125	Remobilisation of adult screening programmes	Director of Public Health	25	20	16			8

3 SIGNIFICANT ISSUES SINCE LAST REPORT

Workforce resilience and capacity continues to be of concern, particularly with the impact of the higher community incidence of COVID. This has impacted the remobilisation of both the DES and breast screening programmes and continues to be closely monitored. However, DES managed to maintain capacity through adjustments to the delivery of the programme and additional workforce are currently in training in the breast screening service which will provide additional capacity and greater resilience from May onwards.

4 CONTROLS

Current Controls

Description
Strategic oversight group meeting fortnightly to oversee and manage the breast screening remobilisation currently. Chaired by the Director of Public Health, representation includes Board Adult Screening Co-ordinator, Chief Officer Acute Services, Operational Medical Director, Medical Director, Nursing Director, Associate Director for Improvement, Associate Director Clinical Services, Breast Screening Services Manager, Lead Radiographer.
The business unit is now producing fortnightly performance reports to enable local monitoring of performance against trajectory.
Meeting with National Services Division quarterly to monitor remobilisation and recovery of breast screening. Current action plan supported by NSD.
Four radiographers currently in training to augment the breast screening workforce
Bank staff deployed from other Health Boards providing additional weekend cover for the breast screening
A locum radiographer has been employed 1 day per week to support the breast screening programme.
Additional funding secured for 1.5 WTE band 3 DES screeners and recruitment in progress. One post holder has been recruited and will join the team in May 2022
Additional funding secured for 1.0 WTE band 3 A&C staff to support increased capacity

and extended hours working in progress
Funding secured and procurement completed for additional fundus camera.
National work has been conducted to risk stratify people awaiting DES and this has been completed locally with all risk groups up to date.
Monthly meetings chaired by the Board Adult Screening Co-ordinator to monitor remobilisation performance
Implementation of extended hours covering evenings and Saturdays.
Each adult screening programme is monitored externally by National Services Division with corresponding reporting of Key Performance Indicators.
Continuous monitoring of high risk groups to ensure no delay.
Implementation of 24 month screening interval for patients who meet the conditions for this.

Assessment of Adequacy of Current Controls

Assessment of Adequacy	Response	
Adequate	Controls are in place, are working effectively and are consistently applied/being adhered to, to treat/mitigate the risk	✓
Incomplete	Controls are appropriately designed but these are not consistently applied	
Inadequate	There is no evidence to support the effectiveness of controls	
None	No controls in place	

Planned/proposed controls

Description	**Responsible person**	**Due date**
Continued monitoring of breast screening programme recovery through NHS Tayside oversight group	Director of Public Health	fortnightly
Ongoing monitoring of performance through the Performance Review Group	Chief Officer Acute Services	8 weekly
Additional van secured from May 2022	Breast screening services manager	May 2022
Both existing mobiles will be used at full capacity from April 2022 once training completed	Breast screening services manager	May 2022
Continued monitoring by NSD	National Services Division	quarterly
Business case in development to NSD for a static mammography unit in Perth to support long term sustainability	Associate Director for Improvement	June 2022
Implementing of on line booking module for DES and making available to designated groups of patients	National Services Division & Diabetic Eye Screening Manager	October 2022
Implementation of evening and weekend clinics	Diabetic Eye Screening Manager	July 2022
Recruitment of 1.5 photographers	Diabetic Eye Screening Manager	May 2022

Reduction of appointment time to precovid standard time	Diabetic Eye Screening Manager	May 2022

5 ASSURANCE

Overview of Assurance Arrangements

The assurance arrangements have been temporarily enhanced with fortnightly meetings for breast screening, with Director representation, and monthly DES meetings, led by the Board Screening Co-ordinator. In addition the screening teams are meeting regularly with National Services Division who co-ordinate the national screening programmes and commission the East of Scotland breast screening programme from NHS Tayside.

6 CONCLUSION

It is vitally important that NHS Tayside achieves full screening remobilisation and recovery as quickly as possible for best population health benefit. Since this risk was last presented to the Public Health Committee, the updated action plan for breast screening recovery has been shared with National Services Division and supported. Close monitoring of performance continues and the recovery of the service supported both within NHS Tayside and NHS National Services Division.

Given the actions implemented to date, moderate assurance is provided with regards to this strategic risk currently.

Level of Assurance		System Adequacy	Controls	✓
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.	
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.	
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.	
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.	

Executive Director/Risk Owner
Dr Emma Fletcher
Director of Public Health

Risk Manager
Heidi Douglas
Board Adult Screening Co-ordinator

18 April 2022

NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 July 2022**
Title:	**Smoking Cessation & Prevention Work**
Responsible Executive:	**Nicky Connor Director of Health and Social Care Partnership**
Report Author:	**Kay Samson Deputy Health Promotion Manager**

1 Purpose

This is presented to the Public Health and Wellbeing Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Local policy
- National Health & Well-Being Outcomes

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

Smoking has long been recognised as the biggest single cause of preventable ill-health and premature death. It is a key factor in health inequalities and is estimated to be linked to some 13,000 deaths and many more hospital admissions each year. The annual cost to NHS Scotland of treating smoking related diseases is estimated to exceed £300m and may be higher than £500m each year.

Tobacco Control (Prevention, Protection, Cessation) is aligned to published peer-reviewed evidence, key national and local policies, legislation, plans and outcomes. Areas of the Tobacco Control work focus on how to prevent young people from taking up smoking, protect people from second hand smoke and support those who wish to quit which collectively contribute to reducing the prevalence of smoking and improve the health of the population.

This report aims to provide assurance to the Public Health and Wellbeing committee regarding the work being progressed which aligns to an indicator Integrated Performance and Quality Report.

2.2 Background

Nearly 1 in 5 of the population over 16 (18%) report that they smoke in Fife (2016-2019), this is very similar to the Scotland rate (19%). In the most deprived areas of Fife, smoking rates are 4 times higher than in the least deprived areas.

Tobacco Control is centred on three priority areas:- Prevention, Protection and Smoking Cessation which are dedicated to addressing tobacco use and the wider harms associated with smoking and contribute to reducing Health Inequalities.

Prevention: Fife looks to create an environment where individuals, particularly children and young people, choose not to smoke.

Engagement on the issue of tobacco will encourage children and young people to consider how smoking sits alongside other risky behaviours such as drinking alcohol and drug taking and is linked to broader Health and Wellbeing improvement programmes in the Curriculum for Excellence.

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Protection: Fife aims to: protect people from second-hand smoke and the wider harms associated with smoking.

This involves raising awareness of the impact of secondhand smoke on self and others – highlighting an increased risk of cancer, heart disease and respiratory diseases, with younger children at particular harm.

Smoking Cessation: Fife aims to reduce rates and frequency of active smoking in adults, young people and vulnerable groups.

Fifes' adult (16+) smoking prevalence is slowly reducing, to support the continued decline there is a range of evidence-based stop smoking support available across the Kingdom.

1. NHS Quit Your Way Specialist service provide intensive one to one support over 12 weeks delivered within GP Practices, Health Centre's, Hospitals, workplaces and a variety of community venues.
2. NHS Quit Your Way Pregnancy Service provide intensive one to one support over 12 weeks for pregnant mothers and their partners.
3. NHS Quit Your Way Pharmacy provide a brief stop smoking intervention within all 88 community pharmacies.

The services outlined collectively contribute to the local LDP target that is set and agreed between the Scottish Government and NHS Boards.

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

2.3 Assessment

Current Position and responding to the challenges of COVID-19

Fife's approach to tobacco use is guided by the principle of health optimisation – a shift towards a health service embedded in wellbeing, resilience, recovery, social prescription, prevention and early intervention. This is in line with the values of the integrated health and social care 2020 Vision and is underpinned by both the Health and Social Care Strategic Plan and commitment and underpinning principles of the Public Health and Wellbeing Strategy.

Health optimisation places the individual at the centre and recognises the complex factors that contribute to health and ill-health – the conditions which we are born, grow, live, work and age. We understand that income and other socio-economic factors impact significantly on inequalities in health.

Therefore smoking is just not an NHS health issue it impacts everyone everywhere:

- For business the impact on lost work days
- Pressure on the public purse is from the impact on services: NHS, Fire and Police
- Impact on child development through missed school days
- Impact on families due to money taken from household funds
- Health impact on individuals
- Increased complexity of care for health professionals
- Vastly disproportionate negative effect on Fife's deprived communities
- Environment is affected by littering, single use plastics and reduction in air quality

Mitigation

Prevention: The impact of Covid-19 saw education programs stall initially especially during the first lockdown where schools were closed and pupils were being home schooled which reduced uptake.

Key pieces of work

Delivery of Smoke Factor (Primary), Smoke Free Class (Secondary) educational programmes and Further Education activity continued to be delivered although in alternative formats.

- To ensure continued engagement with schools during the pandemic we adapted our tobacco education programmes to a digital format. This resulted in the first ever 'live streaming' of the interactive theatre performance of Smoke Factor directly into primary school classrooms.
- In addition, we created online resources replicating our Smoke Free Class activities for secondary schools. This interactive digital resource guides pupils through individual sessions via talking heads with the aim of increasing engagement, prompting discussion and reflecting on tobacco issues. For inclusivity, worksheets were also provided for children without internet access. Pupils reacted well to the sessions and commented on the uniqueness of the new resource. We worked collaboratively with Fife Council to resolve internet access issues and security considerations.
- In order to progress our prevention and early intervention agenda reaching the priority group of 16-24 year olds is vital. One of the ways we do this is through a partnership agreement between the Health Promotion Service and Fife College. This approach enables us to work collaboratively to shape and support in-house health and wellbeing activities around tobacco, smoking cessation, substance misuse, alcohol, food and health and physical activity, and to provide pathways towards mental health support

for College students. During lockdown activities were managed remotely and through other mediums such as online events and classroom activities via Teams.
- Strategic work continued to create the infrastructure to plan and support Health and Wellbeing programmes and activity on an ongoing basis in Fife College. Progress has also been made on the inclusion of health and wellbeing pathways to support the new Health and Wellbeing Dunfermline Learning Campus.

Protection: The main impact of Covid on moves to adopt Smokefree Mental Health sites were understandably delayed due to the organisational and staffing pressures of the pandemic given the requirement needed for training including not only smoking, supporting abstinence and also medication interactions. This was addressed and is now implemented.

Key pieces of work

As a healthcare provider NHS Fife has a responsibility to reduce smoking prevalence and protect everyone from the dangers of second hand smoke on our sites. To increase compliance with Smokefree NHS sites legislation there has been a focus on reducing active smoking and exposure to second hand smoke across mental health areas. To get a better understanding of the issues and to look for opportunities to reduce incidents of smoking a number of actions have progressed this agenda.

- PreCovid-19, research was conducted to ascertain staff awareness and understanding of smokefree NHS sites legislation, compliance and impact on patients and staff across Mental Health areas.
- A multidisciplinary SLWG implemented recommendations and actions to support the smokefree NHS policy and imbed Temporary Abstinence Model (routine assessment of smoking status and access to nicotine replacement therapy to manage withdrawal symptoms) in Mental Health sites to come in line with other areas of NHS acute and community services.
- MH Smokefree sites campaign was created to promote change and manage implementation across Mental Health areas. 5th November 2021 saw this change adopted.

Smoking Cessation: Throughout COVID-19 efforts to encourage and support people to stop smoking have continued however face to face delivery was replaced with remote support. It is felt that this has diminished the effectiveness of delivery as nuances of body language and the ability to build rapport is greatly reduced.

- Stop smoking services deliver direct individual interventions at a community level. However COVID-19 has impacted on services and as a result we have had to adjust our delivery models. Face to face delivery was replaced with remote support to enable these crucial services to continue in light of the connection between lung health and increased COVID-19 risk.
- We modified the model of service delivery to meet the needs of our clients by embracing digital adaptations such as Near Me, IP communicator and online translation tools. This ensured minority groups were not excluded and services were delivered equitably. Near Me, the attend anywhere phone and video system, was set up and offered to everyone but with very little uptake. Barriers to uptake were lack of appropriate technology, internet connectivity and limited data availability. Conversely online translation tool has proved reasonably successful and covered an un-met need.
- As the model of service delivery had to change new processes were required to triage clients, such as the implementation of an electronic system of data collection plus the establishment of a postal/email system for requesting and receiving appropriate levels of medication.
- Smokers access the services through a variety of routes, such as self referral, GP, health professional and hospital referral, through NHS Inform or community pharmacy

walk-ins. These access routes diminished during the pandemic with self referral by phone being the single access point for clients. This route limited our ability to assess SIMD status at point of contact resulting in acceptance of *all* clients looking to stop smoking. The Impact of this meant that a percentage of successful quits would not contribute to the LDP target.

- To increase awareness that services were open and available, although in a different capacity, was important. Marketing and promotion of support available has mainly been through digital means and social media messaging rather than community level activity.
- No Smoking Day, 9th March 2022, was an opportunity to raise awareness of the Stop Smoking Service and the benefits of quitting smoking. Our local campaign '***see the change when you quit'*** aimed to increase referrals to the stop smoking service. A mixture of social media opportunities, development of a digital campaign pack as well as physical resources were distributed widely across Fife. The service received a 14% increase in referrals during this week.
- The workforce was impacted in different ways. 80% of the specialist and midwife led service were deployed to support Covid-19 pressures or left the service resulting in capacity challenges. This required the utilization of senior managers within the Health Promotion Service to provide additional capacity while recruitment processes were being progressed.
- Working with the lead midwife, the specialist service was able to offer additional capacity to continue to support pregnant mums to quit (a priority group). Community Pharmacies had reduced ability to provide support due to increased pressures to ensure appropriate medicine management at this unprecedented time and limitations of available consultation space within their premises due to social distancing requirements. The specialist service support team undertook 4 and 12 week follow-ups on behalf of our community pharmacy colleagues while they were dealing with increased footfall.
- To increase capacity, recruitment and training of new advisors has been tricky. Ensuring staff are competent, confident advisors has been considerably drawn out due to remote working, training sessions on Microsoft teams and with national training unavailable.
- Working with the lead midwife, the specialist service was able to offer additional capacity to continue to support pregnant mums to quit (a priority group). Community Pharmacies had reduced ability to provide support due to increased pressures to ensure appropriate medicine management at this unprecedented time and limitations of available consultation space within their premises due to social distancing requirements. The specialist service support team managed to undertake 4 and 12 week follow-ups on behalf of our community pharmacy colleagues while they were dealing with increased footfall.
- To increase capacity, recruitment and training of new advisors has been tricky. Ensuring staff are competent, confident advisors has been considerably drawn out due to remote working, training sessions on Microsoft teams and with national training unavailable

Smoking Cessation Data Analysis - PRECOVID-19

In response to the Covid-19 pandemic, NHS boards in Scotland had to alter their service delivery. This may have affected the delivery of NHS Stop Smoking Services. Scotland's first positive test for COVID-19 was on 1 March 2020, and Scotland entered a period of lockdown from 23 March 2020. The number of quit attempts in March 2020 was lower compared to the same month in the previous year. It is not possible to identify the extent that Covid-19 countermeasures may have contributed to this reduction.

Table 1: **Scotland and NHS board performance against the April 2019 to March 2020 LDP**

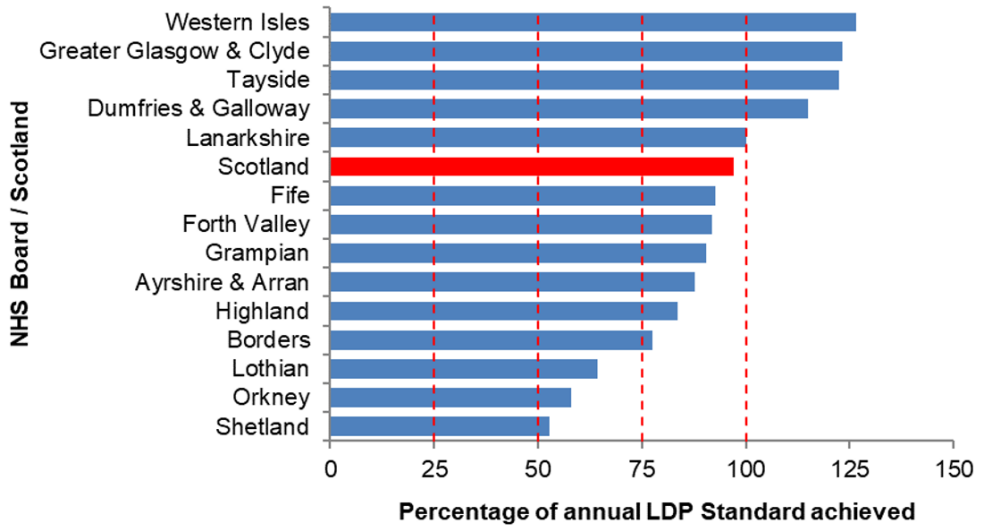

Table 1 highlights the percentage of successful quit attempts at twelve weeks across the 14 Health Boards. NHS Highland and NHS Lothian were significantly lower than the Scotland figure (23.6%), while the percentage of successful quit attempts in NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Forth Valley, NHS Greater Glasgow & Clyde, NHS Orkney and NHS Western Isles were significantly higher. The remaining NHS Boards (NHS Borders, NHS Fife, NHS Grampian, NHS Lanarkshire, NHS Tayside and NHS Shetland) were not statistically different from Scotland.

Smoking Cessation Data Analysis during COVID-19

Fife performance against the LDP Target 20/21 and 20/22

Table 2: **Non Pharmacy Specialist Service v Pharmacy Based services**

QYW Non pharmacy specialist services	**QYW Community Pharmacies (88)**
Provided one to one weekly support via phone to all clients self referring to the service during Covid-19. The service is staffed by expert advisors, using a combination of specialist support and medication such as Nicotine Replacement Therapy (NRT) or Champix is proven to give the best chance of stopping smoking.	Provided stop smoking brief interventions from their premises sighted within local communities. They are funded to deliver this service through the national pharmacy contract. The payment structure allows community pharmacies to claim for each client engaged in the service and on completion of the 4 and 12 follow-ups (£35, £15 and £20 respectively)

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

20/21 Number of Quit Attempts = 1747* (1054 LDP attempts)
21/22 Number of Quit Attempts =1986* (1138❶ LDP attempts *incomplete year*)
*All SIMD quintiles

Non Pharmacy Specialist Service	20/21	21/22	**Pharmacy**	20/21	21/22
Total Number of All Quit Attempts	295	435	Total Number of All Quit Attempts	1452	1551
Number of LDP Quit Attempts	188	240 ❶Incomplete reporting period	Number of LDP Quit Attempts	866	898 ❶Incomplete reporting period

20/21 Overall Successful Quits* = 429 (Full Year)
21/22 Overall Successful Quits* = 476❶(incomplete year)
*All SIMD quintiles

20/21 Successful 12 week quits = 252 (54% of LDP target Full Year 473)
21/22 Successful 12 week quits = 322 (68% of LDP❶)

Non Pharmacy Specialist Service	20/21	21/22❶	**Pharmacy**	20/21	21/22❶
Successful 12 week quits (❷% non pharmacy specialist LDP quit attempt	**102** (54.3%❷)	**120❶** (50%❷) ❶Incomplete reporting period	Successful 12 week quits (❸% of pharmacy LDP quit attempts)	**150** (17.3%❸)	**202❶** (22.5%❸) ❶Incomplete reporting period
Scottish Average	39.5%	42%	Scottish Average	18.6%	20%

Assessment

People accessing non-pharmacy specialist services were twice as likely to be recorded as still **not** smoking after 12 weeks compared with those who used pharmacy based services.

Summary Appraisal

I. Pharmacy throughput (quit attempts) is approximately 4 times more than the non pharmacy specialist service however this does not convert to comparable successful quits which reduces to <1.5 times respectively (150 v 102).
II. As demonstrated in table 2 the non-pharmacy specialist service effectiveness is three times the pharmacy based service in relation to successful quits (54.3% v 17.3%), the Scottish comparisons are (39.5% v 18.6%).
III. Being unable to screen for SIMD 1&2 clients (LDP target requirements) resource was used to support *all* smokers which meant for example in 20/21 41% (177) smokers were out with the target group.
IV. Services had no means of validating successful quits therefore all quits were self reported which may question data validity across Scotland.
V. Champix medication supply was disrupted from July 2021 so smokers keen to use Champix were lost to the service due to it being unavailable.
VI. Non-pharmacy specialist service workforce was depleted by 80% and recruiting new advisors was/is time consuming.
VII. Medication supply moved from weekly dispense to 4 weekly to reduce footfall to pharmacies however made client retention more complex.
VIII. Unable to continue with outreach service provision in our most vulnerable communities.
IX. Unable to progress hospital temporary abstinence work which aims to manage smokers withdrawal symptoms whilst in our care.
X. Limited service provision in community pharmacies due to COVID-19 restrictions such as social distancing.

Across all three priority areas of prevention, protection and smoking cessation, wider implications of COVID-19 has impacted on our ability to access community partners and conduct health promotion, awareness raising opportunities and engagement activities at a local level.

Improvement for Coming Year 20/23

There are range of improvement activities that will be taken forward this year. Here are a few of the key activities:

1) Remobilise face to face stop smoking service provision in GP, Hospital and community venues to preCOVID-19 levels
2) Remobilise outreach work into most vulnerable communities
3) Reinstate CO monitoring to validate successful quits
4) Address smoking at School gates
5) Restart Smokefree Homes programme
6) Restart Temporary Abstinence Model in acute and community hospitals
7) Review and update NHS Smoking Policy
8) Recruit and train stop smoking advisor vacant posts
9) Raise stop smoking service profile and rebuild trust across communities and settings

2.3.1 Quality/ Patient Care

The aim is to reduce prevalence of smoking-related diseases amongst the local population and staff alike and create a healthier smoke-free environment for all.

Utilising digital methods such as Near Me video conferencing has impacted on specific inequality groups due to limitations of access in the community and for those that were

limited in being able to access through digital. The improvement actions seeks to rebalance and address this.

2.3.2 Workforce

During COVID-19 the specialist workforce was depleted by 80% due to redeployment and prioritisation of the requirement of the organisation at that time including Test and Protect, Vaccination and Surge capacity. Community pharmacy support was limited due to increased pressures to ensure appropriate medicine management at this unprecedented time and limitations of available consultation space within their premises due to social distancing requirements. This has been addressed through the improvement actions and rem.

2.3.3 Financial

Smoking imposes a huge economic burden on society. Overall, protective and preventive activities provide positive benefit to individuals and communities and are beneficial to minimise both financial and human costs from ill-health.

The overwhelming evidence is that face to face smoking cessation interventions provide excellent value for money compared with the great majority of other medical interventions.

Preventive activities provide positive benefit to individuals and communities and are beneficial to minimise both financial and human costs from ill-health.

2.3.4 Risk Assessment/Management

No risk assessment has been completed for this report.

2.3.5 Equality and Diversity, including health inequalities

This work will contribute to ensuring that population groups who may be disadvantaged are fully considered across all the workstreams and programmes.

The Smoking Cessation Service aims to provide fair and equitable services for all individuals and communities who come in contact with our services. Staff interactions with individuals consider the needs of all individuals in their day to day work.

2.3.6 Other impact

The impact of smoking and the environment is twofold in that it causes environmental pollution by releasing toxic air pollutants into the atmosphere and the plastic in millions of cigarette butts are causing significant damage to the environment and wildlife.

2.3.7 Communication, involvement, engagement and consultation

There has been no engagement/consultation with external stakeholders for this report. We do undertake routine feedback from service users as part of usual practice in service provision throughout the year.

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.

- H&SC Senior Leadership Team, 8 June 2022
- Executive Directors Group. 16th June 2022

2.4 Recommendation

This paper provides **Assurance** to the Public Health and Wellbeing committee regarding the work being progressed through prevention, protection and cessation and this is aligned to the work being progressed which aligns to an indicator Integrated Performance and Quality Report.

3 List of appendices

- No appendices

Report Contact
Author Name Kay Samson Deputy Health Promotion Manager
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NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 July 2022**
Title:	**Post Diagnostic Support for Dementia Update**
Responsible Executive:	**Nicky Connor, Director of Health and Social Care**
Report Author:	**Rona Laskowski, Head of Service / Nicola Harkins, Senior Manager (Acting) Mental Health, Learning Disability and Addictions**

1 Purpose

This is presented to the Public Health and Wellbeing Committee for:

- Assurance

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The public health and wellbeing committee requested a fuller update on Post Diagnostic Support which is one of the indicators within the Integrated Performance and Quality Report.

Post Diagnostic Support following a diagnosis of Dementia is crucial to the well being and understanding of patients and their carers, planning for the future and ensuring appropriate services and support are in place moving forward.

The purpose of this report is to provide assurance on how the funding from the Scottish Government is being utilised and the plans for embedding the service into the 3 Older Adult Community Mental Health Teams (OA CMHTs) across Fife to support the management of referrals and the delivery of post diagnostic support.

2.2 Background

NHS Scotland's third National Dementia Strategy (2017-2020) has a focus on "improving the quality of care for people living with dementia and their families through work on diagnosis, including post-diagnostic support and care co-ordination during the middle stage of dementia" (pg. 1).

There has been a designated Dementia Support Team since 2014 previously hosted in the Integrated Community Assessment and Support Service (ICASS) until November 2017 when the Team transferred to Older Adult Mental Health Services.

During the pandemic there was an impact on post diagnostic support due to the deployment of staff. The Service began to remobilise mid 2021 with patients on the existing caseload receiving contact support again however the patients on the waiting list has significantly grown.

2.3 Assessment

The Community Mental Health Teams (CMHT) across Fife are in an early stage of development to bring them in line with most other areas across Scotland. It is important that Post Diagnostic Support (PDS) for newly diagnosed patients is provided by any member of the CMHT as PDS is everyone's business.

IPQR Performance for PDS

Target	Year Previous	2018/19	2019/20	2020/21	2021/2022
Dementia Post Diagnostic Support	Annual	93.4%	93.2%	94.6%	60.6%
Dementia Referrals	Annual	61.0%	58.5%	50.6%	14.4%

The deterioration in performance has been due to the service being suspended during Covid as staff were redeployed into other areas to support clinical delivery. At the time of writing this report there are 339 patients on the waiting list.

As part of the Scottish Government Transition and Recovery agenda for Mental Health services, Fife HSCP has been allocated £238,447 for 2 years specifically for Dementia post diagnostic support. This funding will be utilised to progress the following range of actions to enable post covid recovery and eradicate the waiting list within 12 months.

1. Inflation of the contractual hours of the current 2 Alzheimer Scotland Link Workers for a 2 year period.
2. Recruit an additional 3 WTE Alzheimer Scotland Link Workers for a 2 year period

3. Patients will be allocated from the waiting list added to the 3 OA CMHTs caseload supported with an additional 2 Band 4 Support Workers to provide diagnostic support and support the work of the OA CMHTs
4. STAND (Striving for A New Day) is a third sector organisation providing peer support for patients diagnosed with dementia and their carers/families. A further 8 courses will be delivered over the next 2 years. The STAND Project will provide complimentary support to patients and carers.

2.3.1 Quality/ Patient Care

It is anticipated that it will take a full 12 months to remove the waiting list implementing the above actions.

Health Improvement Scotland (HiS) has developed a Single Quality Question (SQQ): *Overall how helpful or unhelpful has the support been to you?* following a test of change with Focus on Dementia, Alzheimer Scotland and Inverclyde Health & Social Care Partnership to evaluate people's experience of post diagnostic support. The SQQ will be used to evaluate effectiveness of support in Fife.

The STAND Project is currently working with Innovations in Dementia to formally evaluate the courses they deliver. This evaluation and quality data will be included in a future report.

2.3.2 Workforce

There has been significant impact on workforce over the COVID pandemic. Services required to be prioritised and delivered differently over this time including the prioritisation of staff in line with business continuity plans to support our inpatient areas which has impacted on the waiting times. Staff are committed to addressing the waiting the list to ensure that patients and families receive the support they need following a diagnosis of dementia. The additional staffing will support strong cross sector partnership working with Alzheimer Scotland will create additional capacity within community mental health teams and will enable post covid recovery.

2.3.3 Financial

NHS Fife has been allocated approximately £238, 446 from the Recovery and Renewal fund specifically for Dementia post diagnostic support for 2021/22. The allocation letter indicated that this funding is recurring for 2022/23. The proposal described within this paper will support the delivery of the waiting list initiatives within budget and as a sustainable model.

2.3.4 Risk Assessment/Management

If the Service does not engage additional Link Workers from Alzheimer Scotland then we will be unable to reduce the waiting list and provide effective and timely support to

patients with a new diagnosis of dementia. This continued lengthy waiting list does not reflect the quality of service we aspire to.

There is a requirement to return annual performance dementia post-diagnostic data to Public Health Scotland. The actions being taken will demonstrate improvement over the next 12 months.

In relation to performance reporting it is worth noting that the diagnostic support if over an (up to) 12 month period. As such the verified and quality assured data is only published nationally on an annual basis. This means update in the IPQR is on an annual basis. Following discussion at the Executive Directors Group the recommendation is to remove post diagnostic support from the monthly IPQR but replace with a full annual report which describes the progress, performance and outcomes aligned with the publication of the annual verified data.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has been completed. This proposal supports the equality and diversity agenda to ensure that adults with a new diagnosis of dementia are provided with timely, high quality support for a minimum of 12 months post diagnosis.

The support provided will be delivered using the 5 Pillars Model for dementia model or for more complex cases the 8 Pillar Model so there is a standard approach to support no matter which part of Fife you live in. The Pillars Model provides a framework for people living with dementia, their families and carers with the tools, connections, resources and plans to allow them to live as well as possible with dementia and prepare for the future.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

There will be communication with patients and families through the service and opportunity to be part of the evaluation which will support patient feedback as part of the ongoing quality evaluation of the service.

2.3.8 Route to the Meeting

This report has been considered by:

- Fife HSCP SLT on 8th June 2022
- Executive Directors Group on 16th June 2022

2.4 Recommendation

- The public health and Wellbeing Committee are invited to be **assured** of the work underway to address waiting list for people waiting for post diagnostic support within a

12 month period and that the information in the IPQR report will replaced by a fuller annual report for assurance to the Public Health and Wellbeing Committee.

3 List of appendices

N/A

Report Contact
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PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2022 / 2023

Governance - General							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action list	**Chair**	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	**Chair**	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**
Committee Self-Assessment Report	**Board Secretary**						✓
Corporate Calendar / Committee Dates	**Board Secretary**			✓			
Review of Annual Workplan	**Associate Director of Quality & Clinical Governance**	✓	✓	✓	✓	✓	✓ Approval
Review of Terms of Reference	**Board Secretary**						✓ Approval
Annual Committee Assurance Statement (inc. best value report)	**Board Secretary**	✓					
Annual Internal Audit Report	**Director of Finance & Strategy**		✓				
Strategy / Planning							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**
Population Health & Wellbeing Strategy	**Director of Finance & Strategy**	✓	✓	✓	✓	✓	✓
Anchor Institution Programme Board / Portfolio Board	**Director of Public Health**	✓		✓		✓	
Corporate Objectives	**Director of Finance & Strategy**	✓			✓		
Annual Delivery Plan 2022/23	**Director of Finance & Strategy / Associate Director of Planning & Performance**	**Postponed (awaiting national guidance)**	✓ Private Session	✓			
Briefing Paper on NHS Scotland Policy for Climate Emergency and Sustainable Development	**Director of Property & Asset Management**	✓					
Mental Health Strategy Implementation	**Director of Health & Social Care**	**Deferred to next mtg**	✓			✓	

Strategy / Planning (cont.)							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**
Primary Care Governance & Strategy Group *(timing tbc)*	**Director of Health & Social Care**						
Quality / Performance							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**
Covid Testing Programme	**Director of Public Health**	✓	**(General population testing ending at end of April '22)**				
Flu Vaccine / Covid Vaccine (FVCV) Programme	**Director of Public Health / Director of Health & Social Care**	✓	**(Will become part of business as usual)**				
Children Services	**Director of Health & Social Care**			✓			
Health Promoting Health Service	**Director of Public Health**			✓			
Health Weight **timing tbc*	**Director of Public Health**						
Integrated Performance & Quality Report	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan	**Director of Public Health**		**Deferred to next mtg**	✓		✓	
Oral Health Reporting	**Director of Public Health**					✓	
Sexual Health and Blood Borne Virus Framework	**Director of Health & Social Care**				✓ **TBC**		
Smoking Cessation and Prevention Work	**Director of Health & Social Care**		✓		✓		
Inequalities							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**
Equalities Outcome Report *(also goes to CGC)*	**Director of Nursing**						✓
Participation & Engagement Report *(also goes to CGC)*	**Director of Nursing**				✓		
Child Poverty Action Plan	**Director of Public Health**			✓			
Addiction Services **timing tbc*							

Annual Reports							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**
Adult Support & Protection Annual Report *(also goes to CGC)*	**Director of Nursing**					✓	
Alcohol & Drugs Partnership Annual Report **timing tbc*	**Director of Health & Social Care**						
Director of Public Health Annual Report *(and additional updates, based on agreed priorities) (also goes to CGC)*	**Director of Public Health**	✓					
Fife Child Protection Annual Report	**Director of Nursing**					✓	
Health Promotion Service Annual Report *(and additional updates, based on agreed priorities)*	**Director of Health & Social Care**			✓			
Health Promoting Health Service Report	**Director of Health & Social Care**			✓			
Immunisation Annual Report *(also goes to CGC)*	**Director of Public Health**		**Deferred to next mtg**	✓			
Integrated Screening Annual Report *(also goes to CGC)*	**Director of Public Health**			✓			
Linked Committee Minutes							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**
Minutes of Fife Partnership Board *(meeting dates will be confirmed after the elections in May)*	**Director of Public Health**						
Minutes of Population Health & Wellbeing Portfolio Board	**Director of Finance & Strategy**	✓ 17/03		✓ TBC	✓ TBC	✓ TBC	✓ TBC
Minutes of Public Health Assurance Committee	**Director of Public Health**	✓ 09/02 & 06/04	✓ 01/06	✓ 03/08	✓ 05/10	✓ 07/12	TBC 01/02
Ad Hoc Items							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**
Mental Health Estate Re-Design Programme	**Medical Director**	✓					

Ad Hoc Items (cont.)							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**
Implementation of the Immunisation Strategic Framework	**Director of Public Health**	✓					
Flu Vaccination Covid Vaccination (FVCV) Local Governance Arrangements	**Director of Public Health**	✓					
Progress of Annual Delivery Plan (RMP4) 2021/22	**Associate Director of Planning & Performance**	✓					
Post Diagnostic Support for Dementia Update	**Director of Health & Social Care**		✓				
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	**16/05/22**	**04/07/22**	**29/08/22**	**07/11/22**	**11/01/23**	**01/03/23**

Department of Public Health
Cameron House, Cameron Bridge, Leven, KY8 5RG

NHS Fife

Unconfirmed minute of the PUBLIC HEALTH ASSURANCE COMMITTEE MEETING (PHAC) held on Wednesday 6 April 2022 at 2.30PM via Microsoft Teams

Present:

Joy Tomlinson (JT)	Director of Public Health (Chair)
Fiona Bellamy (FB)	Senior Health Protection Nurse Specialist
Cathy Cooke (CC)	Public Health Scientist
Lynn Burnett (LBu)	Nurse Consultant Health Protection
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
Olukemi Oyedeji (OO)	Consultant in Public Health Medicine
Sharon Crabb (SCr)	Service Manager
George Brown (GB)	Emergency Planning Officer
Catherine Jeffrey-Chudleigh (CJC) (part-meeting)	Consultant in Public Health

Apologies:

Hazel Close (HC)	Lead Pharmacist Public Health
Esther Curnock (EC)	Consultant in Public Health Medicine
Emma O'Keefe (EOK)	Consultant in Dental Public Health
Lynn Barker (LB)	Associate Director of Nursing
Susan Cameron (SC)	Head of Resilience

In attendance:

Brenda Ward	PA to Director of Public Health (BW)

PUBLIC HEALTH ASSURANCE **ACTION**

1. Welcome and Apologies
JT welcomed everyone to the meeting and the above apologies were noted.

2. Minute of Meeting Held on 6 April 2022
The minute of the previous meeting were accepted as an accurate record of the meeting.

3. Action Log / Matters Arising

Item 6.6 Risk 1905 Contact Tracing including TTIS Programme
DFW presented the new risk on Surge Capacity under Item 7.2 and the group agreed this item could be closed.

Item 6.9 Risk 2132 Test & Protect
DFW provided an update under Item 8.6 and the group agreed this item could be closed.

Item 10 Cyber and IT Resilience in relation to Digital Telephones (Proposed Risk)
This item was to be carried forward to the next meeting.

Item 10.2 Delivery of BCG Immunisation
FB updated that work was progressing, discussions were taking place on the delivery of BCG Immunisation at birth, training of the ANP staff and plans were underway to address the backlog through a delivery of mass clinics. The reporting

mechanism will be progressed through the Area Immunisation Steering Group and this item could be closed.

Item 8.2 Emerging Infections
This item was to be carried forward to the next meeting.

Item 8.3 Drug Related Deaths (Proposed Risk)
JT updated that development of this risk has been paused until the ADP meetings are restarted. It is anticipated the pattern of meetings will be re-established by August/September. The group agreed to review the action at the October meeting.

Item 6 Workstream Meeting
BW updated that a meeting has been arranged for Monday 20 June 2022 for SC/EOK/EC to look at each workstream within the work plan and feed back to the Committee.

Item 7.1 Testing samples collected by member of the public
DWF said that various measures and changes had been put in place for assurance and a survey had been completed with no further concerns raised. The group agreed that as the service had now come to an end this item could be closed.

Item 8.1 Consideration of New Screening Risk
OO presented the new risk on Screening Programmes Covid Recovery under Item 6.1 and the group agreed this item could be closed.

Item 9.11 Immunisation Risk
This item was to be carried forward to the next meeting.

JT updated that the refreshed Immunisation governance structure had been taken to EDG and supported. Immunisation Risks will be brought back to PHAC to ensure the PH elements have a clear route of escalation. **JT**

Item 6 Wrong Second Covid 19 Vaccine Dose
JT noted actions were being completed by H&SCP and the report would be brought to the August meeting for review/sign off. **JT**

4. The East of Scotland Breast Screening Programme Update

OO presented a report to EDG on 19 May 2022 and provided the group with a brief summary; Breast Screening delivery within Fife is covered by two centres: South East Centre and East of Scotland (EoS). The EoS centre is managed by NHS Tayside and covers patients in North East Fife and Tayside. This centre has been experiencing significant issues with backlog that prompted the report to EDG. It is normally expected that eligible people are screened within 36 months and at the time of the report and modelling carried out by EoS it was anticipated the earliest it could be achieved was August 2023. JT and OO noted that both the National programme and NHS Tayside were working hard to retrieve the situation. The report would now be taken to the Public Health & Wellbeing Group for a wider awareness of the issue.

5. Identified Near Misses, Critical Incidents & Learning

Incident at Testing Site
SC said an incident regarding staff safety had been reported at one of the public testing sites. A member of our staff was assaulted, Police Scotland were involved and resulted in one person being charged. The staff are now working remotely until the end of the contract and have a protocol for visiting the site.

Datix has been updated, and information was shared with colleagues in HSCP for awareness.

6. Revised New Prospective Risks for review

6.1 PH Adult Screening Programme - Covid Recovery Risk

OO updated that minor amendments had been made following feedback received in February 2022. The updates were in relation to the covid backlog and key specific actions on screening programmes in Fife.

The group agreed the with the initial risk score being set at (Moderate 12) (Likelihood; 3 Consequence; 4) with a target of 6. OO was to liaise with Sharon Purves to arrange for the new risk to be added to Datix. Next review scheduled for October 2022. **OO**

7. New Prospective Risks – Screening Programmes Restart

7.1 Health Inequalities

JT introduced the discussion; this risk was raised at Fife Board during a discussion on the Director of Public Health Annual Report 20-21. It was noted the strategy could fail due to a widening of Health Inequalities. The group discussed that the risk could be described in two ways; the failure to reduce avoidable health inequalities or failure to deliver on the aims of the strategy due to reduced health inequalities.

CJC attended and presented the proposed risk and said she had carried out a clinical search and did not find many examples in Scotland but a few from councils in England and these could be framed in numerous ways.

Following discussion, it was agreed that the risk would be revised slightly with focus on the actions that NHS Fife can take to mitigate the impact of Health Inequalities . CJC agreed to bring back the updated new risk to the next meeting in August. **CJC**

7.2 Surge Capacity (New variants, mutations and outbreaks)

DFW summarised the risk that the local system would not be able to provide surge capacity for new variants and mutations or outbreaks. In the event substantial covid testing or contact tracing work was required, the local system would need to be able to step up in a timely and scalable way: this will include PCR and LFD testing pathways; Health Protection Team support to high-risk settings; digital and telephone contact tracing; and clinical records systems. The initial risk status level proposed was (Moderate 9) (Likelihood: 3; Consequence: 3).

The group agreed the risk level at 9 and DFW would liaise with Sharon Purves to arrange for the new risk to be added to Datix. **Action DWF**

8. Review of Current Risks on Public Health Register

8.1 518 Resilience

Audit feedback has confirmed the re-assessment of the risk level at the previous PHAC meeting was the correct approach in the interim due to limitation/full assurance. No change to risk status level (High 16). JT said the Resilience Team were progressing the work on Business Continuity Process across the organisation and were presenting a paper to EDG in June 2022 and onward submission to CCG with an update on the current position.

The group agreed the above risk update, no change to status level and the date for review (3 August 2022).

8.2 528 Pandemic Flu Planning

At a recent NHS Scotland Resilience Forum (24 May 2022), it was mentioned that new pandemic national guidance which will cover all types of pandemics was still being worked on and it will come out later in the year.

A Pandemic Plan and Project Review has been arranged and details have been added to the Resilience Annual Workplan. The lead for the risk will be transferring from Esther Curnock to Duncan Fortescue-Webb. No change to risk status level (Moderate 12).

The group agreed the above risk update, no change to status level and date for review (5 October 2022). Noted that we are still awaiting National Guidance, anticipated for the Autumn timeframe.

8.3 1729 Suspicion of Malignancy

Monthly monitoring process has been established. If issues are identified these are being followed up appropriately with practices and/or sample takers. No change to risk status level (Moderate 12).

The group agreed the above risk update, no change to status level and date for review (7 December 2022). Noted that national screening programme expectation is this risk remains open and consider transfer to Cervical Steering Group at next review.

8.4 1837 Pregnancy and Newborn Screening

National work was still ongoing and awaiting outcomes. Public Health Scotland was working with BadgerNet and a national contract has now been established. NSS was going to request KPI data for 2021-2022 from Boards. This will identify current gaps and quality issues with the data. No change to risk status level (Moderate 8).

The group agreed the above risk update, no change to status level and date for review (7 December 2022).

8.5 1906 Covid Testing Programme

Large scale testing provision has ceased, with testing available to only specific higher-risk groups. Government testing pathways have closed other than for postal LFDs. Health and care pathways continue. Resources may not be available to substantially scale up NHS or other testing. Increased testing of high-risk groups could be increased if required, but re-establishment of wider community pathways is not likely to be possible without national actions. Current trends of declining infection rates and hospitalisation rates are not guaranteed, and population immunity may wane or be limited for new variants. It is locally unclear on responsibility for elective pathway. An increase in risk status level to (High 16) (Likelihood: 4, Consequence: 4) was proposed.

The group agreed the update, status level increase and asked for a review at the next meeting for consideration of closure.

8.6 2132 Test & Protect Programme

PCR testing pathways may not be robust going forward given uncertainties about funding, clinical requirements for testing, and contract time scales. Staff retention of the Community Testing Team is a concern under these circumstances. LFD testing delivery and reporting pathways appeared to be

robust but were vulnerable to national policy changes. The risk level was 16 (Likelihood: 4 and Severity: 4).

The group agreed the assumptions for the risk had changed and agreed the risk should be captured within the combined new risk of surge capacity which was agreed under item 7.1 of the meeting. **The group agreed the risk could be closed.**

Other Risks

8.7 1904 Coronavirus Disease 2019 (COVID-19) Pandemic
Update not required until 15 July 2022. JT to review out with the meetings.

8.8 1907 Public Health Oversight of COVID-19 in Care Homes
Update not required until 15 July 2022. JT to review out with the meetings.

8.9 2222 No Cervix Exclusion – Cervical Screening Incident
Update not required until 7 October 2022.

Update on No Cervix Audit Investigation
OO provided a brief update; The number of records for review in Fife had reduced significantly from 19,000 to 11,502 (provisional figure). The reason was due to the historical way coding was carried out in some health boards. Work was continuing with planning the first stage which will require Primary Care administrative staff retrieving information for each patient. Patients' details will then be passed to the Audit Review Team. Another main task underway is to quantify the potential cost implication at Health Board level and securing funding from SG to support the process.

9. Any Issues to Escalate to Public Health & Wellbeing Committee
No items were raised

10. Any Other Competent Business
No items were raised

11. Date of Next Meeting
Wednesday 3 August 2022 at 2.30pm (via teams)