Fife NHS Board

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

Staff Club, Victoria Hospital, Kirkcaldy

NHS Fife

Chair - Tricia Marwick

10:00 - 10:10
10 min

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

TM

10:10 - 10:10
0 min

2. DECLARATION OF MEMBERS' INTERESTS

TM

10:10 - 10:10
0 min

3. APOLOGIES FOR ABSENCE

TM

10:10 - 10:10
0 min

4. MINUTE OF PREVIOUS MEETING HELD ON 31 JANUARY 2023

(enclosed)   TM

📄 Item 04 - Mins 20230131 FINAL.pdf (8 pages)

10:10 - 10:10
0 min

5. MATTERS ARISING / ACTION LIST

(enclosed)   TM

📄 Item 05 - Action List 2022-23.pdf (1 pages)

10:10 - 10:30
20 min

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Up-date

(verbal)   CP

6.2. Integrated Performance & Quality Report (February)

(enclosed)   CP

📄 Item 06.2 - SBAR Integrated Performance & Quality Report.pdf (4 pages)
📄 Item 06.2 - Integrated Performance & Quality Report February 2023.pdf (49 pages)

10:30 - 10:35
5 min

7. CHAIRPERSON'S REPORT

(verbal)   TM

7.1. Board Development Session - 28 February 2023

(enclosed)   *TM*

📄 Item 07.1 - Board Development Session Note 20230228.pdf (1 pages)

10:35 - 11:05
30 min

8. STRATEGIC PLANNING

8.1. Population Health & Wellbeing Strategy

(enclosed)   *MM*

📄 Item 08.1 - SBAR NHS Fife Population Health and Wellbeing Strategy.pdf (5 pages)
📄 Item 08.1 - Appendix 1 Population Health and Wellbeing Strategy.pdf (34 pages)

8.2. Cancer Framework & Delivery Plan 2022/23

(enclosed)   *CM*

📄 Item 08.2 - SBAR Cancer Framework and Delivery Plan 2022-23.pdf (4 pages)
📄 Item 08.2 - Appendix 1 NHS Fife Cancer Framework 2022-23.pdf (70 pages)
📄 Item 08.2 - Appendix 2 NHS Fife Cancer Framework Annual Delivery Plan 2022-23.pdf (12 pages)

11:05 - 11:15
10 min

9. ANNUAL CLIMATE EMERGENCY AND SUSTAINABILITY REPORT 2021/22

(enclosed)   *NM*

📄 Item 09 - SBAR Annual Climate Emergency & Sustainability Report 2021-22.pdf (4 pages)
📄 Item 09 - Appendix 1 NHS Fife Climate Emergency & Sustainability Report 2021-22 (Final) NMcC.pdf (18 pages)

11:15 - 11:40
25 min

10. GOVERNANCE

10.1. Blueprint for Good Governance for NHS Scotland (2nd Edition)

(enclosed)   *GM*

📄 Item 10.1 - SBAR Blueprint for Good Governance Second Edition Board.pdf (5 pages)
📄 Item 10.1 - Appendix No 1 – Directors' Letter and NHS Scotland Blueprint for Good Governance Second Edition.pdf (63 pages)

10.2. Clinical Governance Strategic Framework

(enclosed)   *CM*

📄 Item 10.2 - SBAR Clinical Governance Strategic Framework.pdf (4 pages)
📄 Item 10.2 - Appendix 1 Clinical Governance Strategic Framework Overview.pdf (3 pages)
📄 Item 10.2 - Appendix 2 Clinical Governance Strategic Framework.pdf (53 pages)
📄 Item 10.2 - Appendix 3 Clinical Governance Strategic Framework Delivery Plan 2022-23.pdf (3 pages)

10.3. Draft Fife NHS Board Workplan 2023/24

(enclosed)   *GM*

📄 Item 10.3 - SBAR Draft NHS Board Workplan 2023-24.pdf (3 pages)
📄 Item 10.3 - Annual Board Workplan 2023-24 DRAFT.pdf (3 pages)

11:40 - 11:50
10 min

11. INTERIM PROGRESS REPORT ON EQUALITY OUTCOMES AND MAINSTREAMING PLAN 2021-2025

(enclosed)   *JK*

📄 Item 11 - SBAR Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021 – 2025.pdf (4 pages)
📄 Item 11 - NHS Fife Equality Outcomes and Mainstreaming Interim Report 2023.pdf (36 pages)

11:50 - 12:00
10 min

12. ANNUAL DUTY OF CANDOUR REPORT 2021/22

(enclosed)   *CM*

📄 Item 12 - SBAR Annual Duty of Candour Report 2021-22.pdf (4 pages)
📄 Item 12 - Appendix 1 Organisational Duty of Candour Annual Report 2021-2022 V0.4.pdf (21 pages)

12:00 - 12:10
10 min

13. WHISTLEBLOWING QUARTER 3 REPORT 2022/23

(enclosed)   *DM*

📄 Item 13 - NHS Fife Board Whistleblowing Quarter 3 Report - 28.3.23.pdf (8 pages)

12:10 - 12:15
5 min

14. STATUTORY AND OTHER COMMITTEE MINUTES

14.1. Audit & Risk Committee dated 15 March 2023 (unconfirmed)

(enclosed)

📄 Item 14.1 - Audit & Risk Committee Cover Paper 20230315.pdf (1 pages)
📄 Item 14.1 - Audit & Risk Committee Minutes (unconfirmed) 20220315.pdf (8 pages)

14.2. Clinical Governance Committee dated 3 March 2023 (unconfirmed)

(enclosed)

📄 Item 14.2 - Clinical Governance Committee Cover Paper 20230303.pdf (1 pages)
📄 Item 14.2 - Clinical Governance Committee Minutes (unconfirmed) 20230303.pdf (12 pages)

14.3. Finance, Performance & Resources Committee dated 14 March 2023 (unconfirmed)

(enclosed)

📄 Item 14.3 - FP&R Minutes 14.03.2023 unconfirmed.pdf (6 pages)

14.4. Public Health & Wellbeing Committee dated 1 March 2023 (unconfirmed)

(enclosed)

📄 Item 14.4 - Public Health & Wellbeing Committee Cover Paper 20230301.pdf (1 pages)
📄 Item 14.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20230301.pdf (8 pages)

14.5. Staff Governance Committee dated 9 March 2023 (unconfirmed)

(enclosed)

📄 Item 14.5 - Staff Governance Committee Cover Paper 20230309.pdf (1 pages)
📄 Item 14.5 - Staff Governance Committee Minutes (unconfirmed) 20230309.pdf (10 pages)

14.6. East Region Programme Board dated 10 February 2023 (unconfirmed)

(enclosed)

📄 Item 14.6 - Minute Template ERPB.pdf (1 pages)
📄 Item 14.6 - ERPB 100223 Minutes V4 unconfirmed.pdf (5 pages)

14.7. Fife Health & Social Care Integration Joint Board dated 25 November 2022

(enclosed)

📄 Item 14.7 - Fife Health & Social Care Integration Joint Board Cover Paper 20221125.pdf (1 pages)
📄 Item 14.7 - Fife Health & Social Care Integration Joint Board Minutes 20221125.pdf (8 pages)

14.8. Fife Partnership Board dated 28 February 2023 (unconfirmed)

(enclosed)

📄 Item 14.8 - Fife Partnership Board Cover Paper 20230228.pdf (1 pages)
📄 Item 14.8 - Fife Partnership Board Minutes dated 20230228.pdf (3 pages)

14.9. Audit & Risk Committee dated 5 December 2022

(enclosed)

📄 Item 14.9 - Audit & Risk Committee Minutes (confirmed) 20221205.pdf (6 pages)

14.10. Clinical Governance Committee dated 13 January 2023

(enclosed)

📄 Item 14.10 - Clinical Governance Committee Minutes (confirmed) 20230112.pdf (11 pages)

14.11. Finance, Performance & Resources Committee dated 17 January 2023

(enclosed)

📄 Item 14.11 - Finance, Performance & Resources Committere (confirmed) 20230117.pdf (5 pages)

14.12. Public Health & Wellbeing Committee dated 11 January 2023

(enclosed)

📄 Item 14.12 - Public Health Wellbeing Committee Minutes (confirmed) 20230111.pdf (9 pages)

14.13. Staff Governance Committee dated 12 January 2023

(enclosed)

📄 Item 14.13 - Staff Governance Committee Minutes (confirmed) 20230112.pdf (9 pages)

12:15 - 12:20
5 min

15. FOR ASSURANCE:

15.1. Integrated Performance & Quality Report - January 2023

(enclosed)   *MM*

📄 Item 15.1 - IPQR January 2023.pdf (48 pages)

12:20 - 12:20
0 min

16. ANY OTHER BUSINESS

16.1. Chair's Final Remarks

(verbal)   *TM*

12:20 - 12:20
0 min

17. DATE OF NEXT MEETING: Tuesday 30 May 2023 at 10.00 am

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 31 JANUARY 2023 AT 10:00 AM VIA MS TEAMS

TRICIA MARWICK
Chair

Present:

T Marwick **(Chairperson)**	J Keenan, Non-Executive Director
C Potter, Chief Executive	J Kemp, Non-Executive Director
S Braiden, Non-Executive Director	A Lawrie, Non-Executive Director
W Brown, Employee Director	K MacDonald, Non-Executive Director Whistleblowing Champion
D Graham, Non-Executive Director	M Mahmood, Non-Executive Director
A Grant, Non-Executive Director	M McGurk, Director of Finance & Strategy
C Grieve, Non-Executive Director	A Morris, Non-Executive Director
A Haston, Non-Executive Director	A Wood, Non-Executive Director

In Attendance:

N Connor, Director of Health & Social Care
C Dobson, Director of Acute Services
B Hannan, Director of Pharmacy & Medicines
K MacGregor, Associate Director of Communications
G MacIntosh, Head of Corporate Governance & Board Secretary
I MacLeod, Deputy Medical Director, Acute Services Division
N McCormick, Director of Property & Asset Management
D Miller, Director of Workforce
P King, Corporate Governance Support Officer (Minute)

1. **CHAIRPERSON'S WELCOME AND OPENING REMARKS**

   The Chair welcomed everyone to the meeting, in particular David Miller, Director of Workforce, who was attending his first meeting since starting with NHS Fife, and Dr Iain MacLeod, Deputy Medical Director, Acute Services Division, deputising for the Medical Director.

   The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minute.

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The Chair began her opening remarks by conveying thanks, on behalf of the Board, to the staff of NHS Fife and across the health services in Fife for their efforts and continued dedication, particularly over the festive period, when health care services remained under intense pressure.

The Chair congratulated the following:

Jamie Hinley, one of 20 clinical nurse leaders awarded the prestigious title of Queen's Nurse at a ceremony in Edinburgh on 2 December 2022, following completion of a nine-month development programme run by the Queen's Nursing Institute Scotland. The Mental Health Care Home Liaison Nurse from Rosyth was nominated for her commitment to improving outcomes for care home residents living with a broad spectrum of mental illness.

Consultant urologist Feras Al-Jaafari, who has been appointed advisor to National Institute for Health and Care Excellence, which publishes evidence-based guidelines for health and care across the United Kingdom. Mr Al-Jaafari is an internationally recognised expert in the treatment of benign prostate hyperplasia (BPH), commonly referred to as an enlarged prostate, and has pioneered innovations including UroLift implant interventions, laser surgery and Rezum steam treatment, the latter of which was formally celebrated by a motion in the Scottish Parliament.

Kerys Russell, Upper GI Clinical Nurse Specialist, who was highly commended for her poster on 'Advancing Palliative Care Practice in End-of-Life Care, Death and Bereavement' at the NES Bereavement Conference on 24 November 2022.

Midwife Nicola Hain, who has been formally commended for her work supporting newly qualified midwives at the Scotland Maternity and Midwifery Festival. The success of Nicola's support hub has seen it grow and expand to include a 'buddy programme', where 17 more senior midwives have volunteered to become mentors – meaning every new midwife in Fife is on shift with their buddy for the first four weeks for a bit of extra support, and the mentoring relationship remains in place for a further 11 months.

Staff from the Pharmacy and Medicines team at Victoria Hospital who have raised money for two charities in memory of a much-loved colleague. A charity event, organised by Pharmacy Support Workers Linda Ross and Mandy Lamont to remember Mona Anderson, raised over £4,500, with half the money donated to MND Scotland and the other half to the My Name's Doddie Foundation.

The Chair highlighted that:

a significant milestone was reached in the Covid-19 vaccination programme in Fife, with a million jabs now having been given in the Kingdom. The millionth dose was administered at the vaccination clinic in Kirkcaldy High Street by vaccinator June Guild on 26 November 2022 and was delivered almost two years to the month of the start of the vaccination programme.

at a ceremony at Edinburgh City Chambers on 6 December 2022, NHSScotland Chief Operating Officer John Burns accepted a revalidated Gold Employer Recognition

Scheme (ERS) Award on behalf of NHSScotland for its ongoing commitment and support to Defence people in Scotland.

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Apologies for Absence

Apologies for absence were received from C McKenna, Medical Director, and J Tomlinson, Director of Public Health.

4.   Minute of Previous Meeting Held on 29 November 2022

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

5.   Matters Arising / Action List

There were no matters arising.

The Board **noted** that the action list, which has been maintained and followed up by the Corporate Governance & Board Administration team, would be submitted to future meetings of the Board to further enhance governance arrangements. The in-train actions on the list were also noted.

6.   CHIEF EXECUTIVE'S REPORT

6.1   Chief Executive Update

The Chief Executive acknowledged the significant and unrelenting pressure across all services over the winter period, largely due to the increased prevalence of flu, Covid and other winter viruses. Hospitals were extremely busy and demand for inpatient beds was well above pre-pandemic capacity, with a high number of patients requiring critical care. It was noted that over the festive period and into the new year weekend, the system-wide Operational Pressures Escalation Level (OPEL) framework showed a consistent "Purple" daily operating position within our Acute service and "Red" within the Health & Social Care Partnership, both reflecting the range of significant challenges facing the system. In response, the Gold Command structure was initiated on 3 January (this is the operational governance and decision-making arrangement in place on a daily basis during the height of the Covid pandemic). The Chief Executive was pleased to report that the pressures have eased off in the last couple of weeks and Gold Command has now been stood down. However, she emphasised that the resilience of the workforce has been tested once again and she paid tribute to the commitment, care and compassion shown by staff, which has been again exceptional, conveying her gratitude and sincere thanks to all staff.

The Chief Executive announced that NHS Fife was delighted to welcome Deputy Chief Medical Officer Dr Nicola Steedman and Interim Deputy Chief Medical Officer Professor Marion Bain, who visited a number of sites in Fife on 20 January 2023. The event was hosted by the Medical Director and was one of a series of visits taking place with Boards across Scotland. Dr Steedman and Professor Bain visited Randolph

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Wemyss Memorial Hospital to learn about the work going on to support primary care services in the local area and Victoria Hospital where they met with staff in the Emergency Department, Admissions Units, Rapid Triage Unit and Ward 6. The delegation later travelled to Queen Margaret Hospital, where they met with staff in theatres to learn about the new and innovative day-case procedures carried out there, as well as visiting Ward 5 to find out more about how clinical staff are working closely with the Fife Health and Social Care Partnership around the discharge process. Positive feedback in terms of their experience and what they saw that day has been received.

The Chief Executive joined the Director of Acute Services at a Planned Care event where Clinical Leads, senior nurses and Allied Health Professionals across our surgical specialities spoke about the work they have been doing in recent years, their commitment to address waiting times, and some of the innovation achieved despite the challenges of Covid-19. There was much to celebrate at the event, including the introduction of Robotic Assisted Surgery in Fife and the excellent day surgery unit at Queen Margaret Hospital, which continues to grow from strength to strength. The Chief Executive found the teams to be hugely inspiring and committed to doing everything they can to support their patients across Fife.

Finally, it was noted that yesterday marked a major milestone for the National Treatment Centre Fife Orthopaedics, which moved from the construction phase to commissioning.   Over the course of the next month, the facility will be prepared to receive the first patients in early March 2023. The Chief Executive thanked everyone involved in creating the state-of-the-art centre, noting that planning is underway for the official opening and further details will be available in due course.

6.2   Integrated Performance & Quality Report (IPQR)

The Chair confirmed that the December IPQR had been scrutinised through the Governance Committees. Executive Leads made comment on the key issues emerging from those discussions:

Clinical Governance
The Director of Nursing highlighted the key issues from a clinical governance perspective related to Major and Extreme Adverse Events, Inpatient Falls, Pressure Ulcers, Healthcare Acquired Infection (HAI) including c.difficile and e-coli bacteraemia, noting that Fife had the second lowest infection rate of mainland Health Boards. An update on Complaints Management was also given.

A Wood, Chair of the Clinical Governance Committee, advised that the Committee were assured by the ongoing work across the clinical governance remit and confirmed there were no issues to escalate.

Finance, Performance & Resources
The Director of Acute Services provided an update on acute performance for November 2022. It was noted that the 4-hour Emergency Access target improved with performance above the improvement trajectory agreed with Scottish Government. However, long waits remained high due to capacity issues downstream within Victoria Hospital, which was demonstrated in the long wait for beds over certain periods.

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Demand through the Emergency Department and front door was also high and unrelenting over the festive period. Focused improvement work continued through development of the Rapid Triage Unit and through use of the Minor Injuries Unit at Queen Margaret Hospital. It was noted that the monthly performance in relation to the Patient Treatment Time Guarantee (TTG) had stabilised and was in a more positive position in comparison to other mainland Health Boards in Scotland. Demand for inpatient and day case surgery remained high and capacity challenges at Victoria Hospital meant that it had not been possible to accommodate routine surgery on the Victoria Hospital site. However, focus remained on urgent cases and cancer cases and maximising use of Queen Margaret Hospital to perform day case surgery. Revised trajectories had been submitted to Scottish Government showing that the two-year target will not be sustained by March 2023 in some specialties, and close monitoring of the 18 month and 12 month target is also in place due to concerns about sustaining those targets. Performance related to New Outpatients showed NHS Fife in the mid-range of mainland Health Boards. There is a continued focus on urgent and urgent suspicion of cancer referrals as well as long waiting patients and the report sets out the position by specialty. The Diagnostic functions had performed above the Scottish average but there had been an impact on capacity due to the funding allocation received from Scottish Government. The Cancer 62-day Referral to Treatment Target remained challenging, mainly within the urology specialty. Prostrate continued to be the most challenged pathway but there is a reduction in the waiting time for prostatectomy due to repatriation of surgery to Fife through the robotic assisted surgery programme.

Health & Social Care Partnership (H&SCP) – Performance in relation to Delayed Discharges reflects the challenging winter experienced across the whole system, but it remained within mid-range of mainland Health Boards and was an improved position from a year ago. Ongoing continuous improvement of the position remained one of the key priorities for the Partnership and the Director of Health & Social Care assured the Board that work in this area is undertaken daily across the whole system. A range of actions is being taken forward and included the Front Door team focusing on redirecting patients to prevent admission to Victoria Hospital, while the Predicted Date of Discharge is being rolled out to ensure that patients leave hospital on their planned day of discharge. There is also focused work being undertaken to look at guardianship processes in Fife and supporting Adults with Incapacity.

The Director of Finance & Strategy confirmed that as with all mainland Health Boards, NHS Fife is financially challenged in-year, and this is set to continue over the medium term. The Board's reported financial position at the end of November was an overspend of £19.6m, against a year-end overspend position of £10.4m, and it is therefore anticipated that brokerage will be required from Scottish Government. The main reasons for the overspend were set out and included a core overspend in Acute Services and external commissioning with other Health Boards for services, a pro-rata share of the planned financial gap of £10.4m and significant costs related to unfunded surge and ongoing Covid-19 costs as reported throughout the financial year. In relation to the financial improvement and sustainability programme, it was noted that a target of £11.7m was set at the beginning of the financial year, and a total of £6m had been delivered as of November 2022, highlighting the challenge of achieving recurring savings given the pressures on the system.

The Capital Programme was progressing in line with the financial plan and there were no issues anticipated.

A Morris, Chair of the Finance, Performance & Resources Committee, highlighted the escalation from the meeting, noting the projected financial outcome and the need for further discussion on what that will mean for the organisation.

Staff Governance
The Director of Workforce provided an update on sickness absence and Performance Development Plan & Review (PDPR) compliance, both of which are not on target. In relation to sickness absence, he advised that an improvement plan was being developed that would look to use resources in the most meaningful way to support improving sickness absence in areas of greatest need. Despite a wide range of health and wellbeing supports being available to staff, there continues to be unprecedented workforce pressures and the Director of Workforce confirmed that the focus going forward will be on what benefits staff the most from the service in order to help people back to work or maintain people at work.

Plans are also in place to address work required to make an improvement around Personal Development Plan & Review (PDPR) Compliance and a paper would be submitted through the Area Partnership Forum and Executive Directors' Group (EDG) in order to note an improved position going forward.

The Chair of the Staff Governance Committee confirmed there were no issues to escalate.

Public Health & Wellbeing
The Director of Health & Social Care confirmed that there continued to be a reduction in the longest waits related to Child and Adolescent Mental Health Services (CAMHS), with all those waiting over 18 weeks having appointments booked the following month. The position was being monitored closely due to ongoing increases in demand and the ability to meet the target by March 2023 will be dependent on acuity, demand and staffing capacity linked to increased staff absences.

Psychological Therapies continued to be an area of challenge, with increased demand, acuity and workforce pressures. The report outlined areas of improvement action being taken forward and the support in place, with efforts focussed on those waiting the longest whilst also supporting a range of access measures for people to reach timely treatment. Psychological Therapies will be the subject of a development session at a future Public Health & Wellbeing Committee.

The positive position related to Covid vaccination and Seasonal Flu vaccination was set out, noting that performance had achieved the annual target.

Regarding the other areas of immunisation, both Childhood Immunisation and MMR2 showed an improving picture, with working groups across both service and Public Health seeking to bring forward further quality improvement work in these areas.

The Chair, as Chair of the Public Health & Wellbeing Committee, confirmed there were no issues to escalate.

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The Board took **assurance** on reported performance and achieved remobilisation activity to date.

7. CHAIRPERSON'S REPORT

The Chair thanked the Vice-Chair for his support in deputising for her as necessary during her recent period of leave.

The Chair advised that she continues to meet on a regular basis with NHS Scotland Health Board Chairs and with Chief Executives and Scottish Government Ministers and officials to ensure issues that are important to Fife are raised at these discussions.

7.1 Board Development Session – 20 December 2022

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

8. POPULATION HEALTH & WELLBEING STRATEGY PROGRESS UPDATE

The paper provided an update on the progress of the development of the Population Health & Wellbeing Strategy, noting that work was on track to deliver the new strategy to Fife NHS Board by 28 March 2023. Helpful discussion had already taken place in various groups and committees and Board Members will have the opportunity to discuss the draft Strategy document further at the Board Development Session in February 2023.

The Board took **assurance** from the update, noting that, once approved, there will be formal and ongoing review of the Strategy to keep it dynamic and make sure it continues to respond to changing situations across services.

9. PROCUREMENT TENDER THRESHOLD PROPOSAL

The Director of Finance & Strategy outlined the proposal to increase the tender limit for procurement in line with national regulations, noting the levels that are proposed to be updated in the Financial Operating Procedures and Standing Financial Instructions. The proposal had been reviewed and endorsed by both the Finance, Performance & Resources Committee and Audit & Risk Committee.

The Board **approved** the amendment to the current Tender Threshold limit and **agreed** to update the wording within the Standing Financial Instructions, as set out in the extract attached to the paper.

10. CORPORATE RISK REGISTER

The Director of Finance & Strategy referred to the report, which provided assurance on the management of corporate risks. This was the second iteration of the new Corporate Risk Register (CRR) and the report included feedback from the review of the CRR at the governance committees held in January. Attention was drawn to the updates since the last report to the Board as set out in the paper under section 2.3, and the changes to target risk level and rating and risk description.

Board Members discussed the report and provided some feedback from a committee perspective. Overall, although Members were assured by the ongoing work in place noting that as this evolved there will be clear evidence of the effectiveness of the mitigation, there was still work to be done to provide further assurance and ensure that Board Members are comfortable with the detail of all risks on the CRR.

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

11 STATUTORY AND OTHER COMMITTEE MINUTES

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

11.1. Audit & Risk Committee dated 5 December 2022 (unconfirmed)
11.2. Clinical Governance Committee dated 13 January 2023 (unconfirmed)
11.3. Finance, Performance & Resources Committee dated 17 January 2023 (unconfirmed)
11.4. Public Health & Wellbeing Committee dated 11 January 2023 (unconfirmed)
11.5. Staff Governance Committee dated 12 January 2023 (unconfirmed)
11.6. Communities & Wellbeing Partnership dated 15 December 2022 (unconfirmed)
11.7. Fife Health & Social Care Integration Joint Board dated 30 September 2022
11.8. Fife Partnership Board dated 30 November 2022 (unconfirmed)

Approved Minutes
11.9. Audit & Risk Committee dated 12 September 2022
11.10. Clinical Governance Committee dated 4 November 2022
11.11. Finance, Performance & Resources Committee dated 15 November 2022
11.12. Public Health & Wellbeing Committee dated 7 November 2022
11.13. Staff Governance Committee dated 10 November 2022

12. FOR ASSURANCE

The Board **noted** the item below:

12.1 Integrated Performance & Quality Report – November 2022

13. ANY OTHER BUSINESS

None.

14. DATE OF NEXT MEETING

Tuesday 28 March 2023 at 10:00 am

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

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1	31/05/22	**Corporate Objectives 2022/23**	Consider timescales of when specific objectives should be progressed when presenting updates through committees over the year.	**CP**	May 2023	Individual committee workplans ensure appropriate coverage of the four NHS Fife strategic priorities, to which individual objectives are aligned. Assessment on the delivery of each Committee's 2022/23 workplan will be made in each respective Annual Report	
2	27/09/22	**2022 Property & Asset M'ment Strategy (PAMS)**	Consider having EQIA to demonstrate how strategy can promote equality & diversity across the protected characteristics re supporting delivery of the PAMS	**NM**	March 2023	Contact made with I Bumba, Equality & Human Rights Lead. EQIA to be included with next year's PAMS (Sept 2023)	
3	29/11/22	**Whistleblowing Quarter 2 Report 2022/23**	Consider including info on experience of staff who raised a concern, support available to staff to raise a concern and data on time taken to resolve concern (to understand why it might take longer than recommended 20 days and to try and improve on that performance).	**KR (DM)**	Report next due March 2023	Reporting adjustments will be made reflecting whistleblowing activity and incorporating experience of the process, including feedback to the WBC. The "Know Who to Talk to" Campaign aims to ensure staff feel both able to raise a concern and how best to do it. Lessons learned continue to be considered to understand barriers and improve performance.	

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NHS Fife

NHS SCOTLAND

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

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to the:

- Annual Delivery Plan (ADP)

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

The period covered by the performance data is generally up to the end of December 2022. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland. These are:

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

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

- 4-Hour Emergency Access
- Delayed Discharges (Bed Days Lost)
- PDPR
- COVID & Flu Vaccination

The RAG status of the 'deliverables' in the drill-downs is as at the end of January 2023.

In FY 2022/23, activity is continuing to be monitored for the Acute Services Waiting Times measures – New Outpatients, Patient TTG and Diagnostics. Actual and Projected figures are shown in the table on Page 4.

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

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

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

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

The list of indicators has been amended, with the most recent addition being for Adverse Events (actions from Major and Extreme AE Reviews) in the Clinical Governance section.

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

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

2.3 Assessment

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

2.3.1 Quality/ Patient Care
IPQR contains quality measures.

2.3.2 Workforce
IPQR contains workforce measures.

2.3.3 Financial
Financial reporting is covered in the specific section of the IPQR.

2.3.4 Risk Assessment/Management
A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions
Not applicable.

2.3.6 Climate Emergency & Sustainability Impact
None.

2.3.7 Communication, involvement, engagement and consultation
The NHS Fife Board Members and Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

Following approval of the report by EDG, each Standing Committee was presented with its own extract of the report at the March round of meetings. The extracts were specific to the governance areas of each committee.

2.3.8 Route to the Meeting
This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.
- **Executive Directors Group 16 February 2023**
- **Public Health and Wellbeing Committee** 1 March 2023
- **Clinical Governance Committee** 3 March 2023
- **Staff Governance Committee** 9 March 2023
- **Finance, Performance and Resource Committee** 14 March 2023

2.3.9 Issues for Escalation to the NHS Fife Board
There were no issues for escalation from the Clinical Governance, Staff Governance, Public Health & Wellbeing or Finance, Performance & Resources Committees.

2.4   Recommendation

The NHS Fife Board is requested to:

- **Take Assurance** on reported performance and achieved remobilisation activity to date

3   List of appendices

None

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Fife Integrated Performance & Quality Report

Produced in February 2023

Introduction

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

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

a) **Corporate Risk Summary**
   Summarising key Corporate Risks and status.

b) **Indicatory Summary**
   Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.

c) **Projected & Actual Activity**
   Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.

d) **Assessment**
   Summary assessment for indicators of continual focus.

e) **Performance Exception Reports**
   Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

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

MARGO MCGURK
Director of Finance & Strategy
16 February 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	**18**	**14**	**4**	**0**	**0**		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

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

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

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

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking	
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Dec-22	39	◯	▲	▼	●	
	Major/Extreme Adverse Events - % Actions Closed on Time	TBD	Month	Dec-22	37.0%	●	▼	▼	●	
	HSMR	N/A	Year Ending	Jun-22	0.99	●	▲	▲	●	
	Inpatient Falls	6.91	Month	Dec-22	7.50	◯	▼	▲	●	
	Inpatient Falls with Harm	1.65	Month	Dec-22	2.07	◯	▼	▼	●	
	Pressure Ulcers	0.89	Month	Dec-22	1.22	◯	▼	▲	●	
	SAB - HAI/HCAI	18.8	Month	Dec-22	3.2	◯	▲	▲	●	QE Sep-22
	C Diff - HAI/HCAI	6.5	Month	Dec-22	13.0	◯	▼	▼	●	QE Sep-22
	ECB - HAI/HCAI	33.0	Month	Dec-22	22.7	◯	▲	▲	●	QE Sep-22
	S1 Complaints Closed in Month on Time	80%	Month	Dec-22	48.7%	◯	▲	▼	●	2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Dec-22	17.9%	◯	▲	▲	●	2021/22
	S2 Complaints Opened in Month and Closed On Time	N/A	Month	Dec-22	18.4%	◯	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-22	100.0%	●	◀▶	◀▶		
	4-Hour Emergency Access	95%	Month	Jan-23	69.6%	◯	▲	▲	●	Dec-22
	Patient TTG % <= 12 Weeks	100%	Month	Dec-22	50.3%	●	▼	▼	●	Sep-22
	New Outpatients % <= 12 Weeks	95%	Month	Dec-22	45.8%	●	▼	▼	●	Sep-22
	Diagnostics % <= 6 Weeks	100%	Month	Dec-22	53.3%	●	▼	▼	●	Sep-22
	18 Weeks RTT	90%	Month	Dec-22	68.6%	●	▲	▼	●	QE Sep-22
	Cancer 31-Day DTT	95%	Month	Dec-22	94.4%	◯	▼	▼	●	QE Sep-22
	Cancer 62-Day RTT	95%	Month	Dec-22	65.8%	◯	▼	▼	●	QE Sep-22
	Detect Cancer Early	29%	Year Ending	Mar-22	22.2%	●	▼	▲	●	2020, 2021
	Freedom of Information Requests	85%	Month	Jan-23	94.1%	●	▲	▲	●	
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jan-23	10.5%	●	▲	▲	●	QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jan-23	5.3%	◯	▲	▲	●	QE Jun-22
	Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	●	CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Dec-22	(£22.6m)	●	▼	━	●	
	Capital Resource Limit Performance	£29.5m	Month	Dec-22	£20.7m	●	━	━	●	
Staff Governance	Sickness Absence	4.00%	Month	Dec-22	7.85%	◯	▼	▼	●	YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Jan-23	32.3%	●	▼	━	●	
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Sep-22	143	●	━	▼	●	Q/E Jun-22
	CAMHS Waiting Times	90%	Month	Dec-22	59.3%	◯	▼	▼	●	QE Sep-22
	Psychological Therapies Waiting Times	90%	Month	Dec-22	73.8%	◯	▼	▼	●	QE Sep-22
	Drugs & Alcohol Waiting Times	90%	Month	Nov-22	96.7%	●	▼	▲	●	QE Sep-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Jan-23	89.6%	●	▲	━	●	
	Flu Vaccination (Age 65+)	80%	Month	Jan-23	87.8%	●	▲	━	●	
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Sep-22	94.4%	◯	▼	▼	●	QE Sep-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Sep-22	88.4%	◯	▼	▼	●	QE Sep-22

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

SPC Key
- ◯ Within control limits
- ◯ (red) Special cause variation, out with control limits
- ● No SPC applied

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

Benchmarking Key
- ● (green) Upper Quartile
- ● (amber) Mid Range
- ● (red) Lower Quartile
- ● (grey) Not Available

c. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)		Quarter End Jun-22	Quarter End Sep-22	Quarter End Dec-22	Month End Jan-23	Month End Feb-23	Month End Mar-23	Quarter End Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	3,087	1,029	1,029	1,029	3,087
	Actual	2,878	2,996	3,146	1,022			1,022
	Variance	-158	-57	59	-7			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	19,156	6,376	6,395	6,395	19,166
	Actual	20,951	21,448	21,808	7,397			7,397
	Variance	2,384	2,642	2,652	1,021			
Urgent	Actual	10,868	11,377	11,301	3,642			3,642
Routine	Actual	10,083	10,071	10,507	3,755			3,755
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	1,491	497	497	497	1,491
	Actual	1,550	1,608	1,678	556			556
	Variance	59	117	187	59			
Upper Endoscopy	Actual	575	630	640	238			238
Lower Endoscopy	Actual	182	191	206	64			64
Colonscopy	Actual	738	742	770	238			238
Cystoscopy	Actual	55	45	62	16			16
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	11,988	3,996	3,996	3,996	11,988
	Actual	13,471	12,936	11,875	4,238			4,238
	Variance	1,483	948	-113	242			
CT Scan	Actual	4,083	3,989	3,619	1,262			1,262
MRI	Actual	2,936	2,923	2,654	916			916
Non-obstetric Ultrasound	Actual	6,452	6,024	5,602	2,060			2,060

d. Assessment

CLINICAL GOVERNANCE

						Target	Current
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate

		Target	Current
Major & Extreme Adverse Events	*TBD% of Action from Major and Extreme Adverse Events to be closed within time*	**70%**	**37.0%**

There were 39 major/extreme adverse events reported in December, the lowest monthly figure since August but remaining above the 2-year average of 35. A total of 1,375 incidents were registered in the month. Looking at SAER/LAER actions, 10 out of 27 (37%) were closed on time in the month, a fall of nearly 10% compared to November.

The accumulation of open SAER/LAER on top of a slight increase in numbers of newly commissioned SAER/LAER is presenting a significant management challenge to services that are already under pressure. There is a risk that learning is not being identified and acted on in a timely fashion, with SAER reviews exceeding the 90 day expected completion time.

Following discussion at the Clinical Governance Oversight Group a decision has been made to trial a change in the process around the executive review and approval of SAER to reduce the time commitment of review teams and improve efficiency. A review of the new process will be considered at the end of March.

		Target	Current
HSMR		**1.00**	**0.99**

Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2022 showing a ratio below the Scottish average.

		Target	Current
Inpatient Falls	*Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22*	**6.91**	**7.50**

The number of inpatient falls in ASD reduced in December but increased across the Partnership and the overall rate remained higher than target for March although significantly better than in December 2021 (8.25). The rate in FY 2022/23 to date is 7.36; for the same period of FY 2021/22, it was 7.72. The reduction is due to improvement within the Partnership.

The majority of falls in the last 3 months (95%) were classified as 'Minor Harm' or 'No Harm' but the actual number resulting in Major/Extreme Harm in December was the highest since we started reporting on this at the start of 2020.

The updated Falls Toolkit is ready for launch in March. Learning Summaries were discussed at the February meeting which resulted in a decision to discuss further with the Organisational Learning Group (chaired by Nicola Robertson). A Sub-group is to be developed to review Quality Improvement Data Display in wards.

		Target	Current
Pressure Ulcers	*Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22*	**0.89**	**1.22**

The rate of pressure ulcers increased in December when it was the highest for 6 months and above the 2-year average (1.15). The increase was due to a particularly high number of falls in ASD, which continues to report a significantly higher number and rate of PU than the Partnership.

The cumulative rate in the first 9 months of FY 2022/23 was slightly less than for the same period in FY 2021/22 (1.10 against 1.17) but remains above the target for FY 2022/23. On the positive side, the ASD rate is lower when comparing the two periods.

The HSCP tissue viability team are developing a link practitioner model that is relevant and open to care home staff and will work closely with the care home liaison team. The team channel open to link practitioners is being well used at present and supported by TVN team.

		Target	Current
SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023*	**18.8**	**3.2**

The SAB infection rate varies from month to month and has been below the March 2023 target in 7 of the 9 months of FY 2022/23 to date, most recently in December when there was only a single infection reported. Of the 37 HAI/HCAI reported in FY 2022/23, only 8 have been categorised as VAD while just under half (15) have been categorised as 'Other / Not Known'.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending September 2022, showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 15.7 against a Scottish average of 17.1.

Fife has been below the Scottish average for 8 successive quarters. This has been achieved by enhanced surveillance of SAB, standardising vascular access devices (VAD) care, the implementation of ePVC insertion and maintenance bundles and targeted QI work.

The IPCT performs the following actions:

- Enhanced surveillance and analysis of SAB data to understand the magnitude of the risks to patients in Fife
- Timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs
- Examination of the impact of interventions targeted at reducing SABs
- Uses results locally for prioritising resources
- Uses data such as the weekly ePVC compliance report to inform clinical practice improvements
- Continues to liaise and support Drug Addiction Services with people who inject drugs (PWID) and SABs

  Note: 2022 has seen a marked increase in PWIDs cohort SAB infections (n=11), when compared to 2021 (n=4)

In order to maintain such low rates and to further reduce SABs, the local and national intelligence highlights the following areas for focus; medical devices (including VADs) and non-vascular access medical devices, skin & soft tissue infections (including PWIDs).

C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023*	**6.5**	**13.0**

The C Diff infection rate varies from month to month but has been above the March 2023 target for much of FY 2022/23 with a high number of HAI/HCAI reported in both November and December. A key improvement aim is the reduction of 'recurrent' infections, and this continues to be a challenge, with 5 of the 40 HAI/HCAI and Community infections in the past year being identified under this category.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending September 2022, showed that NHS Fife had the second lowest infection rate (10.1) of all Mainland Health Boards, Scottish average 13.1.

Fife has been below the Scottish average for each of the last 14 quarters. This has been achieved with strong antimicrobial stewardship, Consultant Microbiologist establishing optimum antimicrobial therapy for patients at high risk of recurrent CDI, enhanced surveillance and analysis of risk factors.

The challenge is to further reduce the noted low rates of CDI. Work focuses on recurrent CDI (2022 equalled the previous year with the number of recurrent infections); each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high-risk patients. Bezlotoxumab has been used in cases where other modalities have failed.

ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023*	**33.0**	**22.7**

The ECB infection rate varies from month to month and has been below the March 2023 target in 3 out of 9 months of FY 2022/23 to date, including both November and December. The cumulative rate for the first 9 months of FY2022/23 was 35.9, a 15% reduction compared to the first 9 months of FY 2021/22 (42.3).

Urinary Catheter-related infections have been responsible for 33 of the 123 infections in the last year (27%) and remains a key focus for improvement work.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending September 2022, showed that NHS Fife (36.9) lay in the mid-range of Mainland Health Boards, slightly above the Scottish average (36.2).

The total number of HCAI ECB cases in 2022 was slightly lower than the previous 2 years (2022 n=123, 2021 n=127 and 2020 n=137) However, Q3 2022 National Report, Fife was slightly above the Scottish rate for HCAI. In both hospital-acquired and non-hospital-acquired infections, the renal tract is the major source of infection (with cystitis/lower UTI the major entry point) along with hepato-biliary infections.

To achieve the reduction target, NHS Fife continues to focus on enhanced surveillance, to gain learning, evaluate preventative measures and improve practices. One current initiative within the HSCP includes the Infection Control Surveillance team alerting the patient`s care team Manager by Datix when an ECB is a urinary catheter associated infection and exploring the case via a Complex Care Review (CCR). The aim of the process is to provide further learning from all ECB CAUTIs.

Ongoing work to support best practice in urinary catheter care continues with NHS Fife`s Urinary Catheter Improvement Group (UCIG) targeting quality improvement work. This group aims to minimize urinary catheters, thus helping to prevent catheter associated healthcare infections and trauma and, furthermore, to establish catheter improvement work in Fife.

CAUTI insertion and maintenance bundles were developed and installed onto Patientrack in February 2022 and this is being piloted prior to roll out across the board. This bundle should ensure that the correct processes for the insertion and maintenance of all urinary catheters are adhered to within NHS Fife inpatient wards. Acute services engagement and a HoN lead will be required to assist the further roll out.

A QI project led by the IPC Care Home Senior IPCN for NHS Fife has introduced CAUTI maintenance bundles within 4 care homes in Fife. The staff are supported with an education package and the aim is to eventually roll it out across all Fife care homes, thus optimising urinary catheter maintenance and reducing the risk of CAUTIS and ECBs.

		Target	Current
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%**	**17.9%**

Work is continuing to develop further measures in order to provide a more rounded view of activity and performance. Measures are available to identify both the compliance with complaints due for closure in month, as well as the 'formal' measure which looks at all complaints closed in month, regardless of when they were opened.

In December, 17.9% of Stage 2 complaints due in month (n=28) were closed within the 20-day target. Of all 38 closures in December, 18.4% were within the 20-day target, the highest figure since January 2022.

The total number of Stage 2 Complaints closed in FY 2022/23 to date is 333, 52 more than in the same period of FY 2021/22.

The Patient Experience Team (PET) has developed processes to identify where system delays occur within the complaints process. Digital information was unable to identify solutions to support a shared platform/document, which would help to streamline the complaints process and improve statements and final response approval times.

To improve the quality of complaint response, the PET will establish revised processes to clearly identify Heads of Complaint.

Preliminary discussions continue to take place to explore a live complaints data dashboard. Data and Screenshots from another health board's dashboard have been sent to digital information, and this will be reviewed along with current static reports from Business Objects reporting software.

Two Band 6 fixed term 6-month Patient Experience Team Officers have been recruited and will commence in February and March. We are currently recruiting a Band 4 Patient Experience Administrator to focus on the administration and navigation of complaints.

We continue to work with services and review new ways of working. Community Care and Service have set up a central generic HUB email address for complaints which is working well. Weekly meetings are held within the acute to review all stage 2 complaints, and initial discussions have taken place with HSCP to hold similar meetings.

Increased clinical pressures continue to impact performance. At the end of January, 88% of all live complaints were either awaiting statements or final approval by the divisions. The number of live complaints has reduced from 156 to 141 in the past quarter despite 89 new complaints being submitted during that period.

OPERATIONAL PERFORMANCE

To improve the quality of health and care services	5	5	-	-	-	◄ ►	Moderate

		Target	Current
4-Hour Emergency Access	*95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**69.6%**

The Monthly performance has improved from 63.2% in December to 69.6% in January. This is above the agreed recovery trajectory over the 4 weeks to w/e 5th February. The Scottish average in December was 62.1%.

In January, there were 545 8-hour breaches, 184 of which breached 12 hours. This compares to 923 and 375, respectively, in December, and the 8-hour figure was the lowest since July 2022. The majority of breaches (68% in January) continued to be due to waits for a bed or first assessment.

Unplanned attendance at ED in the first 10 months of the FY was 8% higher than in the equivalent period of FY 2021/22.

Further development of the RTU has taken place through the month, with data showing good discharge profile from the attendances. ED attendances stabilised in the second half of the month allowing for recovery and flow across the site. Ambulance wait times improved significantly through the month.

The 'Push Model' was utilised throughout January and is being developed further with the clinical teams. Successful recruitment to permanent ED Consultant posts will help stabilise the team.

		Target	Current
Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**50.3%**

Monthly performance fell in December following an improvement in November and is around 13% lower than a year ago. NHS Fife continues to be top quartile of Mainland Health Boards, as at the most recent publication in November (for the period up to the end of September), where performance was 51.1% against the Scottish average of 31.2%.

Actual activity in the first 9 months of the FY was slightly less than forecast, but the Waiting List continues to rise and is nearly 50% higher than in December 2021.

	Target	Current

It has not been possible to undertake any additional activity to deliver the long waiting targets given the level of funding received, and core inpatient surgery capacity continues to be restricted at Victoria Hospital due to sustained pressures in unscheduled care, staff absence and vacancies. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH.

As waiting times increase there are proportionally more patients being referred and assessed as urgent which is leading to increasing waits for routine patients particularly those who are complex and/or require an inpatient bed.

Revised trajectories were submitted to the SG showing that the 2-year target will not be sustained by March for General Surgery, Orthopaedics and Gynaecology, that progress against the 18 months target will deteriorate and concerningly that there will be increasing numbers of patients waiting over a year for Orthopaedics, Urology and General Surgery.

Efforts continue to maximise the use of capacity, particularly for day case activity at QMH, and to validate the waiting lists. Additional funding has been made available from SG and this will be prioritised for urgent cancer and long waiting routine patients where possible.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**45.8%**

Monthly performance has fallen in each of the last 6 months and is 8% lower than it was a year ago. NHS Fife is in the mid-range of Mainland Health Boards, as at the most recent publication in November (for the period up to the end of September), where performance was 50.5% against the Scottish average of 46.3%.

Actual activity in the first 9 months of the FY (including DNAs) was 13% higher than forecast but the Waiting List is 29% higher than it was a year ago although it did fall in both November and December.

It has not been possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding received and continued pressures in unscheduled care, staff absence and vacancies. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 18 months and 2 years.

As waiting times increase there are proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients.

Revised trajectories were submitted to the SG showing that the 2-year target will be sustained by March for most specialities apart from Vascular Surgery and that the 18-month and 1-year target would not be met by December 2022 and March 2023 for Cardiology, Gastroenterology, Endocrinology, Neurology, Haematology, Vascular, General Surgery, Urology, Gynaecology and Medical Paediatrics.

Efforts continue to maximise the use of capacity and to validate the waiting lists. Additional funding has been made available from SG and this will be prioritised for long waiting routine patients where possible to reduce the backlog.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**53.3%**

Monthly performance fell sharply in December, to its lowest level since January 2022. In comparison to other Mainland Health Boards, NHS Fife remains in the mid-section as at the most recent publication in November (for the period up to the end of September), where performance was 64.7% against the Scottish average of 47.9%.

Despite achieving 7% greater activity than planned in the first 9 months of FY 2022/23 (this figure including DNAs), the combined Waiting List for Endoscopy and Radiology is 5% higher than it was a year ago, mainly due to an increase in Radiology.

In endoscopy it has not been possible to undertake any additional activity this year to reduce the backlog as no additional funding was received. There has been a reduction in long waits as efforts are made to contact patients and clinical validation of the waiting list progresses. There continue to be challenges in maintaining core activity due to unscheduled care and staffing pressures. It is likely that the number of patients waiting over 6 weeks will rise over the next 6 months.

In Radiology additional activity was undertaken in Q1 and Q2 of this year particularly in CT and MRI which enabled a reduction in long waits for specialist CT scans and significant reduction in those waiting over 6 weeks. The majority of patients waiting over 6 weeks continue to be in ultrasound where there are particular challenges in capacity due to vacancies and staff absence. However due to the reduced level of funding received in Q3 and Q4, the increase in the proportion of urgent referrals and the continued increase in demand for inpatient scans the numbers waiting over 6 weeks has begun to rise for all modalities.

There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care.

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%**	**65.8%**

As forecast last month, performance fell sharply in December, with breaches occurring in 5 of the 10 specialties. The majority of breaches continued to be in the Urology (Prostate) specialty, 14 last month and 43 in the last 3 months.

The number of patients starting treatment in the first 9 months of the FY was 5% higher than in the same 8 months of FY 2021/22 (675 against 644).

Despite the low figure compared to the Standard, NHS Fife has been above the Scottish average in the majority of months of 2022 and has been in the top quartile of Mainland Health Boards for the first two quarters of FY 2022/23.

Referrals continue to exceed pre-pandemic numbers; however we aim to appoint within 14 days of referral. Prostate remains our most challenged pathway with delays across all steps except for MRI. Breaches for Breast, Colorectal, H&N and Lung were attributed to delays with additional testing, staging and investigations. The range of breaches were 2 to 46 days (average 19 days, previous month average 36 days). Increasing complexity of pathways to ensure optimum targeted treatments is resulting in breaches and this is expected to be seen across most tumour groups.

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce*	**5%**	**5.2%**

The % of bed lost to 'standard' delays in January was the lowest for 2 years and very close to the notional target of 5%. Actual patient numbers rose in comparison to December and was higher than a year ago (61 against 50).

Looking at 'Code 9' delays, the number of patients in delay was also higher than a year ago (51 against 46).

NHS Fife was in the top-performing quartile of Mainland Health Boards for bed days lost for 'standard' delays in the quarter ending September 2022 and was in the mid-range for 'all' delays in this same period. This is a positive continuation of the situation over the last 12months.

The Front Door team is now fully established and continue to focus on redirecting patients and implementing PDD at point of admission. PDD continues to be rolled out, expected completion of roll out March 2023, and continues to upscale and spread within the Acute setting by aligning PFCs to specific wards.

A robust verification process is in place to effectively manage timely discharges, with the highest number of weekly discharges (103) occurring during week ending 3rd February 2023.

FINANCE

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

		Forecast	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£10.4m)**	**(£22.6m)**

The Health Board retained position at the end of December is an overspend of £22.6m. This overspend comprises:
- £10.933m core overspend (includes £3.755m overspend relating to acute set aside services)
- £7.806m of the financial gap identified in the board's approved financial plan
- £3.893m unfunded Covid surge and associated costs

The core overspend reflects the significant and ongoing service pressures across acute unscheduled care services, a reduction in planned care funding and an increasing cost pressure within external care commissioning. The forecast year-end position is now significantly beyond the approved financial plan and there is a high level of risk in relation to the delivery of our full savings target programme for the year.

Health Delegated Services report an underspend at the end of December 2022 of £6.113m including fully funded Covid costs of £7.745m.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorate*	**£29.5m**	**£20.7m**

The overall anticipated capital budget for 2022/23 is £29.474m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to December records spend of £20.677m. Therefore, 70% of the anticipated total capital allocation has been spent to month 9.

STAFF GOVERNANCE

		To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate

		Target	**Current**
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**4.00%**	**7.85%**

The sickness absence rate again rose sharply in December and was 0.54% higher than in November.

Increases were reported across all main Divisions and Directorates, except for Primary Care & Preventative Services in HSCP (HSCP overall was 7.53%), with Emergency Care reporting a figure above 10% (ASD overall was 8.50%). Long term sickness absence is leading the trend.

The national picture (from monthly NHS Scotland management information) shows that NHS Fife (5.94%) had the 4th highest absence rate of all Mainland Health Boards for the 12-month period from January 2022 to December 2022. The Scottish average is 5.97%.

The Attendance Management Operational Group meets regularly to consider and implement preventative measures relating to sickness absence including, for example, promotion of 'how are you?' built into the beginning of 1-1 discussions and encouraging walking 1-1 meetings. An Attendance Management balance scorecard is being developed by the group for use by managers and work is underway to pilot a STAY survey, which is a retention tool used to give an overview of what encourages employees to stay, what improvements can be made and what may cause employees to look for external opportunities.

To complement the NHS Scotland Workforce Policies and the TURAS attendance training module, our more detailed local Attendance Management training has been revised to incorporate a focus on managing and supporting staff experiencing mental health issues, understanding attendance triggers, and setting targets. It is anticipated that this will improve managers' confidence in dealing with these common issues. Promoting Attendance Review and Improvement panels are in place across NHS Fife, reviewing long and short-term absence and complex cases. These provide an opportunity for shared learning.

Despite a wide range of health and wellbeing supports available to staff, there continue to be unprecedented workforce pressures as the NHS recovers from the pandemic and this, along with the related personal pressures due to COVID-19, is impacting on staff resilience and wellbeing. The current cost of living crisis may also result in additional stressors for some staff and a financial wellbeing guide has been developed alongside the promotion of Moneyhelper.org and the Boost your Income campaign, with a financial wellbeing section added to StaffLink.

Sickness absence trends remain elevated with mental health as one of the main reasons for OH referral. A number of services are available to staff including confidential, independent counselling, OH Mental Health Nurse support, Psychology and self-guided resources and toolkits, supplemented by a number of wellbeing activities throughout the organisation. The Staff Health & Wellbeing Framework for 2022 to 2025 has just been published and the NHS Fife Live Positive Stress Toolkit has been modernised and relaunched, providing another supportive resource for staff and managers.

PDPR Compliance	*To achieve an annual PDPR compliance rate of 80%*	**80%**	**32.3%**

Following the marginal decrease of 0.3% during December, engagement has reduced by a further 1% in January. Directorate / Divisional level changes range from 0.5% to 2.7% reduction.

The number of reviews held in the last period (310) show an increase compared to the previous month (184) and sustained higher level activity will be necessary to support an increase in the overall compliance levels across the organisation.

The aim for the remainder of this performance year is to increase engagement in PDPR and build momentum ahead of the 2023/24 performance year. The performance improvement plan discussed, and agreed, with the Executive Group, Staff Governance Committee and Area Partnership Forum will enhance this work and support a staged approach to achieving the desired compliance percentage by March 2024.

Staffing levels and competing priorities continue to hinder PDPR progress and it is unlikely that this will change significantly in the next quarter. Approaches to encouraging engagement in the PDPR process following the pause implemented during the Covid-19 pandemic still prove challenging.

Daily enquiries regarding KSF, Appraisal and PDPR rose in the previous month with many queries associated to manager/reviewer updates and KSF post outline developments. This demonstrates that engagement in PDPR is beginning to rise.

TURAS Appraisal Lunchtime Bytes sessions continue to be offered twice monthly via MSTeams. TURAS Appraisal eLearning will be launched by the end of March, to support managers who are unable to engage in these sessions and will complement the KSF&PDPR eLearning already available on TURAS Learn.

PDPR compliance reports will be provided to all managers in NHS Fife and the HSCP to support the other actions identified to improve the compliance percentage.

PUBLIC HEALTH & WELLBEING

	To improve health and wellbeing	5	3	2	-	-	◀▶	High

		Target	**Current**
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**473**	**143**

The number of successful quits in the first 6 months of the FY was 60% of the figure which would be required if the end target is to be achieved by March 2023. The number recorded in the traditionally 'slow' summer months was especially low but picked up in September. At this stage in FY 2021/22, the successful quit number was 191 (81%).

The quit success rate in specialist services just under double that delivered by pharmacies (where the number of attempts is much higher but where there are difficulties with following up on results).

Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data will not be available until around August next year.

Two new advisors were recruited at the beginning of December, but no start date has yet been agreed (awaiting go ahead from Recruitment). The last full-time post has been approved but has been held by Redeployment. Various promotional activities have been planned such as attending a Dunfermline Athletic Football Club home match as well as the development on a TV commercial which will run at end of February into the beginning of March with the intention to drive footfall to the service. Links are being made with services at Randolph Wemyss Hospital with a new clinic set up in January.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**59.3%**

Monthly performance fell sharply in December as the measure continued to be impacted by the continuing drive to eliminate long waits. At month end, there were no children or adolescents waiting over 35 weeks for initial treatment and 93% had waited less than 18 weeks, the overall waiting list (188) was the lowest ever reported and 83.5% of patients had waited less than 18 weeks. At the end of December 2021, this figure was 66%.

NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in December (for the quarter ending September) and was just below the Scottish average (67.1% compared to 67.9%).

Capacity has been challenging during December and January due to staff absence and staff departures. The period of time required to backfill vacancies (approximately 4 months) will have a detrimental impact on the ability to maintain current progress. Urgent and Priority referrals continue to be prioritised with any additional capacity focussing on those waiting over 18 weeks.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**73.8%**

Monthly performance decreased in December, due to a higher proportion of treatment starts having waited over 18 weeks. NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in December (for the quarter ending September) and was below the Scottish average (74.2% compared to 80.7%).

The number of patients starting treatment in the first 9 months of the FY was 13% less than for the same period in FY 2021/22. This was due to 38% reduction in referrals for cCBT during this period (there is no wait for starting treatment via cCBT). The overall waiting list has reduced by 5% since December 2021 with the number of patients waiting more than 52 weeks having reduced by 17%.

Workforce challenges

Due to national workforce pressures we continue to experience some challenges around recruitment. We have responded to this, where possible, by making adjustments to skill mix within services. Maternity leave is currently posing a challenge as it is difficult to recruit staff to provide backfill cover. The nature of PT delivery means that the impact of any vacancy is felt for several weeks prior to the leave date, as the staff member is winding down their caseload and unable to take on new treatment starts.

The workforce pressures which are affecting the wider mental system have reduced capacity within the CMHTs. This has impacted negatively on some aspects of adult mental health care pathways that were designed to support delivery of PTs. Plans for alternative delivery options, e.g. via increasing capacity in third sector partners, are in development but it will be some months before any new services will be operational.

	Target	Current

Clinic accommodation

Lack of accommodation for clinics is posing an increasing challenge. We continue to work with colleagues from Estates to source more clinic space and are exploring the possibility of holding more evening clinics. To date we have been able to mitigate the impact on PT performance (e.g. by staff working from home using digital delivery) but this mitigation is not appropriate/feasible for all and it risks staff wellbeing.

Adult Mental Health Psychology Service

1. After successful completion of an initial pilot of group delivery of Compassion Focused Therapy in Dunfermline, a second group will commence shortly in Glenrothes. CFT is an evidence-based approach which provides a treatment option for people with complex presentations and will increase service capacity. It complements the development of the Schema Therapy group, now mainstreamed.
2. The 2021/22 training programme to upskill the Clinical Associate staff group to work with less complex Eating Disorders presentations has been completed. Evaluation of effectiveness underway.
3. NES funding has been secured to train another Clinical Associate in specific therapy (IPT) which will increase PT delivery options.

Clinical Health Psychology Service

The increase in capacity following recruitment of 1.0wte Clinical Psychologist (external appointee) with specialist expertise in working with Functional Neurological Disorder (FND) has resulted in all patients on the General Medical Clinical Health WL having now been seen for assessment. The impact on therapy WL is now apparent with a reduction in the over 18 weeks WL from 248 in February 2022 to 144 in December 2022.

cCBT (Access Therapies Fife)

In response to a reduction in referrals (which equate to treatment starts) for cCBT in the latter half of 2022, the Psychology Service instituted a marketing campaign targeting both GPs and the public. The social media element of this, run in conjunction with NHS Fife Communications, began in November 2022. There was an immediate increase in uptake (141 cCBT starts in October and 195 in November). December referrals were impacted by the festive break but data for January shows a further increase to both the GP referral and self referral options.

COVID Vaccination	At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination	**80%**	**89.6%**

At the end of 31st January, NHS Fife had administered the Autumn/Winter Booster Vaccination to 89.6% of the Age 65+ population. The annual target was achieved by the end of 1st November.

A key objective of the winter vaccination programme was to increase immunity in those who continue to be more at risk of severe COVID-19 and flu to prevent severe illness, hospitalisation and death. The uptake of the vaccine in the oldest age groups across Fife has been high.

Flu Vaccination	At least 80% of the Age 65+ population will receive a Flu vaccination	**80%**	**87.8%**

At the end of 31st January, NHS Fife had administered the Flu Vaccination to 87.8% of the Age 65+ population. The annual target was achieved by the end of 2nd November.

Uptake of flu vaccine in the older age groups reflects the successes seen for COVID-19. Free flu vaccinations for those eligible have been available in community pharmacies across Fife, with some residents preferring this option.

Flu activity levels reached 'extraordinary' levels over the last 3 weeks of December (week ending to 18th December 2022 to week ending 1st January 2023), with current activity levels based on laboratory reporting now decreased to high (22.2 per 100,000 population). Achievement of the 80% target has ensured that high population coverage in the oldest age groups was achieved ahead of the peak of winter flu activity in the community.

Immunisation: 6-in-1	At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age	**95%**	**94.4%**

The latest published data (for quarter ending September) shows that NHS Fife performance fell slightly below the target. This was the lowest figure of all Mainland Health Boards. The aim going forward is to consistently achieve the target and also improve our ranking across all Mainland Health Boards.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.

Immunisation: MMR2	At least 92% of children will receive their MMR2 vaccination by the age of 5	**92%**	**88.4%**

The latest published data (for quarter ending September) shows that NHS Fife performed below the local target for the 4th successive quarter. This was the lowest figure of all Mainland Health Boards. The aim going forward is to achieve the target and also improve our ranking across all Mainland Health Boards.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.

e. Performance Exception Reports

CLINICAL GOVERNANCE

Adverse Events	Number 39

Severity; Dec-22

Major/Extreme 39
Moderate 293
Minor 155
No Harm 888

LAER ■ SAER

Actions from Significant and Local Adverse Event Reviews	Closure Rate 37.0%

Open Actions; Dec-22 (346)

within time 52
overdue 294

Key Deliverable		End Date
Adverse Event Process and Policy		Mar-23 On track
Key Milestones	Review of Policy	Dec-23 Complete
	Increased focus on governance/assurance in relation to improvement actions from adverse events reviews	Mar-23 On track
	Training and Education	Mar-23 On track

HSMR *Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.*	**Performance** **0.99**

Reporting Period; July 2021 to June 2022ᵖ

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

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

HSMR by Scotland: July 2021 to June 2022
Allows comparisons to be made between each hospital and the average for Scotland for a particular period.

Victoria Hospital
Within Limits
Observed Deaths: 1,780
Predicted Deaths: 1,807
HSMR: 0.99

Commentary

Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2022 showing a ratio below the Scottish average.
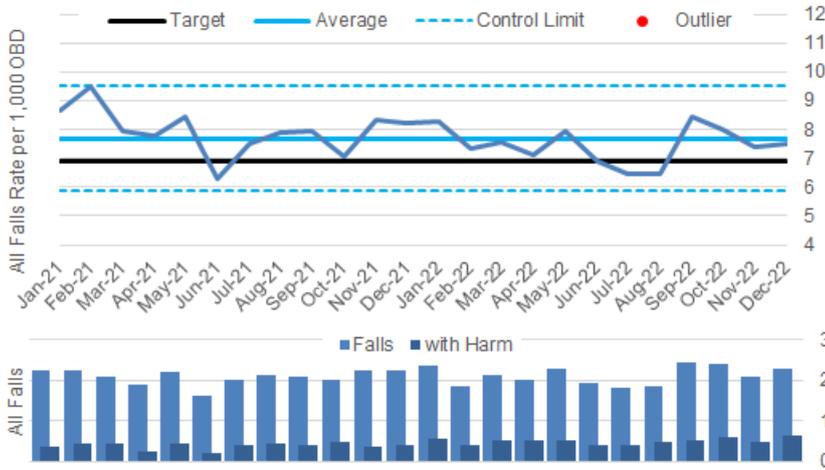
CLINICAL GOVERNANCE

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

Performance 7.50

Local Performance

with Harm; QE Dec-22

Performance by Service Area

	2021/22			2022/23								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	8.29	7.33	7.59	7.13	7.94	6.91	6.44	6.45	8.44	8.00	7.37	7.50
Acute Services	9.32	7.55	7.10	8.25	8.18	7.83	8.06	6.67	9.56	7.81	8.29	7.34
HSCP	7.41	7.16	8.01	6.14	7.72	6.08	4.97	6.25	7.47	8.18	6.58	7.65

| Key Deliverable	End Date
Reduction in number of Patient Falls in order to achieve specified reduction target in this FY	Mar-23 On track
Key Milestones Refresh Falls Champions Register and Network	Jan-23 On track
Ensure that monthly falls data continues to be discussed and displayed in each ward setting along with associated improvement plans	Mar-23 At risk
Develop an Audit programme for 2022/23	Jun-22 Complete
Review and refresh Falls Toolkit	Apr-23 Complete
Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales	Feb-23 On track
Review LEARN summaries to support shared learning	May-23 On track
Explore feasibility of implementation of Falls module on Patient Trak	Mar-23 At risk
Explore QI resource to support clinical staff and enhance local improvement work	Feb-23 On track

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

Performance 1.22

Local Performance

Setting; QE Dec-22
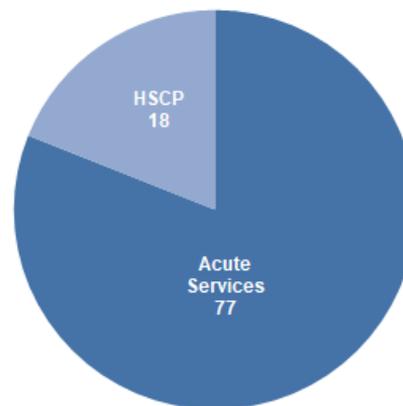
Performance by Service Area

	2021/22			2022/23								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	1.25	1.23	1.03	0.87	1.18	1.40	1.02	1.07	1.11	1.03	0.94	1.22
Acute Services	2.10	1.84	1.76	1.37	1.77	2.05	1.48	1.69	2.02	1.90	1.36	2.20
HSCP	0.52	0.72	0.40	0.41	0.66	0.82	0.60	0.52	0.32	0.25	0.59	0.32

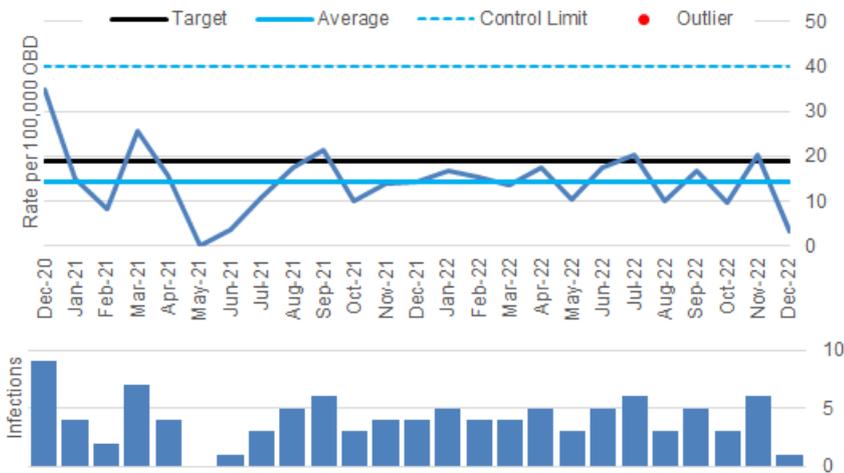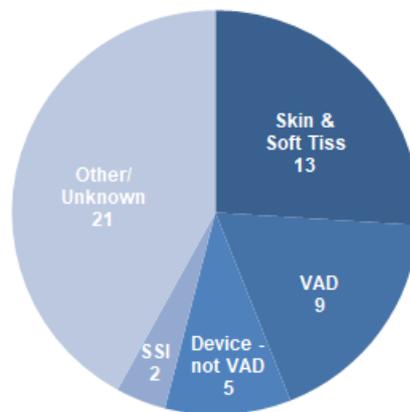| Key Deliverable		End Date
Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY		Mar-23 Off track
Key Milestones	Refresh PU Link Practitioner Register and Network	Oct-22 Complete
	Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Mar-23 At risk
	PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 Complete
	PU Documentation Audit to support compliance	Mar-23 On track
	Review LEARN summaries to support shared learning	Mar-23 On track
	Measurement against the revised HIS Prevention and Management of Pressure Ulcer Standards (October 2020)	Mar-23 At risk
	Establish an operational TV group	Jan-23 Off track
	Embed the revised HIS Pressure Ulcer Standards (October 2020)	Oct-23 Suspended
	Develop and test electronic PURA and SSKIN bundle on Patientrack	Oct-22 Complete
	Embed the use of the CAIR resource	Mar-23 On track
	Clinical teams with an increase in PU harms to collect process measures to identify and plan improvements	Mar-23 On track
	Develop a training and education plan	Oct-22 Complete

CLINICAL GOVERNANCE

SAB (HAI/HCAI) *Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23*	Performance 3.2

Local Performance

Infection Source; YE Dec-22

Skin & Soft Tiss 13
VAD 9
Device - not VAD 5
SSI 2
Other/ Unknown 21

National Benchmarking

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

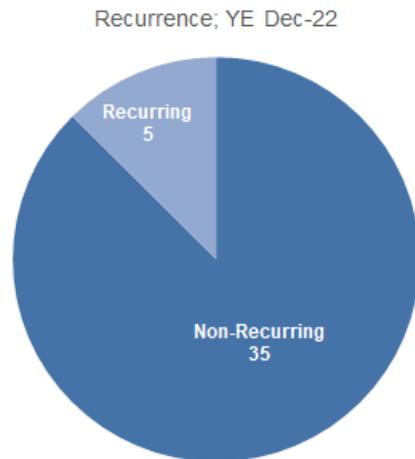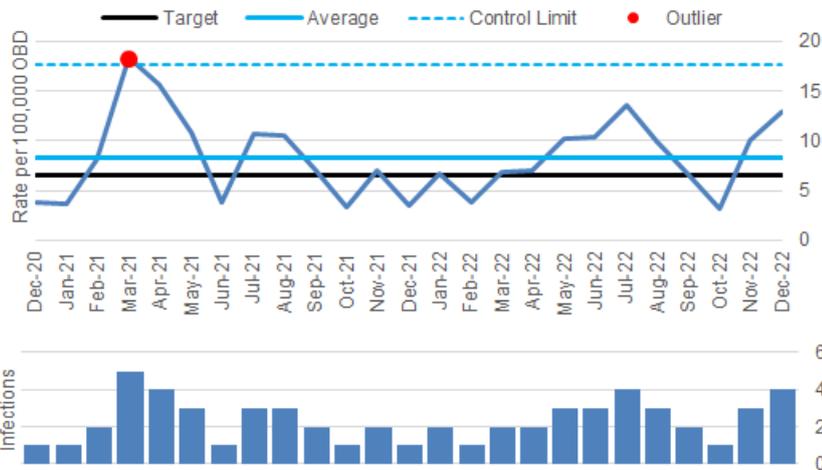| Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-23 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-23 On track

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

Performance 13.0

Local Performance

Recurrence; YE Dec-22

Recurring 5
Non-Recurring 35

National Benchmarking

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

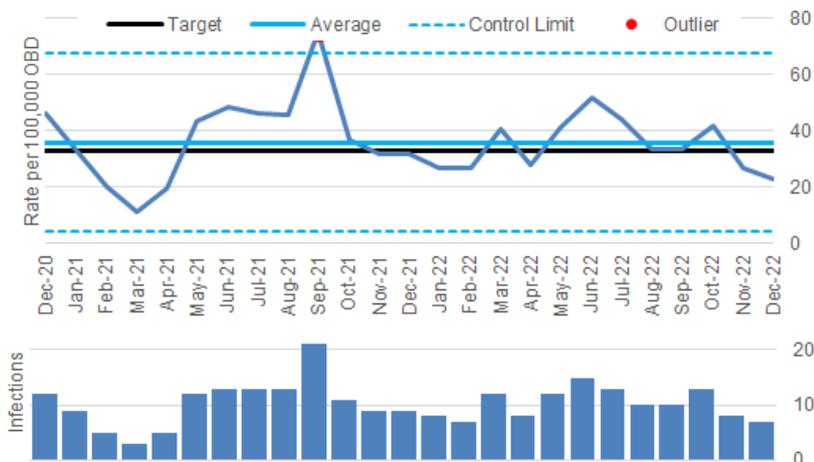| Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-23 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
	Reduce overall prescribing of antibiotics	Mar-23 On track
	Reducing recurrence of CDI	Mar-23 At risk
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-23 On track

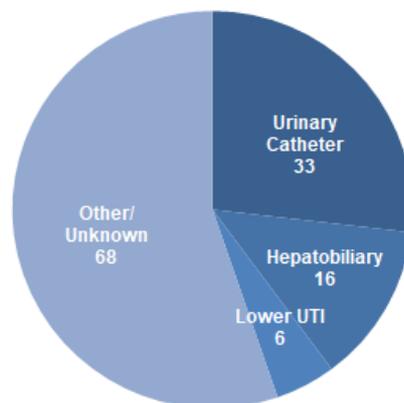| ECB (HAI/HCAI)	Performance
Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23	**22.7**

Local Performance

Infection Source; YE Dec-22

- Urinary Catheter 33
- Hepatobiliary 16
- Lower UTI 6
- Other/ Unknown 68

National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23	
	Mar	**Jun**	**Sep**	**Dec**	**Mar**	**Jun**	**Sep**
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2

| Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-23 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
	Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patientrack- further rollout	Mar-23 At risk
	Enhanced surveillance - led by Consultant Microbiologist	Mar-23 At risk
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-23 On track

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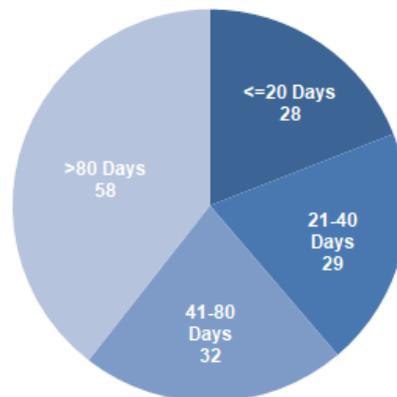
Complaints | Stage 2
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Performance 17.9%

Local Performance
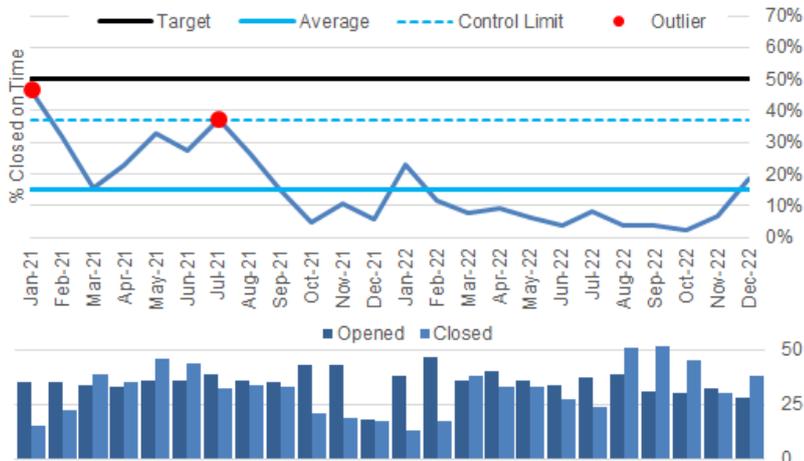
Open Complaints; Dec-22

Performance by Service Area

		2021/22						2022/23					
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	Opened in Month	38	47	36	40	36	34	37	39	31	30	32	28
	Due in Month	17	40	44	37	49	33	30	47	37	21	31	28
	% Closed on time	0.0%	12.5%	6.8%	5.4%	4.1%	6.1%	3.3%	6.4%	5.4%	4.8%	3.2%	17.9%
	Closed in Month	13	17	38	33	33	27	24	51	52	45	30	38
	% Closed on time	23.1%	11.8%	7.9%	9.1%	6.1%	3.7%	8.3%	3.9%	3.8%	2.2%	6.7%	18.4%
	% Acknowledged (3 days)	92.1%	80.9%	94.4%	92.5%	69.4%	76.5%	81.1%	87.2%	90.3%	96.7%	87.5%	89.3%
Acute Services	Due in Month	11	27	31	29	35	18	23	35	26	14	20	20
	% Closed on time	0	0	0	0	0	0	0	0	0	0	0	0
	Closed in Month	10	11	28	25	22	20	14	43	34	29	22	28
	% Closed on time	30.0%	18.2%	3.6%	12.0%	4.5%	5.0%	14.3%	2.3%	0.0%	0.0%	9.1%	21.4%
HSCP	Due in Month	6	13	10	7	13	15	7	10	10	7	10	8
	% Closed on time	0.0%	0.0%	10.0%	0.0%	0.0%	6.7%	0.0%	0.0%	10.0%	14.3%	0.0%	0.0%
	Closed in Month	3	3	7	7	11	7	10	6	16	16	7	10
	% Closed on time	0.0%	0.0%	14.3%	0.0%	9.1%	0.0%	0.0%	0.0%	6.3%	6.3%	0.0%	10.0%

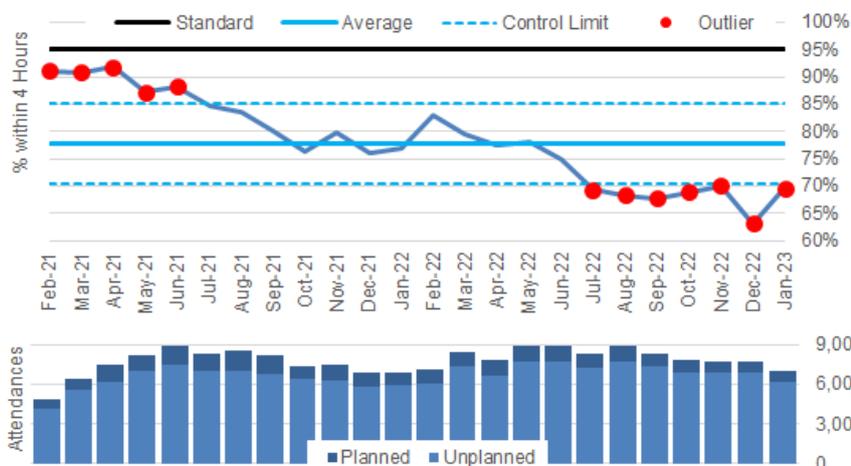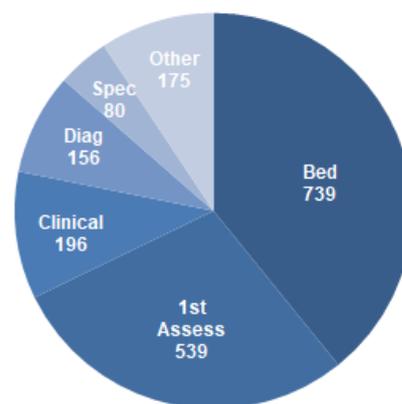| Key Deliverable	End Date
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Mar-24 Off track
Adherence to NHS Fife's Participation and Engagement Framework	Mar-23 Complete
Rebrand Patient Relations to Patient Experience Team	Dec-22 Complete

4-Hour Emergency Access *At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment*	Performance 69.6%

Local Performance

Breach Reason; Jan-23

National Benchmarking

	2021/22		2022/23									
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	83.0%	79.6%	77.5%	78.2%	74.9%	69.3%	68.3%	67.7%	68.9%	70.1%	63.2%	69.6%
Scotland	74.2%	71.6%	72.1%	73.0%	71.3%	69.9%	69.7%	69.0%	67.6%	67.5%	62.1%	

Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Key Milestone	Review Au1 assessment area	Mar-23 On track
	Enhance pathways into ECAS	Apr-23 At risk
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 Complete
	Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.	Sep-23 Off track
	Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Sep-23 At risk
	Rapid Triage Unit - test GP triage unit to improve quality and efficiency of GP assessment process whilst improving admission avoidance rates	Apr-23 On track
	Call Before You Convey - support clinical decision making with SAS to increase redirections from VHK	Mar-23 On track
Implement an enhanced triage model within QMH to support scheduling of FNC/ED flow		Mar-23 On track
Redesign of Urgent Care in close working with partners		Apr-23 At risk

FINANCE, PERFORMANCE & RESOURCES: OPERATIONAL PERFORMANCE

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

Performance 50.3%

Local Performance
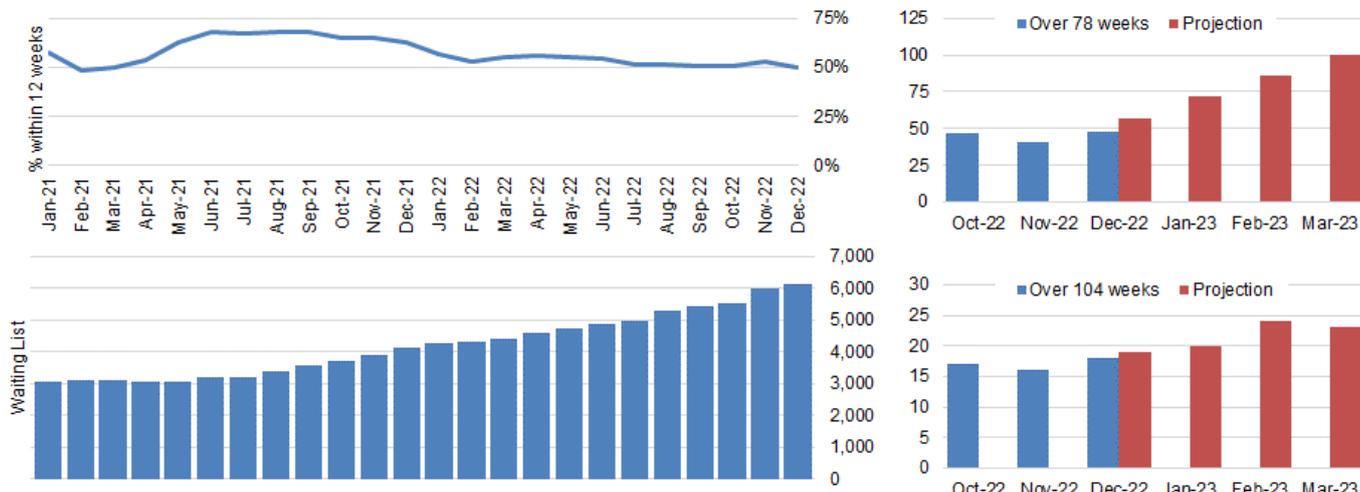
National Benchmarking

	2021/22			2022/23								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	56.6%	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%	53.3%	50.3%
Scotland	33.7%	32.5%	34.0%	32.8%	32.5%	31.5%	30.9%	31.4%	31.2%			

Key Deliverable	End Date
Reducing long waits; TTG	Mar-23 At risk

	Key Milestones	End Date
	Preassessment	Mar-23 On track
	Elective Orthopaedic Centre	Mar-23 Off track
	Maximise utilisation of QMH Theatres	Mar-23 On track
	Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 On track

New Outpatients	Performance
95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	**45.8%**

Local Performance
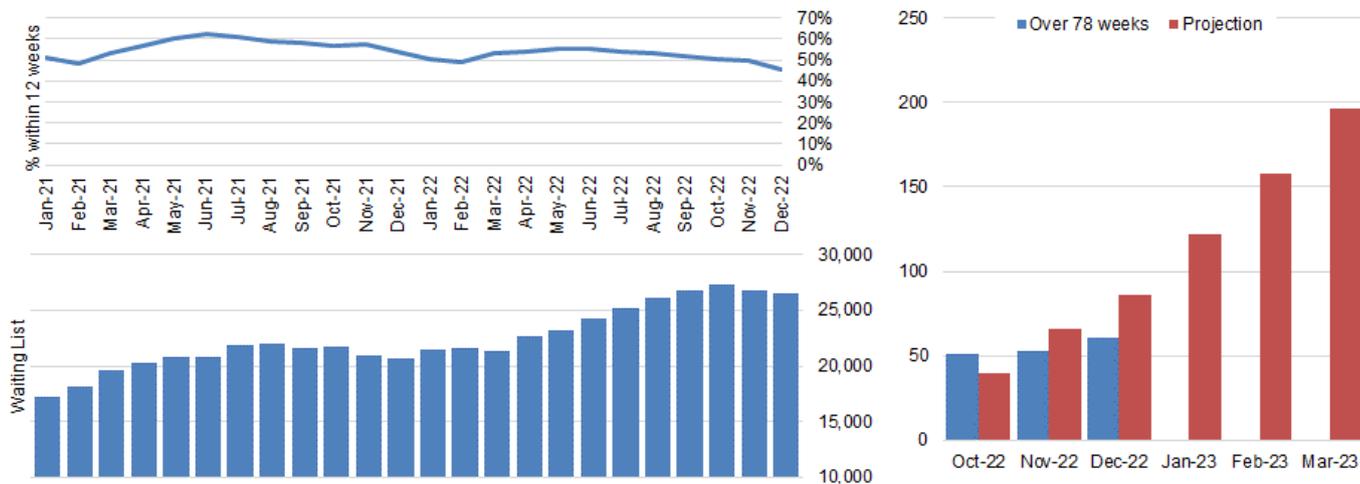
National Benchmarking

	2021/22			2022/23								
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
NHS Fife	50.1%	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%	49.9%	45.8%
Scotland	45.5%	45.9%	49.6%	48.9%	49.6%	49.1%	49.1%	48.4%	46.3%			

Key Deliverable		End Date
Reducing long waits; Outpatients		Mar-23 At risk
Key Milestones	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services	Mar-23 At risk
	Three step validation process of waiting lists will be implemented	Mar-23 Off track

Diagnostics Waiting Times	Performance
No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment	**53.3%**

Local Performance
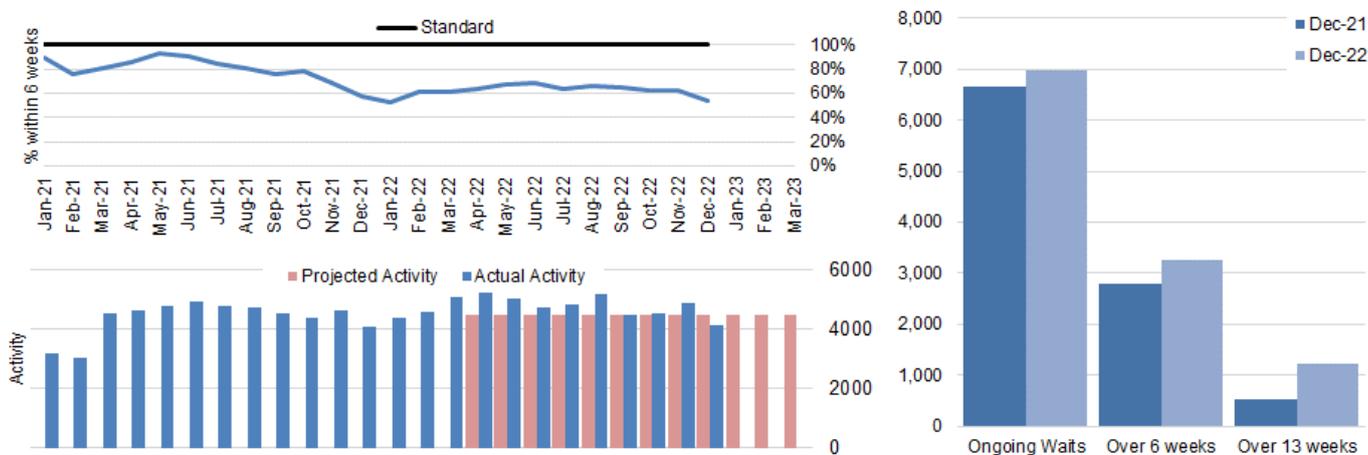
National Benchmarking

	2021/22			2022/23								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	52.7%	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%	64.6%	62.5%	62.8%	53.3%
Scotland	48.1%	50.8%	49.6%	45.2%	47.0%	47.5%	44.7%	46.0%	47.9%			

Key Deliverable	End Date
Reducing long waits; Diagnostics	Mar-23 At risk
Radiology -7 day working	Mar-24 Off track

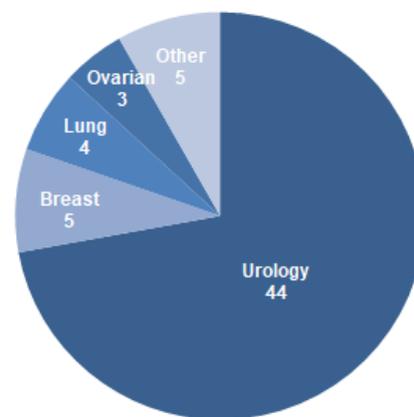## Cancer 62-Day Referral to Treatment
At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

Performance 65.8%

Local Performance
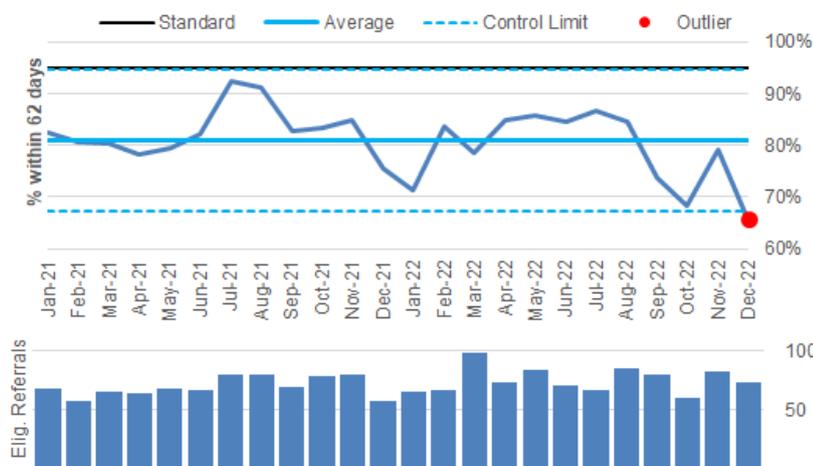
Breaches; QE Dec-22

National Benchmarking

Month	2021/22			2022/23								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	71.2%	83.6%	78.6%	84.9%	85.7%	84.5%	86.6%	84.7%	73.8%	68.3%	79.3%	65.8%
Scotland	76.3%	77.4%	75.5%	77.0%	75.8%	73.5%	75.8%	73.6%	72.1%	70.3%	69.8%	72.1%

Key Deliverable	End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services	Mar-23 On track
Key Milestones — ECDC development/expansion	Mar-23 On track
Development of single point of contact hub (SPOCH)	Sep-22 Complete
Review of cancer workforce	Mar-23 Complete
Environmental needs of cancer services	Mar-23 On track
Continued public and patient engagement	Mar-23 Complete
Increased access to trials linking with R, I & K	Mar-23 On track
Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-23 Off track
Delivery of Cancer Waiting Times	Mar-23 Off track
Key Milestones — Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 Complete
Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-23 Off track

Delayed Discharges (Bed Days Lost)	Performance
We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied	**5.2%**

Local Performance

National Benchmarking

% Bed Days Lost		2020/21			2021/22				2022/23	
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%	10.8%

Key Deliverable	End Date
Deliver Home First and enable Prevention and Early Intervention	Dec-23 On track
Key Milestones — Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter.	Jun-23 At risk
Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach	Jun-23 At risk
Support citizens to have greater control and choice of care preferences in event of a future deterioration, or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP.	Mar-23 At risk
Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation	Dec-22 Suspended
Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time	Mar-23 On track
Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy.	Jul-23 At risk
Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge	Mar-23 On track
Commissioning and Resourcing - support the Home First model by working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future	Oct-22 Complete
Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend length of stay	Mar-23 On track
Continue to reduce delayed discharge	Dec-23 On track
Ke — Reduce hand offs in discharge processes	Feb-23

		On track
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 On track
	Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care	Apr-23 On track
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 On track
	Planned Date of Discharge Project	Mar-23 On track
	Front Door Model	Mar-23 On track
	Electronic referrals	Dec-23 At risk

Finance *NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)*	**Revenue (£22.6m)**
	Capital £20.7m

1. Executive Summary

1.1 The Health Board retained position at the end of December 2022 is an overspend of £22.632m. This overspend comprises:

- £10.933m core overspend (includes £3.755m overspend relating to acute set aside services).
- 7.806m of the financial gap identified in the board's approved financial plan.
- £3.893m unfunded Covid surge and associated costs.

Health Delegated Services report an underspend at the end of December 2022 of £6.113m including fully funded Covid costs of £7.745m.

Revenue Financial Position as at December 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	250,058	187,033	197,593	-10,560
IJB Non-Delegated	9,705	7,310	7,237	73
Non-Fife & Other Healthcare Providers	95,706	71,796	74,943	-3,147
Non Clinical Services				
Estates & Facilities	79,076	58,910	59,194	-284
Board Admin & Other Services	71,642	50,496	50,337	159
Other				
Financial Flexibility & Allocations	22,157	3,208		3,208
Income	-22,670	-14,298	-14,404	106
Grip and Control	-3,412	-2,559	-2,071	-488
Sub-total Core position	**502,262**	**361,896**	**372,829**	**-10,933**
Financial Gap	-10,408	-7,806		-7,806
HB Retained Surge Capacity			**2,411**	**-2,411**
HB retained Covid 19	**10,346**	**8,472**	**9,954**	**-1,482**
SUB TOTAL	**502,200**	**362,562**	**385,194**	**-22,632**
Health & Social Care Partnership				
Fife H & SCP	376,821	278,653	272,540	6,113
Health delegated Covid 19	7,745	7,745	7,745	0
SUB TOTAL	**384,566**	**286,398**	**280,285**	**6,113**
TOTAL	**886,766**	**648,960**	**665,479**	**-16,519**

1.2   The financial plan approved in March identified cost improvement plans of £11.7m and a capital to revenue funding transfer of £2m, leaving a financial gap of £10.4m against an original £24.1m financial gap position. The financial plan assumptions included full funding of additional Covid 19 costs which was later subject to a funding cap, with any overspend beyond the funding cap of £7.5m disclosed as part of our core overspend position (£3.893m overspend at the end of December).

1.3   The most recent allocation letter was received on 23 December. We continue to make assumptions on anticipated allocations including the required level of funding to cover the final agreement on the national AFC pay award. As previously reported the planned care SG funding allocation was significantly reduced and although work has been taken forward to mitigate the impact of the shortfall in funding, a £1m overspend is reflected in our position. Details of our funding allocations, both received and anticipated, are attached at Appendix 1.

1.4   At the end of December, we remain £1.2m short of the level of savings we planned to deliver. As a result the forecast outturn assumes the CIP programme will fall short with £2m undelivered savings built in to our forecast overspend position. The cost of living crisis, inflationary increases, the level of service pressure and staff absence are increasing the challenge on the financial position and compromising delivery of savings across the entire organisation. Pipeline schemes continue to be identified and explored for presentation at the FIS Programme Board for approval however it is unlikely we will be able to deliver newly identified schemes in full this financial year.

1.5   The delivery of our approved financial position (£10.4m overspend agreed with Scottish Government) is at a high level of risk with the Board's forecast overspend at this time projected to be £20m. This position assumes HSCP funding for surge beds and expenditure on Primary Care and Mental Health out of area treatment costs.

1.6   The overall anticipated capital budget for 2022/23 is £29.474m (net of a capital to revenue transfer value of £2.6m). This reflects: the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government; anticipated allocations expected during the year to support a number of ongoing projects; as well as additional funding received from successful bids submitted to SG over the summer months. The capital position for the period to December records spend of £20.677m equivalent to 70% of the net allocation. The capital programme is expected to deliver in full, with activity in the final quarter of the financial year in respect of completion of the National Treatment Centre facility.

2.   Health Board Retained Services

Clinical Services financial performance at 31 December 2022 excluding Covid-19 costs

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services (HB Retained)	205,860	154,048	160,853	-6,805
Acute Services (Acute Set Aside)	44,198	32,985	36,740	-3,755
Subtotal Acute Services Division	**250,058**	**187,033**	**197,593**	**-10,560**
IJB Non Delegated	9,705	7,310	7,237	73
Non-Fife & Other Healthcare Providers	95,706	71,796	74,943	-3,147
Income	-22,670	-14,298	-14,404	106
SUB TOTAL	**332,799**	**251,841**	**265,369**	**-13,528**

2.1   Acute Services reports a core **overspend of £10.560m.** This position reflects the financial consequences of the significant ongoing service pressures across unscheduled care with increased demand and higher acuity than pre-pandemic levels. Increased lengths of stay together with delayed discharges and high levels of vacancy are driving the reliance on supplementary staffing for both nursing and medical workforces. Despite appointment of newly qualified practitioners, international recruits and introducing the role of B4 nurse practitioner, supplementary staffing for non medical staff remains very high at 9% of total pay spend, with vacancy levels at similar levels to earlier in the year. Additional site activity and reliance on supplementary staffing at 10% of the medical pay cost has resulted in an overspend on medical pay of £3.346m. Within this figure is a charge for non compliance of medical rotas across both EC and WCCS at a cost of £0.784m to date. The specialties with the greatest pressures are predominantly Elderly Medicine, A&E and Acute Medicine which are the areas most impacted by admissions, surge and delayed discharges.

In December additional Planned Care Funding of £0.114m was received to fund the MRI van in line with additional activity over October to March. There is significant cost pressure within non pay cost due to additional medicines growth of £3.366m, particularly within haematology services where new cancer medicines are being made available. Opthalmology medicine cost pressures will be mitigated with an efficiency scheme on macular

degeneration medicines. Continued growth and replacement of diabetic pumps, the increased cost of consumables for robotic procedures and theatres supplies are collectively overspending at £1.530m.

Included in the core Acute Services position is an overspend on core set aside services of £3.755m which is being funded on a **non-recurring** basis by the board.

2.2 The IJB Non-Delegated budget reports an **underspend of £0.073m.** This relates in the main to relates to nursing vacancies across the Acute Services within the Northeast Fife Hospitals and the Forensic unit (Daleview) at Lynebank.

2.3 The budget for healthcare services provided outwith NHS Fife is **overspent by £3.147m** (detail per Appendix 2) even after a £3m budget increase as part of this year's financial planning process. This is due to increased activity in patients requiring mental health, and substance misuse support, coupled with the costs of 2 high cost patients who no longer meet the criteria for NSD funding. In addition NHS Lothian has this month advised of additional previous months' activity and related costs. Discussions continue nationally on an additional inflationary uplift to SLAs re increased energy costs and the implications of the AfC pay award. We are in discussion with the HSCP in relation to the alignment of both budget and spend for SLAs relating to Mental Health services for which there is a forecast overspend of £2.6m at December.

2.4 **Corporate Functions and Other Financial performance at 31 December 2022**

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Non Clinical Services				
Estates & Facilities	79,076	58,910	59,194	-284
Board Admin & Other Services	71,642	50,496	50,337	159
Other				
Financial Flexibility & Allocations	22,157	3,208	0	3,208
SUB TOTAL	**172,875**	**112,614**	**109,531**	**3,083**

2.5 The Estates and Facilities budgets report an overspend **of £0.284m.** Whilst pays are underspent this is being offset as previously reported by energy and clinical waste pressures. This month has seen an increase in laundry costs as a result of site pressures and equipment issues. Service contracts have also increased in month and this is under review. Nothwithstanding the aforementioned challenges, E&F remains confident and committed to delivering a balanced year end position.

2.6 Within the Board's corporate services there is **an underspend of £0.159m**. Whilst there are a range of underspends across corporate service areas, there are offsetting areas of overspend within our Workforce Department which reflects cost pressures associated with the Regional Recruitment consortium and legal costs.

Financial Flexibility
2.7 Financial flexibility at the end of December includes allocations and anticipated budget provision for supplies, medical supplies and drugs uplifts. A summary of funding held in **financial flexibility** and the release of **£3.208m** to month 9 is shown at Appendix 3.

Financial Gap
2.8 The **financial plan gap** reflects the pro-rata share of the planned £10.4m deficit **(£7.806m** to month 9) for which planning arrangement are underway to address on a recurring basis as part of our medium term financial strategy.

Approved Cost Improvement Plans
2.9 The year-to-date target at month 9 is £7.630m with £6.470m achieved, resulting in a current year shortfall of £1.160m. Recurring savings achieved are £2.383m, equivalent to 20% of the full year target, a marginal increase against the position in month 9. This represents a significant challenge going into 2023/24 as the non-recurring element of the in-year target will be carried forward as an additional pressure.

There is a high level of risk that £2m of our Acute Services savings plan may now not be achieved. This is reflected in our forecast outturn position.

Approved Cost Improvement Plans - Position at 31 December 2022

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute Services	5,752	3,886	2,857	-1,029
Estates & Facilities	1,652	990	905	-85
Corporate	4,296	2,754	2,708	-46
Total	**11,700**	**7,630**	**6,470**	**-1,160**

By the end of month 9 Acute Services delivered £2.857m, a year-to-date shortfall of £1.029m. To date Acute Services has identified £1.416m on a recurring basis. Further detail is included in Appendix 4 to this report.

3. **Health Board Covid-19 spend**

3.1 Covid-19 spend to December is £12.365m reflected in the table below. This includes fully funded Test and Protect costs of £2.847m.

The remaining additional Covid 19 costs total £9.518m against a budget of £5.625m (pro rata share of £7.5m funding envelope). The resulting overspend of £3.893m comprises: £2.411m unfunded Covid surge costs across the hospital; and £1.482m remaining overspend. Positive discussions are nearing conclusion with the HSCP to determine a system wide approach to support the cost of surge activity for the full financial year.

HB & Acute set aside Covid-19 spend	Year to Date Budget £'000	YTD Spend HB Retained £'000	YTD Spend Set Aside £'000	YTD Spend Total £'000	YTD Variance £'000
Acute Services	2,232	2,232	3,482	5,714	-3,482
HB Retained Surge Capacity	0	0	2,411	2,411	-2,411
Estate & Facilities	76	76	303	379	-303
Corporate	908	908	106	1,014	-106
Funding Envelope	2,409				2,409
Subtotal	**5,625**	**3,216**	**6,302**	**9,518**	**-3,893**
Test & Protect	2,847	2,847	0	2,847	0
Total	**8,472**	**6,063**	**6,302**	**12,365**	**-3,893**

4. **Health & Social Care Partnership**

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £6.113m.** The movement in month largely relates to the release of financial flexibility within allocations awaiting distribution. This position is after the £2.4m budget realignment to Social Care in October 2022. The in-year underspend within the services predominantly relates to vacancies with attempts to recruit ongoing by services. In common with HB retained services, there are high usage/costs associated with medical locums and nurse bank/agency to cover vacancies, sickness and increased patient supervision requirements. Prescribing data available to inform the position is 2 months in arrears so the position to month 9 is based on 7 months actual data with 2 months informed estimated costs. Using that data, other available indicators and 3 years previous positive outturns, the GP Prescribing position to December is estimated to be £1.044m underspent.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	376,821	278,653	272,540	6,113
SUB TOTAL	**376,821**	**278,653**	**272,540**	**6,113**

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding budgets in respect of large hospital services, also referred to as Set Aside. The

financial pressure related to set aside services is currently held within the NHS Fife financial position. Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

4.2 **HSCP Covid-19 spend**
The Health Delegated covid spend of £7.745m to month 9, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

Health Delegated Covid-19 spend	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	2,839	2,839	0
Complex and Critical Services	99	99	0
Primary Care and Prevention Services	85	85	0
Professional/Business Enabling	89	89	0
Covid-19 Vaccination Costs	4,633	4,633	0
Total	**7,745**	**7,745**	**0**

5. Forecast Outturn

5.1 The forecast outturn for Health retained services at the end of March 2023 is a potential overspend of £15.9m. This position assumes HSCP funding to support the cost of surge activity which is predicted to remain for the full financial year and the non-Fife and other Healthcare providers overspend relating to Primary Care and Mental Health. Whilst this forecast outturn is an improvement from that reported last month, this is mainly attributable to a share of a further £50m for new medicines funding and a share of reduced CNORIS costs across Scotland.

5.2 The clear expectation remains from Scottish Government that we deliver as close to our forecast financial position (an overspend of £10.4m) as agreed in March 2022. This is high risk, and the board requires further mitigating actions of £8m to be identified and actioned prior to the financial year end which is extremely challenging.

6 Capital

6.1 The overall anticipated capital budget for 2022/23 is £29.474m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to November records spend of £20.677m. Therefore, 70.15% of the anticipated total capital allocation has been spent to month 9.

6.2 The programme of £32.074m detailed in the table below.

| Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	365
Lochgelly Health Centre	506
National Equipping - Traunch 1	1,506
QMH Theatres PH2	1,500
Mental Health	100
HEPMA	900
Ferno Trollies	50
Estates NIB Bid	2,720
D&I NIB Bid	1,928
NIB Equipment	914
LIMS	192
Total Before Capital to Revenue Transfer	**32,074**
Capital to Revenue Transfer	- 2,600
Total	29,474

NHS Fife has received £1.191m in charitable funding to support both the modernisation works associated with the VHK Hospice of £0.350m and £0.841m for the Audio Visual Theatre and Artwork for the new National Treatment Centre.

The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to Full Business Case, subject to NHS Assure approval and a Benefits Realisation incorporated into the Outline Business Case.

6.3 Expenditure / Major Scheme Progress

The summary expenditure position across all projects is set out in the dashboard summary below. The expenditure to date amounts to £20.677m, this equates to 70.15% of the total anticipated capital allocation, as illustrated in the spend profile graph below.

Local Performance
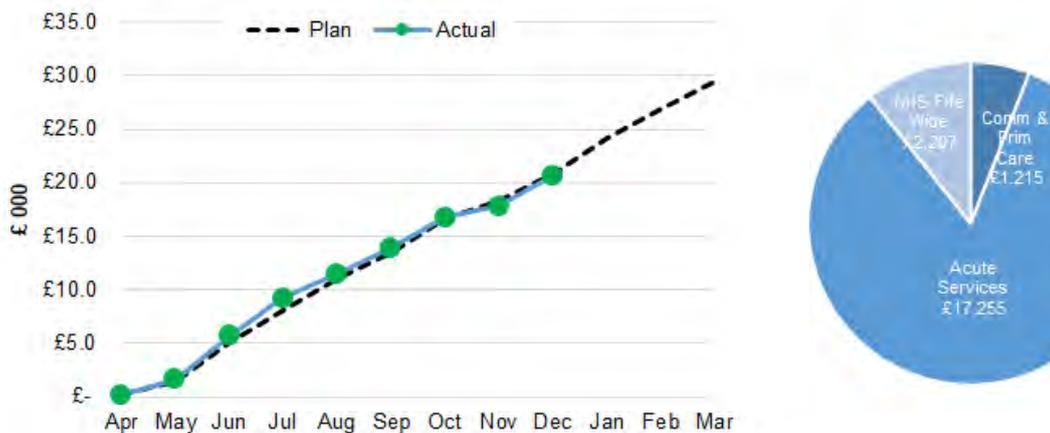
The main areas of spend to date include:

Statutory Compliance	£3.529m
Equipment	£1.636m
Digital	£2.207m
Elective Orthopaedic Centre	£12.287m
Health Centres	£0.866m

6.4 The capital programme is expected to deliver in full with significant activity in the final months of the year working towards a balanced capital position. Further detail on capital expenditure is detailed in Appendices 6 and 7.

7 Recommendation

7.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the month 9 position reported and are asked to:

- **Discuss** the reported core YTD overspend of £22.632m
- **Note** the Health delegated core YTD underspend position of £6.113m
- **Discuss** and agree mitigations to reduce the forecast outturn position of £15.9m
- **Note** the capital expenditure spend of £20.677m.

Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non-Recurring £'000	Total £'000
	June letter	748,855		125	748,980
	July Letter			101	101
	August Letter		8,828	4,765	13,593
	September Letter		1,408	4,363	5,771
	October Letter	600	5,132	1,966	7,698
	November Letter		8,701	2,910	11,611
Letter dated 23 December 2022	NSD - Adolescent Mental Health Units			-36	-36
	Primary Medical Services		61,772		61,772
	Learning Disabilities health Checks			69	69
	Delivery of veteran specific mental health support			116	116
					0
					0
					0
					0
					0
	Total Core RRL Allocations	**749,455**	**85,841**	**14,379**	**849,675**
Anticipated	Mental Health Bundle		1,363		1,363
Anticipated	Distinction Awards		139		139
Anticipated	Community Pharmacy Champions		20		20
Anticipated	NSS Discovery		-37		-37
Anticipated	Pharmacy Global Sum Calculation		-204		-204
Anticipated	NDC Contribution		-843		-843
Anticipated	Community Pharmacy Pre-Reg Training		-165		-165
Anticipated	New Medicine Fund		6,683		6,683
Anticipated	Golden Jubilee SLA		-25		-25
Anticipated	PCIF		3,499		3,499
Anticipated	Action 15 Mental Health strategy		2,121		2,121
Anticipated	ADP		989		989
Anticipated	School Nurse		276		276
Anticipated	Perinatal and Infant Mental Health		663		663
Anticipated	Primary care development funding		30		30
Anticipated	CAMHS		704		704
Anticipated	Mental Health Funding Pharmacy recruitment		64		64
Anticipated	Mental health & Wellbeing primary care services		105		105
Anticipated	Capital to Revenue			2,600	2,600
Anticipated	Midwife Training			25	25
Anticipated	NSD etc		-1,535		-1,535
Anticipated	Additional Pay Award	8,513			8,513
Anticipated	Depreciation			1,420	1,420
Anticipated	NTC			988	988
Anticipated	MND Nurse			19	19
Total Anticipated		**8,513**	**13,847**	**5,052**	**27,412**
		757,968	**99,688**	**19,431**	**877,087**
Anticipated	IFRS			8,516	8,516
Anticipated	Donated Asset Depreciation			137	137
Anticipated	Impairment			526	526
Anticipated	AME Provisions			500	500
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,679**	**9,679**
	Grand Total	**757,968**	**99,688**	**29,110**	**886,766**

Appendix 2: Service Agreements

	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	101	76	75	1
Borders	47	35	44	-9
Dumfries & Galloway	26	19	44	-25
Forth Valley	3,311	2,483	2,842	-359
Grampian	374	281	219	62
Greater Glasgow & Clyde	1,724	1,293	1,297	-4
Highland	141	106	158	-52
Lanarkshire	120	90	167	-77
Lothian	32,822	24,617	26,403	-1,786
Scottish Ambulance Service	105	79	39	40
Tayside	41,113	30,837	32,716	-1,879
	79,884	**59,916**	**64,004**	**-4,088**
UNPACS				
Health Boards	14,214	10,661	9,037	1,624
Private Sector	799	599	1,417	-818
	15,013	**11,260**	**10,454**	**806**
OATS	740	555	418	137
Grants	65	65	67	-2
Total	**95,702**	**71,796**	**74,943**	**-3,147**

Appendix 3: Financial Flexibility

	£'000	Flexibility Released to Dec-22 £'000
Drugs :NMF	309	
Junior Doctor Travel	26	8
Consultant increments	251	188
Discretionary Points	19	14
AME impairments	0	
AME Provisions	781	
Prior Years Approved Developments, National Initiatives	588	588
Health Retained 22-23 Uplifts	12,854	
Cost pressures 22-23	3,376	636
Allocations to be distributed	3,953	1774
Total	**22,157**	**3,208**

Appendix 4: Detailed Cost Improvement Plans

Area	Plan	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
PCD	Instruments & Sundries	1,000	690	379	-311
PCD	Investment in Theatres Procurement / Cost Reduction	500	333	126	-207
PCD	Repatriation of Radical Prostatectomy	205	0	0	0
WCCS	Travel & Printing	60	55	54	-1
WCCS	Managed Service Contract for Labs	425	319	319	0
WCCS	Skill Mix Review	50	29	28	-1
ECD	Pirfenidone / Nintedanib	40	30	30	0
ECD	Patent Expiry / Homecare	160	120	0	-120
WCCS	Community Paediatric Drugs	20	15	15	0
Acute	Reduction in Non Core Staffing	2,000	1,333	1,019	-314
WCCS	Vacancy Release	210	150	150	0
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	526	729	203
P&I	Major Contract Review	250	0	0	0
P&I	Property Maintenance Minor Works Team	100	25	0	-25
P&I	Energy Savings - NDEE Project	150	0	0	0
P&I	Rates Review	500	500	503	3
P&I	Roster Review	250	63	0	-63
P&I	Terminate Lease for Evans Business Park	80	80	80	0
P&I	Grip and Control	402	402	402	0
All	Vacancy Factor	1,183	889	565	-324 0
All	Financial Grip & Control	3,415	2,071	2,071	0
	Total	**11,700**	**7,630**	**6,470**	**-1,160**

Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000
Covid-19 earmarked reserve	33,522	620	327	379	364	281	524	305	303
Vaccine	2,472	1,053	472	330	372	453	753	749	459
ADP (from Core)	1,700								
Primary Care Improvement Fund	6,585		145	18	167	240	328	244	219
Care homes	817		41	15	599	15	15	15	
Urgent Care Redesign	950	139	110	105	87	76			
Action 15	1,791								167
District Nurses	213								18
Fluenz	18								
Mental Health Recovery & Renewal	3,932	100	122		63		1217		1666
Workforce Wellbeing	196								
Budival	213								
Child Healthy Weight	23								23
Acceleration of 22/23 MDT recruitment	300								
Multi Disciplinary Teams	1,384								
GP Premises	430								
Afghan Refugees	47								
Dental Ventilation	669		72		1	236	80		
Interface care	170			30					
School Nursing	146								
Remobilisation of dental services	313								
Psychological Therapies	264								264
Uncommitted Reserves									
RT Funding	1,500								
Core general reserve	3,402		127	98	524	15	-56		
Core underspend	3,550								
TOTAL	**64,607**	**1,912**	**1,416**	**975**	**2,177**	**1,316**	**2,861**	**1,313**	**3,119**

Appendix 6: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	70	70	70
Statutory Compliance	354	228	354
Capital Equipment	229	21	229
Condemned Equipment	0	0	0
Total Community & Primary Care	653	318	653
ACUTE SERVICES DIVISION			
Statutory Compliance	2,041	1,762	2,041
Capital Equipment	1,175	431	1,175
Clinical Prioritisation	128	52	128
Condemned Equipment	103	27	103
QMH Theatre	734	472	734
Total Acute Services Division	4,181	2,744	4,181
NHS FIFE WIDE SCHEMES			
Equipment Balance	0	0	0
Digital & Information	877	877	877
Clinical Prioritisation	52	0	52
Statutory Compliance	1	0	1
Condemned Equipment	0	0	0
Fire Safety	0	0	0
Scheme Development	0	0	0
Vehicles	0	0	0
Capital to Revenue Transfer	2,000	0	2,000
Total NHS Fife Wide Schemes	2,930	877	2,930
TOTAL CAPITAL ALLOCATION FOR 2022/23	**7,764**	**3,939**	**7,764**

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
ANTICIPATED ALLOCATIONS 2022/23			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	365	365	365
Lochgelly Health Centre	506	501	506
Mental Health Review	100	31	100
Elective Orthopaedic Centre	13,629	12,287	13,629
National Equipping Tranche 1	1,506	806	1,506
HEPMA	900	267	900
Ferno Trollies	50	0	50
Estates NIB Bid	2,720	1,067	2,720
D&I NIB Bid	1,928	1,063	1,928
National Equipping Tranche 2	914	351	914
LIMS	192	0	192
Anticipated Allocations for 2022/23	**24,310**	**16,738**	**24,310**
Total Anticipated Allocation for 2022/23	**32,074**	**20,677**	**32,074**

Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to November £'000	December Adjustment £'000	Total December £'000
Community & Primary Care				
Capital Equipment	0	229	0	229
Condemned Equipment	0	0	0	0
Clinical Prioritisation	0	67	2	70
Statutory Compliance	0	354	0	354
Total Community & Primary Care	**0**	**650**	**2**	**653**
Acute Services Division				
Capital Equipment	0	800	375	1,175
Condemned Equipment	0	97	6	103
Clinical Prioritisation	0	123	4	128
Statutory Compliance	0	2,041	0	2,041
QMH Theatre	734	734	0	734
	734	**3,795**	**386**	**4,181**
Fife Wide				
Backlog Maintenance / Statutory Compliance	2,396	-2,395	0	1
Fife Wide Equipment	1,407	-1,026	-381	0
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-191	-7	52
Condemned Equipment	100	-100	0	0
Capital to Revenue Transfer	2,000	0	0	2,000
Fife Wide Fire Safety	0	0	0	0
Fife Wide Vehicles	0	0	0	0
Total Fife Wide	**7,030**	**-3,712**	**-388**	**2,930**
Total Capital Resource 2022/23	**7,764**	**734**	**0**	**7,764**

ANTICIPATED ALLOCATIONS 2022/23				
QMH Theatres PH2	1,500	0	0	1,500
Kincardine Health Centre	365	0	0	365
Lochgelly Health Centre	506	0	0	506
Mental Health Review	100	0	0	100
Elective Orthopaedic Centre	13,629	0	0	13,629
National Equipping Tranche 1	1,506	0	0	1,506
HEPMA	900	0	0	900
Ferno Trollies	50	0	0	50
Estates NIB Bid	2,720	0	0	2,720
D&I NIB Bid	1,928	0	0	1,928
National Equipping Tranche 2	914	0	0	914
LIMS	192	0	0	192
Anticipated Allocations for 2022/23	**24,310**	**0**	**0**	**24,310**

Total Planned Expenditure for 2022/23	**32,074**	**734**	**0**	**32,074**

Sickness Absence
To achieve a sickness absence rate of 4% or less

Performance 7.85%

Local Performance
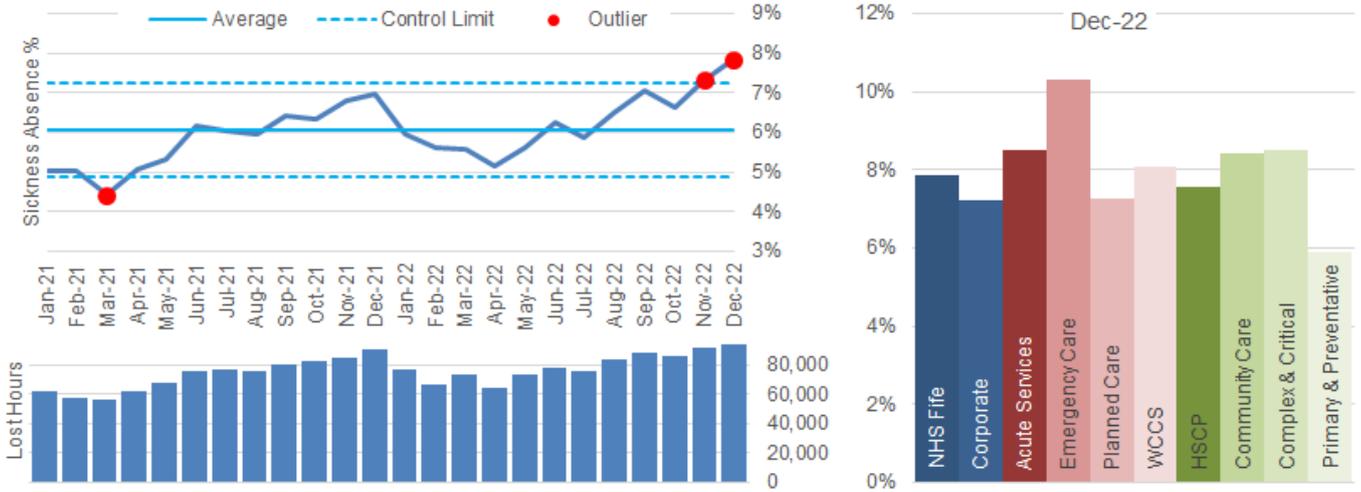
National Benchmarking

Month	2021/22			2022/23								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	5.93%	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%	6.63%	7.31%	7.85%
Scotland	5.37%	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%	6.75%	7.35%

Key Deliverable	End Date
Support the Health and Wellbeing of our Staff	Mar-23 At risk

	Key Milestones		End Date
	Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions		Mar-23 On track
	Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence		Mar-23 At risk

PDPR Compliance *To achieve an annual PDPR compliance rate of 80%*	Performance 32.3%

Local Performance

Key Deliverable	End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate	Mar-23 At risk

	Key Milestones	
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 On track
	Provide RAG status reports to all Managers during September 2022	Sep-22 Complete
	Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis	Dec-22 Complete
	Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDP&R activity	Dec-22 Complete

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

Performance 143

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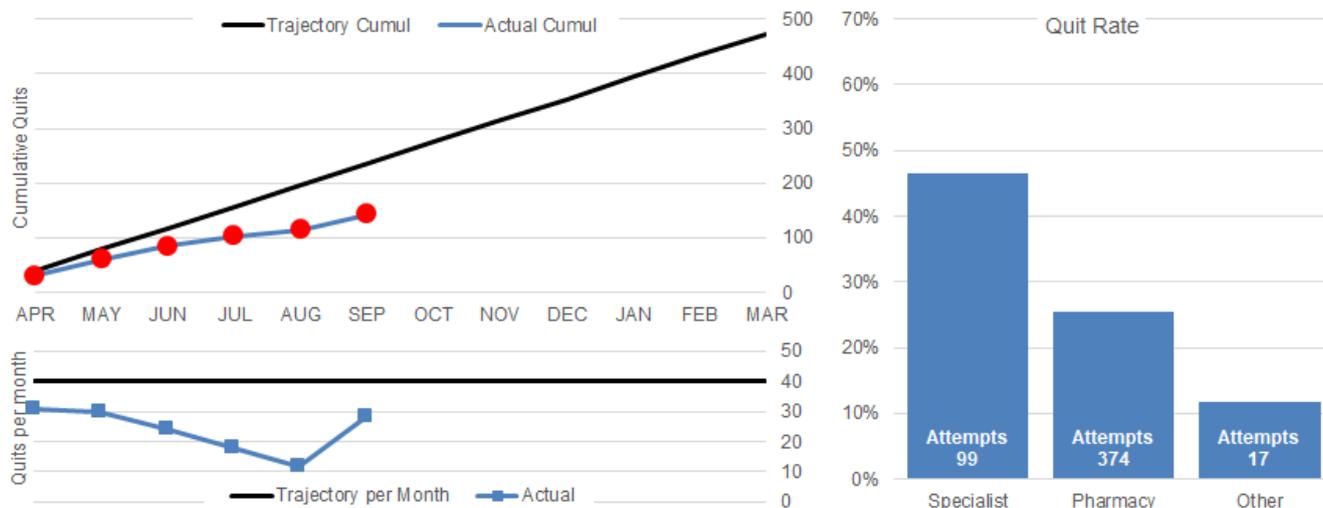
National Benchmarking

		2022/23											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	31	30	24	18	12	28						
	Actual Cumul	31	61	85	103	115	143						
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	77.5%	77.2%	72.0%	65.2%	58.4%	60.6%						
Scotland	Achieved			62.9%									

Key Deliverable	End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23	Mar-23 On track

|	Key Milestones	End Date
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 On track
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 Complete
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Sep-22 Complete
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	Mar-23 On track
	Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage	Sep-22 Complete

CAMHS 18 weeks RTT	Performance
At least 90% of clients will wait no longer than 18 weeks from referral to treatment	**59.3%**

Local Performance
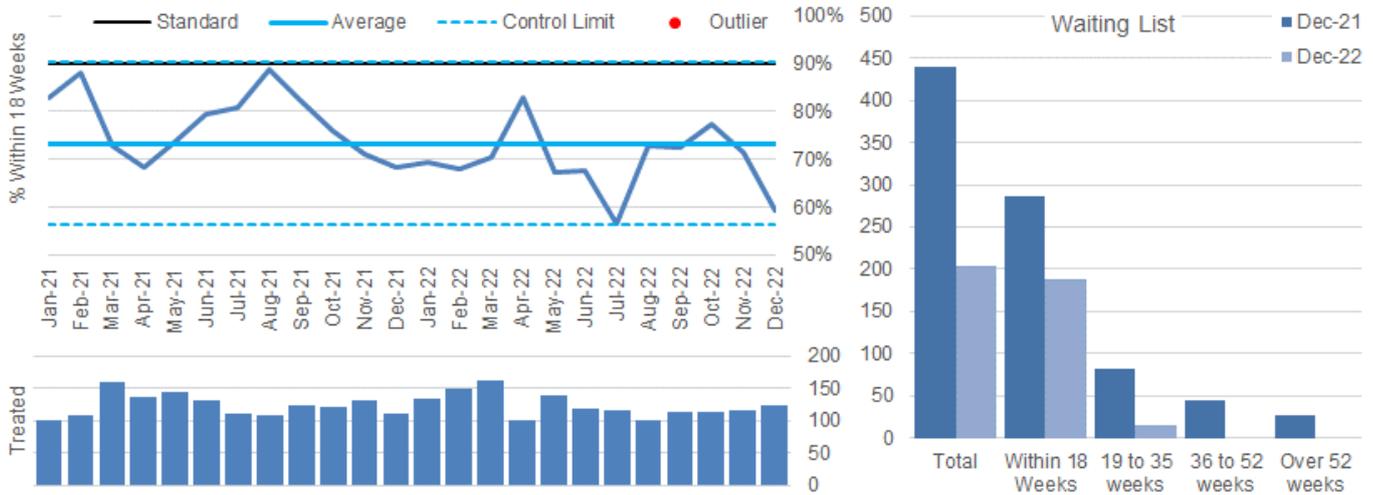
National Benchmarking

| Month	2021/22			2022/23								
	JAN	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**
NHS Fife	69.4%	68.0%	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%
Scotland	73.9%	71.9%	73.8%	71.1%	66.7%	67.4%	67.4%	66.4%	69.3%			

Key Deliverable	End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS	Mar-23 On track

	Key Milestones	End Date
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 Complete
	Recruitment of Additional Workforce	Mar-23 On track
	Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Mar-23 On track

Psychological Therapies 18 weeks RTT *At least 90% of clients will wait no longer than 18 weeks from referral to treatment*	Performance 73.8%

Local Performance
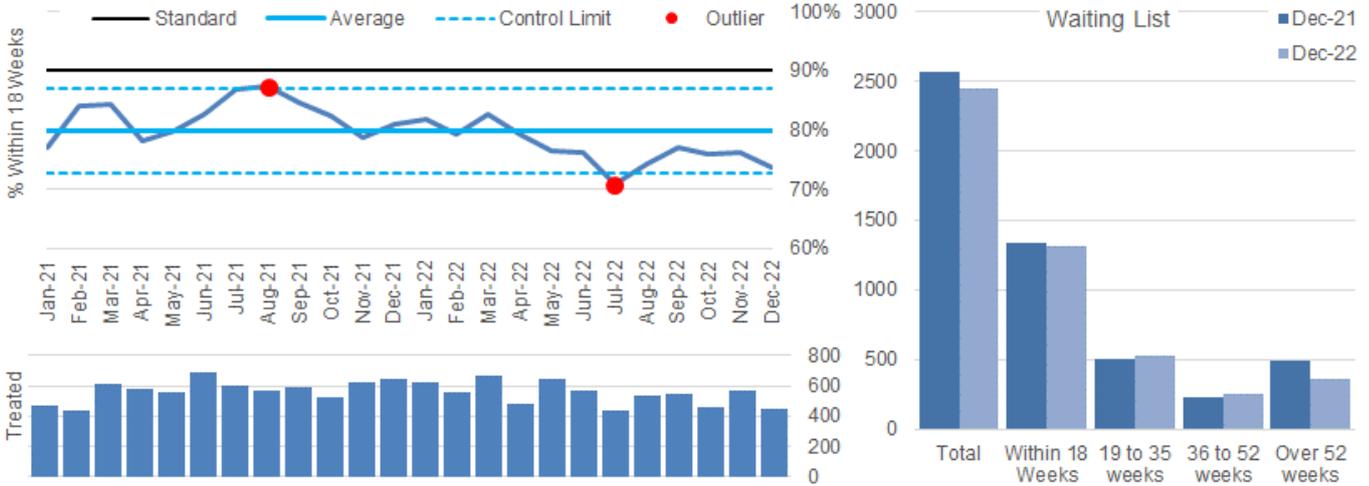
National Benchmarking

Month	2021/22			2022/23								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%
Scotland	82.6%	82.0%	84.5%	81.2%	80.9%	82.3%	79.2%	81.6%	81.2%			

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-23 On track
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Mar-23 On track
	Recruit new staff as per Psychological Therapies Recovery Plan	Mar-23 At risk
	Waiting list management within General Medical Service in Clinical Health	Dec-22 Complete
	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit	Mar-23 At risk
	Support and develop the NHS Fife response to Long COVID	Dec-22 Suspended

Covid-19 and Flu Vaccination

At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination
At least 80% of the Age 65+ population will receive a Flu vaccination

Performance
COV: 89.6%
Flu: 87.8%

Local Performance

Legend: ■ A/W Booster ■ Flu
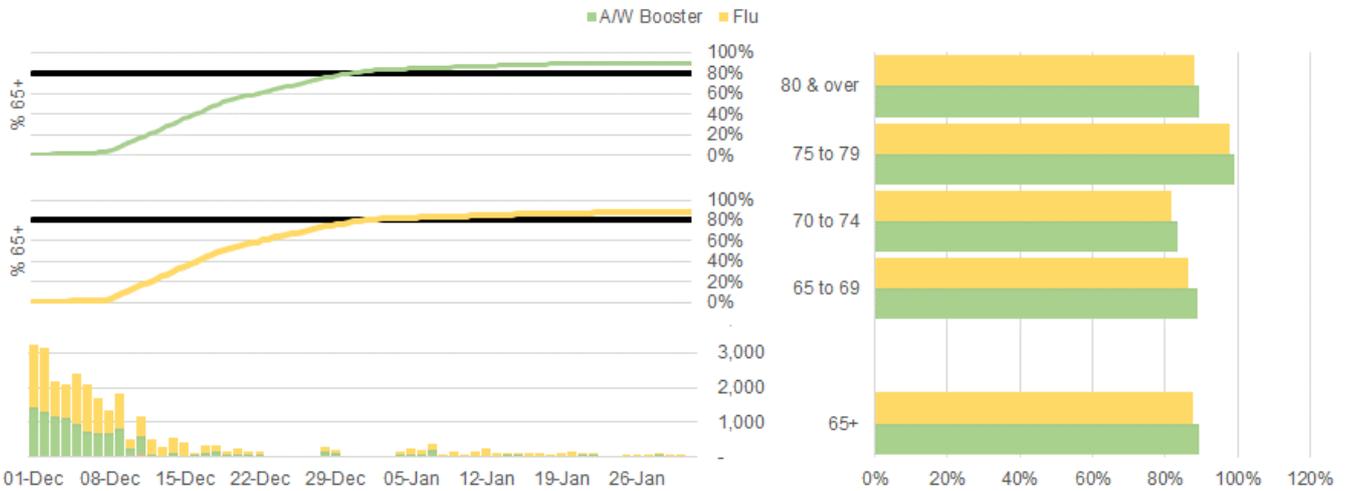
National Benchmarking

Scotland figures as per publication by Public Health Scotland on 9th February 2023, covering period up to end of 5th February 2023
NHS Fife figures as per local calculations at end of 31st January 2023

Month Ending		2022/23						2023/24					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
COVID A/W	NHS Fife	30.1%	78.3%	87.1%	89.3%	89.6%							
	Scotland		76.0%	88.1%	90.1%	90.4%							
Flu	NHS Fife	30.1%	76.9%	85.5%	87.5%	87.8%							
	Scotland		80.6%	82.9%	85.0%	85.3%							

Key Deliverable	End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife	Dec-22 Complete
Key Milestones — COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 Complete
COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population *Latest PHS data (13/7/22) - Fife uptake for booster 2 (dose 4) in 75+ = 94.5%. Programme completed though rolling offer ongoing.*	Jul-22 Complete
Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife	Jan-23 Complete
Key Milestones — COVID uptake for 75+ in Fife, Autumn/Winter 22-23	Dec-22 Complete
Flu Vaccination uptake for 18-59 years at risk group in Fife, Autumn/Winter 22-23	Jan-23 Complete
Flu vaccination uptake for 65+ Fife population, Autumn/Winter 22-23	Dec-22 Complete
Flu vaccination uptake in 2-5 years, primary & secondary school programme	Jan-23 Complete

PUBLIC HEALTH & WELLBEING

Child Immunisation: 6-in-1 At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age	Performance 94.4%

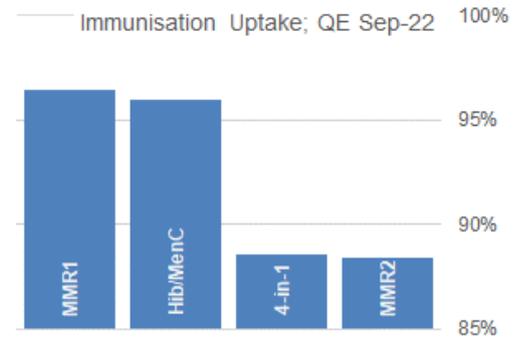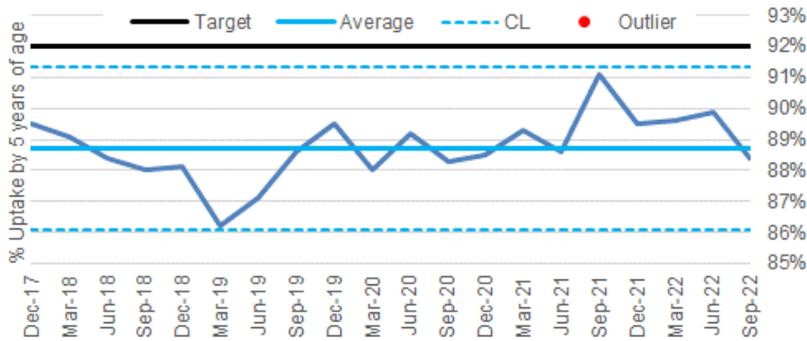### Local Performance

National Benchmarking

Quarter	2020/21			2021/22				2022/23	
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%

Child Immunisation: MMR2 At least 90% of children will receive their MMR2 vaccination by the age of 5	Performance 88.4%

Local Performance

National Benchmarking

Quarter	2020/21			2021/22				2022/23	
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%

Key Deliverable	End Date
Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population	Mar-23 At risk

	Key Milestone	End Date
Key Milestones	6-in-1 primary vaccination uptake at age 12 months for Fife population	Mar-23 At risk
	MMR2 uptake at age 5 years for Fife population	Mar-23 At risk

DEEP DIVE

Pre- and post- Covid CAMHS and Psychological Therapies Activity

A request for an analysis of pre- and post-COVID activity and performance was made at the Public Health & Wellbeing Committee on 11 January. The charts below show figures for FY 2018/19 and FY 2022/23 (to end of December).

CAMHS: Started Treatment (by Month)
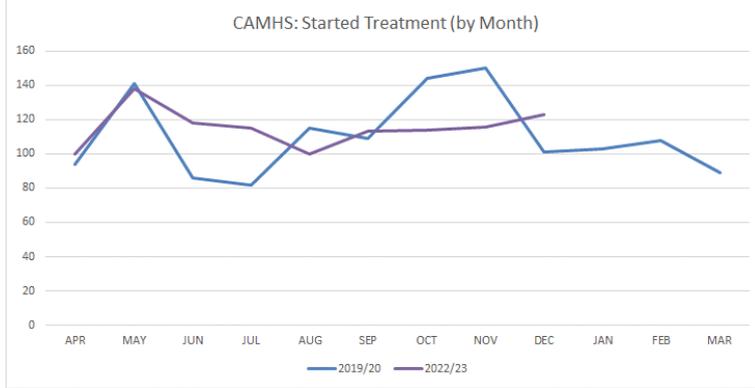
Treatment Started data for 2022/23 demonstrates a consistent uptake of referrals aligned to revised job plans which avoids peaks and troughs in activity and ensures caseloads are manageable for individual clinicians. This allows capacity to provide regular therapeutic interventions and promotes quicker recovery and throughput. Appointments offered during 2022 totalled 27,000 compared to 22,000 in 2021, 19,000 in 2020 and 17,800 in 2019.

CAMHS: 18 Weeks RTT Performance (by Month)
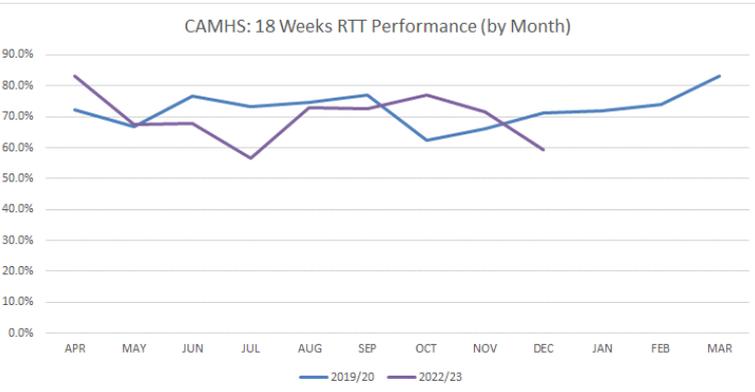
RTT performance during 2022/23 is lower than 2019/20 as significant efforts have been made to reduce longest waits thus resulting in more children who had waited over 18 weeks starting treatment.

CAMHS: Referrals (by Month)
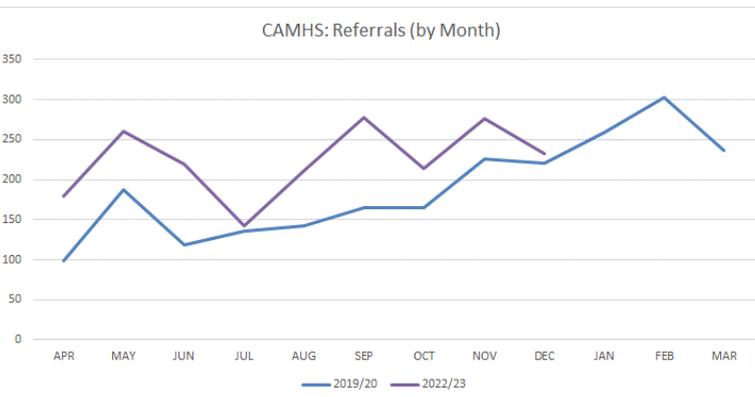
Referrals for 2022/23 are higher than 2019/20. Lower rates of referral during 2019/20 are most likely due to restricted thresholds during COVID-19 pandemic (May-July 2020) and a delay in partners who would typically refer to CAMHS returning to normal functioning.

The PT reports incorporate 3 data strands – highly specialised PTs (1:1 or group delivery within the Psychology service); computerised CBT (treatment starts equate to referrals received); and all of CAMHS target data (broader than delivery of PTs). These distinctions are important for interpreting the pre and post COVID performance and activity.


Psy Ther: Started Treatment (by Month)
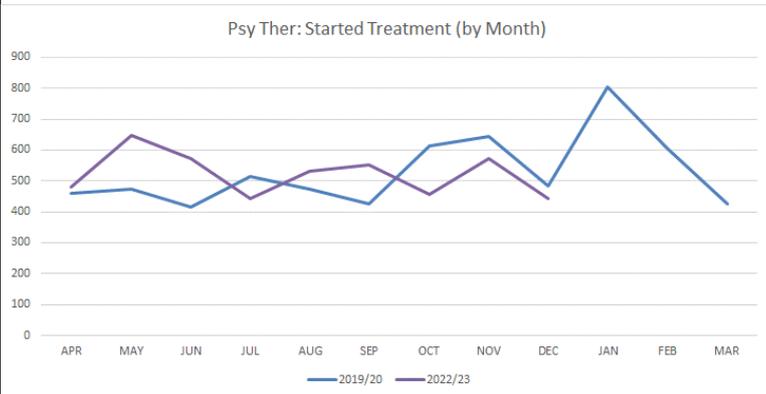
It is normal to see monthly fluctuations in treatment starts. For highly specialised PTs this is because clinicians take new patients onto their caseload to begin therapy as and when they have capacity following discharge of another patient. For cCBT, fluctuations are due to changes in demand and therefore referrals/treatment starts (there is a maximum wait of 5 days to commence cCBT). The CAMHS activity data shows a similarly fluctuating pattern. The data (excluding CAMHS) shows an 18% increase in treatment starts for PTs in April-December 2022 compared to the same period in 2019.

Psy Ther: 18 Weeks RTT Performance (by Month)
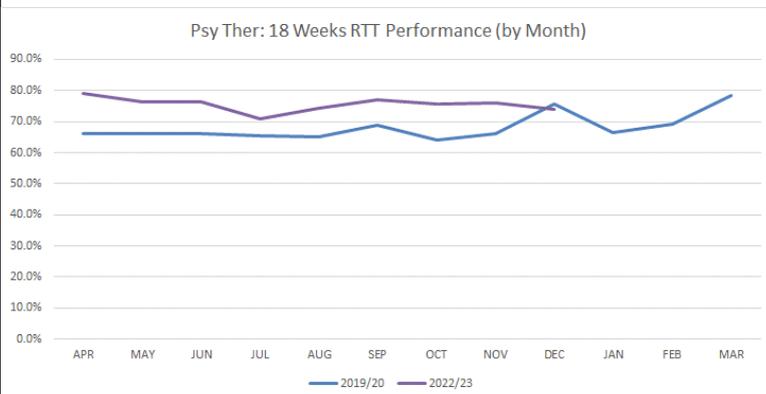
The improved performance on the RTT during 2022, compared to 2019/20, reflects the fact that more clinician activity for PTs was focused upon people waiting less than 18 weeks. There are a number of reasons for this.
Firstly, expansion of cCBT options in 2021/2022 improved access and increased the number of people seen within 18 weeks. Secondly, the initial impact of some improvement actions (such as the development of new PT group programmes) is a reduction in people waiting. But once all the people who have waited over 18 weeks who can benefit from the intervention have done so, is clinically

appropriate). This increases the proportion of people who have waited over 18 weeks who are being seen and this impacts the RTT. Overtime, more people who have waited under 18 weeks start treatment via the new service option and this contributes to improved RTT performance. A third reason is that, due to national workforce pressures, it has been more difficult during 2021/22 to recruit to vacancies in the posts required to work 1:1 with the longest waiting patients. Therefore, although work with the longest waiting patient group continues, the percentage activity for highly specialised therapy within the Psychology Service has shifted more towards those who have waited less time. A fourth and final reason is that new psychology services, established within the last two years with targeted Government funding (e.g. Maternity Neonatal Psychology and the Mental Health after Covid Hospitalisation service), are able to see their (discrete) patient populations quickly and so all of their treatment starts have waited less than 18 weeks. Taken together all of these have a positive impact on target performance even while we continue to focus on reducing the longest waits.

Psy Ther: Referrals (by Month)
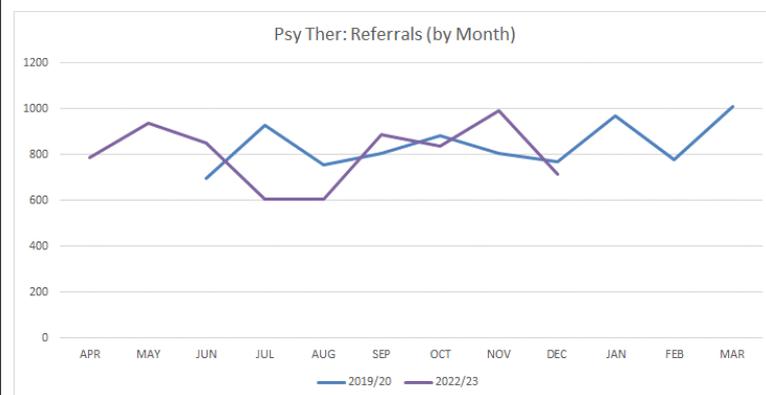
The referrals graph shows the anticipated monthly fluctuations in demand. Referrals for PTs are currently at 90% of rate seen in 2019/2020 with the trend for highly specialised PTs being upward.

NHS
Fife

Report to the Board on 28 March 2023

BOARD DEVELOPMENT SESSION – 28 February 2023

Background

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

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

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

February Development Session

4. The most recent Board Development Session took place in the Dean Park Hotel, Kirkcaldy on Tuesday 28 February 2023. There were three main topics for discussion: Population Health & Wellbeing Strategy Update, Medium-Term Financial Plan and Fife Mental Health Redesign.

Recommendation

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

TRICIA MARWICK
Board Chairperson
02 March 2023

NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**28 March 2023**
Title:	**Population Health and Wellbeing Strategy**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Margo McGurk Director of Finance and Strategy**

1   Purpose

This report is presented to the Board for:

- Approval

This report relates to:

- NHS Board Population Health and Wellbeing Strategy

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

NHS Fife has developed a new Population Health and Wellbeing Strategy which sets out the strategic direction for the organisation for the next 5 years.

2.2   Background

A Strategic Framework was approved by the NHS Fife Board in March 2022 which has guided the development of the strategy over the past 12 months. The framework set out below describes our vision, values, principles, and strategic priorities. The strategy document sets out our high-level ambitions in delivering against this framework.

Our strategic framework

The foundations of our strategy

Our vision
Living Well, working well and flourishing in Fife

Our values

Care and compassion

Dignity and respect

Openness, honesty and responsibility

Quality and teamwork

Our principles

Listening and involving

Supporting communities

Empowering people

Prevention and early intervention

Creating wellbeing

Being kind

Our strategic priorities

1. Improve health and wellbeing

   We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.

2. Improve the quality of health and care

   We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.

3. Improve staff experience and wellbeing

   We value and look after our staff.

4. Deliver value and sustainability

   We use our resources wisely to ensure our services are sustainable and meet our population's needs.

Population Health and Wellbeing Strategy

2.3   Assessment

This new strategy is a declaration of our vision and intent to prioritise health inequalities and support improvement in the health and wellbeing of our citizens. Through annual delivery plans, the implementation of the strategy will be taken forward in the context of a range of drivers for change.

Regular progress reports on the strategy development have been shared with EDG, Board Governance Committees, Area Partnership Forum, Area Clinical Forum and the NHS Fife Board. Drafts of the strategy have been shared with a wide range of stakeholders and their feedback has been used to refine this document further.

The diagram below shows the breadth and extent of the engagement activity which has guided and influenced the strategy development.

Our Engagement Activities

Apr 21	April 22	May 22	Jun 22	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23

Grand Round

APF/ACF **APF/ACF**

Review of Clinical Strategy 2016/21

Public Health and Wellbeing Review   **Public Health Workshop**

Board Development Session   **Draft PHW Strategy to Board**

Public and Staff Survey

Focus Group and Interviews with public

Engagement with clinical and management groups

Engagement with NHS Fife Board

The next diagram gives more detail on the range of groups who have influenced our work.

Our Engagement Focus Areas

Locality Meetings
Levenmouth
Kirkcaldy
Dunfermline
West Villages
St Andrews
Glenrothes
(inc Cowdenbeath)
North East Fife

Focus Group Sessions
STAND meeting – people living with Dementia
Faith Leaders Group
People First – People living with learning disabilities
CLEAR Fife – Community Action Group
Fife College Group

We spoke to over 2000 people.

1300 members of the public.

200 staff sessions to talk about inequalities.

We have spoken at over 60 meetings about the strategy.

We reviewed over 350 patient stories.

Presented to over 550 staff about the strategy.

Whilst the document sets out our ambitions over the next 5 years, there are aspects of our strategy, particularly our unique contribution to improving the health and wellbeing of the Fife population, which will take longer to embed and impact sustainably across communities. We also recognise the need to ensure our strategy is dynamic to changing community needs and political ambitions across a range of policy areas and will ensure a formal review and refresh of the document on a bi-annual basis.

2.3.1 Quality / Patient Care

The strategy places a commitment to the delivery of high-quality health and care services across Fife. The strategy sets out how we will seek to address this whilst recognising that change will be required to deliver this.

2.3.2 Workforce

A key priority of the strategy is supporting improvements to staff experience and wellbeing to enable greater resilience and support across our workforce.

2.3.3 Financial

A key driver for change is ensuring that NHS Fife is financially sustainable in the medium and longer term. We know that we will need to continue carefully manage our resources and the strategy provides the NHS Fife Board a framework to support decisions about the allocation of our financial resources.

2.3.4 Risk Assessment / Management

There has been ongoing risk assessment throughout the development of the strategy which has been reported through the organisational risk management processes. Further risk assessment will be undertaken as part of the implementation of the strategy across key programmes of work and this will be monitored on an ongoing basis.

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

This strategy recognises the NHS Fife commitment to equality and diversity and places this at the heart of everything we will do. The impact of health inequalities and NHS Fife's role as an anchor institution is outlined in the strategy as a key driver for change. Collectively the priority actions outline the steps we will take to reduce the impact of inequalities and how we can achieve this. As we evaluate the impact of the strategy, we will be monitoring and assessing the impact of inequalities over time.

2.3.6 Climate Emergency & Sustainability Impact

A key driver for change captured within the strategy is addressing the impact of the Climate Emergency.

2.3.7 Communication, involvement, engagement and consultation

There has been engagement throughout the development of the strategy that has captured the views of members of the public who use our services and our staff. We commissioned Progressive (an external agency) to undertake a survey of our staff and the public. This was then followed up with focus groups and in-depth interviews with the public. We have presented on the strategy across a wide range of groups and gathered views from across the organisation. Collectively we have engaged with over 2000 staff and members of the public.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. These groups have all endorsed the strategy and their feedback has been used to inform the further development of the content presented in this report.

- EDG/Portfolio Board (12 January 2023)
- EDG/Portfolio Board (9 February 2023)
- Area Partnership Forum (25 January 2023)
- Area Clinical Forum (2 February 2023)

- NHS Fife Board Development Session (28 February 2023)
- Public Health and Wellbeing Committee (1 March 2023)
- Clinical Governance Committee (3 March 2023)
- Staff Governance Committee (9 March 2023)
- Finance, Performance and Resource Committee (14 March 2023)

3   Recommendation

NHS Fife Board is asked to:

- **Approve** the NHS Fife Population Health and Wellbeing strategy.

4   List of appendices

Appendix One: NHS Fife Population Health and Wellbeing Strategy

Report Contact
Margo McGurk
Director of Finance & Strategy

Living well, working well and flourishing in Fife

Population Health
and Wellbeing Strategy

2023–2028

FOREWORD

Welcome from our Chief Executive

We aim to deliver excellent care and improve population health and wellbeing for the people of Fife.

Carol Potter
Chief Executive

We have developed this new strategy through extensive engagement with our communities, staff, patients, and partners.

This work has highlighted what matters to the people of Fife when they need health care services and how communities want to be supported in maintaining and improving their health and wellbeing.

This strategy does not set out a series of detailed actions. It is a declaration of our vision and intent to prioritise health inequalities and support improvement in the health and wellbeing of our citizens. Through annual delivery plans, the implementation of the strategy will be taken forward in the context of a range of drivers for change.

Key to this will be our continuing recovery from the global pandemic which has significantly impacted our communities and their physical and mental health and wellbeing. The pandemic has also been very challenging for our staff and the delivery of our services. We anticipate this impact will continue for the foreseeable future.

Looking ahead, we will continue working towards providing high-quality care whilst addressing the challenges in the length of time many patients wait to receive their care. Our staff have continued to demonstrate their extraordinary commitment to public service, working under significant and sustained pressure for a period longer than anyone could have predicted at the outset.

This is an interactive document
The top toolbar allows you to navigate through the different sections of the guide.

Population Health and Wellbeing Strategy

2

We face an uncertain and challenging financial position as we emerge from the pandemic and redesign our services to fit the future needs of our communities.

It is widely recognised across health and social care and by professional organisations, including Audit Scotland, that the NHS was not financially sustainable before the pandemic. However, our challenges have been exacerbated by its impact and legacy. NHS Fife, like all NHS Boards, must plan an effective response to the significant capacity and supply issues in key areas of our workforce.

This new strategy acknowledges the compounding pressures that the financial and workforce challenges ahead of us will bring.

We are proactively preparing to deliver financial sustainability over the medium term and embracing all opportunities to provide new ways of working and developing new staff roles in supporting us through these most challenging times.

We know that recovery will not be achieved in the short term, but we remain ambitious for longer term recovery. We will work to secure a positive legacy from the pandemic, and this strategy underpins our approach.

Central to all our work will be a focus on prevention and early intervention. We know that our health and wellbeing are determined by many factors – education, housing, and employment, to name just a few – and as far back as 1948, the World Health Organisation recognised that "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".

We aspire toward being one of the best NHS Boards in the country, so all our citizens are living well, working well and flourishing in Fife and we look forward to working in partnership with other public sector bodies, third sector, industry, academia, and our communities across Fife to deliver this vision.

Our strategic framework

The foundations of our strategy

Our vision
Living Well, working well and flourishing in Fife

Our values

Care and compassion

Dignity and respect

Openness, honesty and responsibility

Quality and teamwork

Our principles

Listening and involving

Supporting communities

Empowering people

Prevention and early intervention

Creating wellbeing

Being kind

Our strategic priorities

1. Improve health and wellbeing

We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.

3. Improve staff experience and wellbeing

We value and look after our staff.

2. Improve the quality of health and care

We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.

4. Deliver value and sustainability

We use our resources wisely to ensure our services are sustainable and meet our population's needs.

4

A foundation for Improvement

An enduring focus on the performance and sustainability of our services and on improving population health and wellbeing.

Principles for the strategy

Our principles underpin the development and implementation of the strategy. They commit us to:

1. **Listen** and involve people in how we design, deliver and improve everything we do

2. Support people to help each other in the **communities** that they live and work.

3. **Empower** people to take control and manage their own care.

4. Embed **prevention** and early intervention into the delivery of healthcare services.

5. Ensure the **wellbeing** of communities and staff is central to everything we do.

6. Act with **kindness** embedding it into the systems and culture of our organisation.

Our values

We treat people using services and provide our workforce with the care, compassion, dignity and respect they expect and deserve.

We believe in an open and honest culture. Everything we do is delivered through teamwork, and continued quality improvement is core business.

Care and compassion

Dignity and respect

Openness, honesty and responsibility

Quality and teamwork

CONTEXT

Living well, working well, and flourishing in Fife

The population of Fife and its healthcare needs are changing.
In response, NHS Fife is transforming.

Why we need to change

The are a number of factors that influence why NHS Fife needs to change including:

- **Recovery from the pandemic**
- **Our ageing population**
- **Health and wellbeing across Fife**
- **NHS Fife as an anchor insititution**
- **Working across health and social care**
- **Financial sustainability**
- **Climate change and sustainability**

Recovery from the pandemic

The impact of the pandemic has touched all parts of health and care services. The virus meant difficult decisions were made to protect patients and staff. It will be some years in the future before the legacy of the pandemic is fully understood.

The pandemic has taught us how things can be done differently, at pace and in an agile way. We have seen how we can use technology to deliver virtual consultations by video or phone call as a part of a blended approach to clinical service delivery. Looking ahead, we want to build on what has happened in the last three years and continue innovating to support service delivery and provide high quality care.

Due to the pandemic, many patients are now experiencing longer waits for treatment and care.

There are challenges in responding to this increased demand; we must be creative in addressing this.

Our ageing population

Fife's population is expected to grow older. By 2043, there will be a 30% increase in those aged 65+. We know that this age group is likely to experience multiple health conditions with increasing frailty. Because of this, those in the 65+ age group use health services more frequently than others.

We want to ensure that people can live well as they age and are supported to make decisions about the care they want to receive and ultimately, we want to ensure that people can receive good end of life care. To achieve this, we need to make changes to how we are currently delivering services so that they remain sustainable in the future.

2020

0-15	16-64	65+
64,152	231,809	78,169

Population: **374,000**

2043 (projected)

0-15	16-64	65+
53,522	209,218	101,424
-17%	-10%	+30%

Population: **364,164 (-3%)**
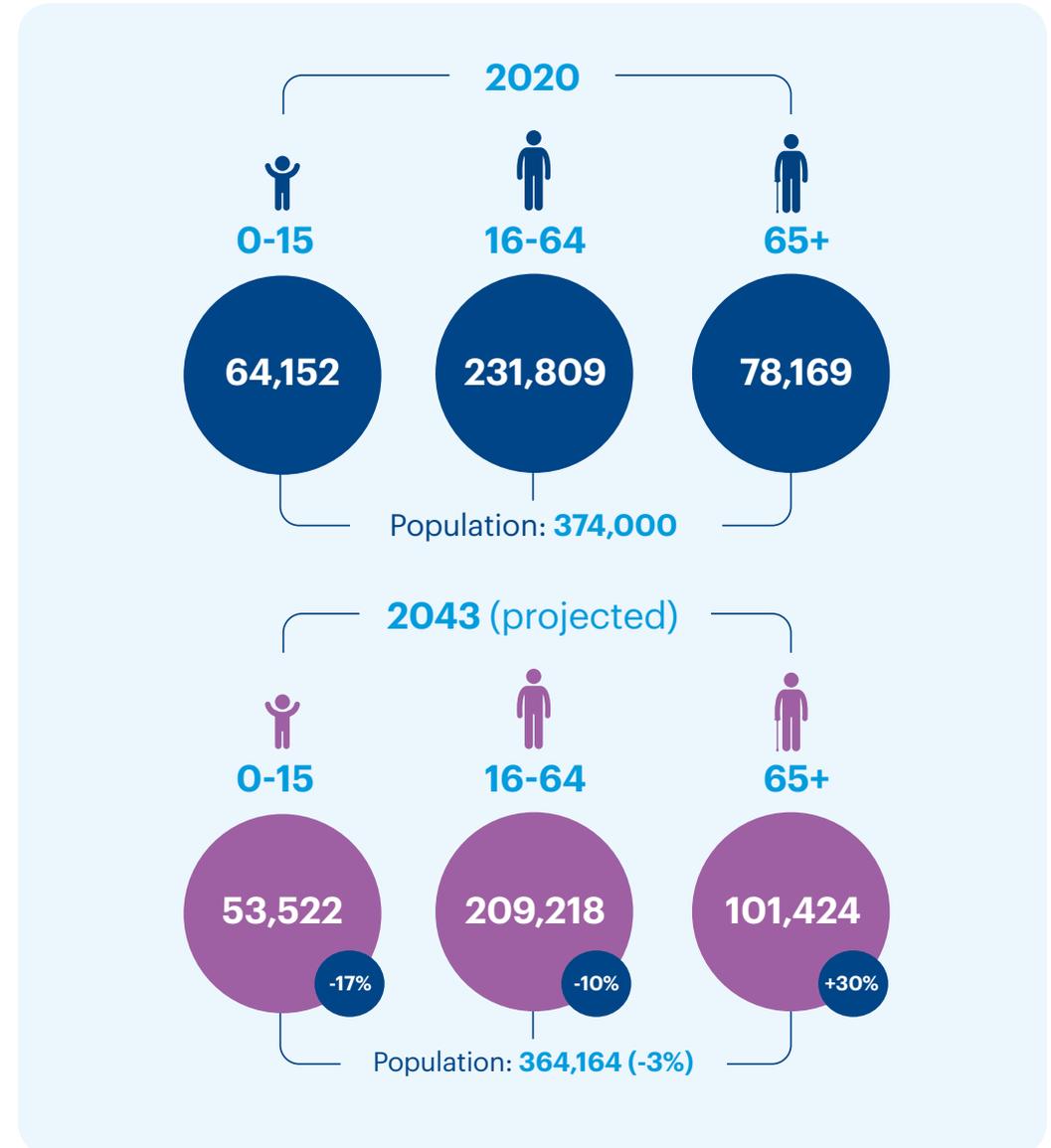
Health and wellbeing across Fife

Our most recent Director of Public Health Annual Report 2020–2021 highlighted that many factors influence health and wellbeing.

Some cannot be changed, such as our age or genetics, while others can be modified such as our diet. Levels of obesity, smoking, alcohol intake, lack of exercise and experience of childhood adversity, are higher in Fife than they should be for good health.

The report also highlighted that ischaemic heart disease, lung cancer and dementia were the top three individual causes of early death.

Our health and wellbeing is also influenced by the conditions in which we are born, grow up in, live and work in.

The building blocks of community health and wellbeing include:

- Affordable, secure, and quality housing.
- Stable, well-paid work.
- Accessible childcare.
- Training and education.

When some or all of these building blocks are missing, community health and wellbeing declines. For example, not having enough income can lead to constant worrying about making ends meet. Over time this can put people at an increased risk of illnesses such as heart disease.

We know that people living in poverty have shorter lives.

In 2016–2020, life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females. These differences in health outcomes are described as health inequalities and are to a large extent avoidable. Unfortunately, the recent cost-of-living crisis is forecast to widen health inequalities even further.
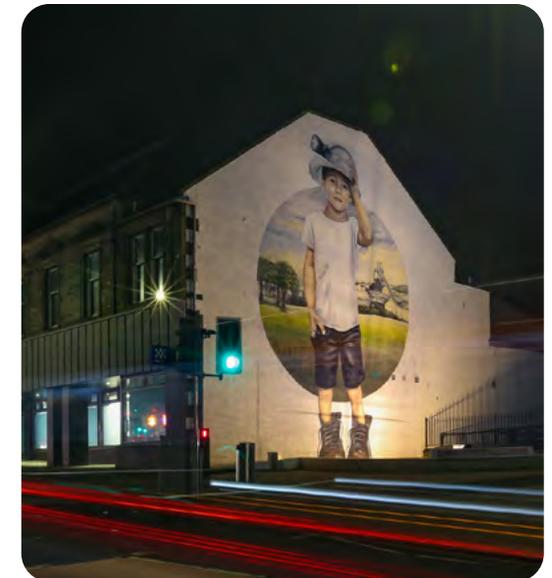
NHS Fife as an anchor institution

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

We can influence the health and wellbeing of people in Fife simply by being there. But by investing in and working locally and responsibly with others, we can have an even greater impact on the wider factors that make us healthy.

However, we cannot directly influence all the building blocks for good health and wellbeing. That is why we need to work in partnership with other organisations, such as the Fife Health and Social Care Partnership (HSCP), Fife Council, Scottish Government, and the voluntary sector.

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

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

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

Sally's story

In 2022, we participated in a work experience initiative to provide young people aged 16-24 from our local communities with valuable work experience and development opportunities.

Sally started her six-month placement within the Procurement team which involved liaising with various multi-disciplinary ward-based staff to ensure the provision of critical products needed to deliver effective patient care.

By the end of the placement, Sally's self-confidence had increased and the work experience gained, allowed her to actively apply for a permanent post.

Working across health and social care

We have legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, which requires NHS Boards and local authorities to collaborate to integrate the provision of health and social care services known as 'health and social care integration'. Fife HSCP provides a wide range of delegated health and care services for NHS Fife and Fife Council.

This strategy is closely aligned with the Fife HSCP Strategic Plan and we will work together to deliver and develop services for people in Fife.

The Scottish Government has committed to establishing a National Care Service by 2026. We will work with Fife HSCP and others to ensure that people experience joined-up care, in the right place, at the right time, both now and in the future.

Achieving financial sustainability

Whilst planning services, we bring together operational, workforce and financial objectives to ensure the most effective allocation of resources across our health system. The finite nature of our financial resources will inevitably require us to prioritise areas for investment and disinvestment.

With increasing demand for our services, we must look at ways to deliver more. We will ensure we drive the best value from our resource allocation for the people of Fife. There are likely to be important choices ahead, ensuring that we focus on the areas of service and support which drive the most health benefit to the people of Fife.

Climate change and sustainability

Nationally the Scottish Government has published the NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026. This sets out five key themes and a range of actions to support the achievement of 'Net Zero'.

We recognise our duty to act to address climate change and are working towards acheiving these objectives.

Examples of our work include:

- Identifying ways to heat all NHS buildings using renewable resources by 2038.
- Reducing emissions from inhalers.
- Promoting sustainable travel for our patients and staff.

We have developed a local action plan to support the delivery of these objectives.

11

How this strategy aligns with other work

Our strategy aligns to a range of local, national and partnership plans reflecting national policy and local ambitions. NHS Fife has a unique contribution in terms of health to the wider strategies and plans. As part of the health and social care system, we will continue to work in partnership with our partners in the recovery from the pandemic.

Fife HSCP Strategic Plan

NHS Fife local strategies

Population Health and Wellbeing Strategy

Plan for Fife

National strategies

Cancer Framework

Pharmacy and Medicines

Workforce

Digital and Information

Property and Asset Management

Research, Innovation and Knowledge

Green Space

NHS Scotland Recovery Plan

National Clinical Strategy

Value Based Healthcare

Women's Health Plan: A plan for 2021-2024

Public health approach to prevention and the role of NHSScotland

NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026

12

Population Health and Wellbeing Strategy

ENGAGEMENT

Listening to what matters to you

What we heard from our staff and public about health and wellbeing.

Who we spoke to

We have undertaken extensive engagement with our staff and communities across NHS Fife.

We spoke to over 2000 people.
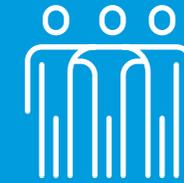
1300 members of the public.

200 staff sessions to talk about inequalities.

We have spoken at over **60** meetings about the strategy.

We reviewed over **350** patient stories.

Presented to over **550** staff about the strategy.

13

What we learned

Following engagement with our staff, service users and the communities we serve, a number of consistent themes started to emerge.

People of all ages spoke about how the pandemic affected their mental health and the challenges of accessing timely support during this period.

Person-centred care

Whilst still providing high quality care, the perception of many respondents was that the focus of health care services has changed to managing the volume of patients rather than providing individual care.

Lack of joined-up care was also a recurring theme, with patients expressing concerns about communications between services and other NHS Boards.

Access and waiting times

We heard first-hand experiences of pressure in the health and care system including the impact of needing to wait for care and difficulties in making appointments. In some parts of Fife, it was commented that it is difficult to register with or make a GP appointment.

Geography was also highlighted as challenging, particularly for some more rural and isolated communities. For those who do not have access to a car, travelling around Fife is difficult. Participants spoke about the challenges of taking public transport to and from hospital appointments.

Workforce

Members of the public spoke positively about our friendly, caring and professional staff, while recognising the pressure they were under due to the impact of the pandemic.

Staff also highlighted the importance of focussing on staff recruitment and retention to allow us to meet increasing demand while continuing to deliver person-centred care.

Communication

The importance of good communication between staff, patients and clinical teams was also highlighted. With suggestions for improvement including more regular updates, more accessible information and better conversations between patients and their clinical team.

Population Health and
Wellbeing Strategy

Health and wellbeing

Improving health and wellbeing was highlighted as a key priority and ensuring that individuals were able to access services to actively help and support their own physical and mental health.

Some of the barriers identified included cost, time and uncertainty around what local groups and activities are available.

There was geographical variation identified, for example, from those living in more rural communities feeling disadvantaged in accessing services near where they live.

The pandemic was also highlighted as having a negative impact on health and wellbeing and access to services.

Innovative ways of working

In response to the global pandemic, we had to look at doing things differently to ensure that those with clinical needs could continue to access health care in a safe and sustainable way.

Technology played a huge part in enabling clinicians and their patients to continue engaging safely through the various lockdowns and restrictions.

This new blended approach will include telephone triaging, video consultations, and online self-referral in tandem with face-to-face appointments with a range of health care professionals.
As we look ahead, these new ways of working adopted in the pandemic will continue to be part of how we deliver services. Where appropriate, patients may have options on how they wish to engage with clinical teams.

Population Health and
Wellbeing Strategy

interactive infographic
Click the icons for more information.

Improve health and wellbeing

Improve the quality of health and care services

OUR STRATEGIC PRIORITIES

Improve staff experience and wellbeing

Deliver value and sustainability

16

Population Health and Wellbeing Strategy

PRIORITY 1

Improve health and wellbeing

We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.

Ambitions*

A Fife where we:

1 live in flourishing, healthy and safe places and communities.

2 thrive in our early years.

3 have good mental wellbeing.

4 reduce the use of and harm from alcohol, tobacco, and other drugs.

5 have a sustainable, inclusive economy with equality of outcomes for all.

6 eat well, have a healthy weight and are physically active.

*Based on Scotland's 6 public health priorities.

What we were told

Throughout our engagement with our colleagues and the local communities we serve, we heard about the challenges people living in Fife faced in maintaining and improving their physical and mental health and wellbeing.

Addressing health inequalities was also a recurring theme with a drive and motivation expressed to create a Fife where everybody can thrive.

It was acknowledged that health inequalities across communities and the general population are caused by a range of factors, including where we are born, grow up in, live and work in. These conditions influence our opportunities for good mental and physical health.

As an anchor institution, we are working with our partners to help address these issues and provide opportunities for all to thrive. For example, signposting people to community and religious groups such as food banks

Evidence suggests one of the most effective things we can do for peoples' health is to help them financially.

There are already examples of good practice in this area. Many of our services routinely ask people about their financial circumstances and, where appropriate, refer them for benefits advice. This work has shown clear evidence that by supporting people to maximise their income, this can have a direct and positive impact on their physical and mental health.

What we will do

Current examples of local initiatives include:

- Through training and upskiling our staff we will scale up the work supporting people to access benefits advice so that more people, where appropriate, can access financial and benefits support.
- Ensuring universal access to immunisations including influenza and COVID-19.
- In line with the UN Convention on the Rights of the Child, we will support every child to have the best possible health. Examples include promoting breast-feeding and helping to address child poverty.
- Improving awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public.

- Improving mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.
- We will encourage people to make healthier food choices.
- We will support increased access to physical activity, particularly in older age, enabling people to stay independent and healthier for longer.
- We will use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, making our buildings and land more accessible to support third sector activities.
- Collaborating in regeneration projects like the River Leven programme.

Julia's story

Julia lives in a three-bed private let in East Fife with her three children: Sam (8), Amy (4) and Ben (9-months). Julia's health visitor asked her how she was managing and Julia shared that she was struggling to make ends meet.

Recognising that Julia might be entitled to other benefits she was not currently claiming, her Health Visitor referred her to the Money Talk Team for information and advice. The Money Talk Team is run by the Citizens Advice and Rights Fife (CARF) and aims to increase financial awareness, maximise incomes and improve health outcomes for people.

The team identified that Julia was entitled to Universal Credit. They also explained that this is a qualifying benefit allowing people to apply for other benefits such as a Council Tax reduction.

As well as advising on benefits, the team provided her with information on practical ways to reduce her outgoings such as energy costs.

> "
> Thank you [Money Talks Team] for explaining everything, you made it so easy to understand and didn't treat me like a child. I feel more confident as I know I will have more independence now I have some money coming in.
>
> **Feedback from a client of the Money Talks Team**

Citizens Advice & Rights Fife

citizens advice bureau

Jack's story

Jack is a 78-year-old widower with emphysema. He was admitted to the hospital following a fall at home. During Jack's admission, the healthcare team fully assessed his needs. They identified that Jack lives alone without any family nearby. His hobbies include gardening and walking but his shortness of breath makes this challenging.

The healthcare team suggested Jack visit The Well, a drop-in service provided by the Fife HSCP in community venues and online. It provides information and general advice to help people stay well and independent within their local community.

The Well provided Jack with information on a community walking group which allows Jack the opportunity to meet new people whilst doing some gentle exercise. Not only does this help Jack continue to do what he enjoys by keeping physically active, but it may also reduce the risk of another fall and being readmitted to the hospital. Jack also raised a concern regarding his finances. Staff working in The Well helped him by referring Jack to to Citizens Advice and Rights Fife to ensure he receives the benefits he may be entitled to.

> "
> We need services to change their models and access approach. Work in areas not traditionally health and also consider other methods.
>
> **NHS Fife staff member**

PRIORITY 2

Improve the quality of health and care services

We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.

Ambitions

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

1 Provide high quality person-centred care.

2 Deliver services as close to home as possible.

3 Less reliance on inpatient beds by providing alternatives to admission to hospital.

4 Ensure timely access to services based on clinical need.

5 Prevent and identify disease earlier.

6 Support the delivery of seamless, integrated care and services across health and social care.

What we were told

The pandemic led to many changes in health and care services. During our engagement work with members of the public and staff, we heard that their experience is that many of the services they work in or rely upon have been impacted.

One reason for this is services have been unable to meet patient demand which meant that our performance has deteriorated in common with other NHS Boards across Scotland. This is evident in patients having to wait longer for many of our services.

It was also recognised that we must identify new ways of working to manage the increasing demand for services from our citizens. We know this will include those 65+ years who are more likely to have medical conditions and be frailer. Admission to hospital should not be the only way for patients to access health care.

What we are going to do

- Redesign urgent and emergency care to reduce our reliance on the Emergency Department and in-patient care.

- Improve cancer care, for example by continuing to develop our Rapid Cancer Diagnostic Service.

- Provide a world class elective orthopaedic service through the National Treatment Centre – Fife Orthopaedics.

- Further develop our day surgery service at Queen Margaret Hospital.

- Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.

- Redesign women's services aligned to the ambitions of the Women's Health Plan.

- Implement Best Start for maternity and neonatal services.

- Focus on waiting times and support people, where appropriate, to wait well for their procedure.

- Continue to invest and develop in new technologies such as robot assisted surgery to provide high quality care.
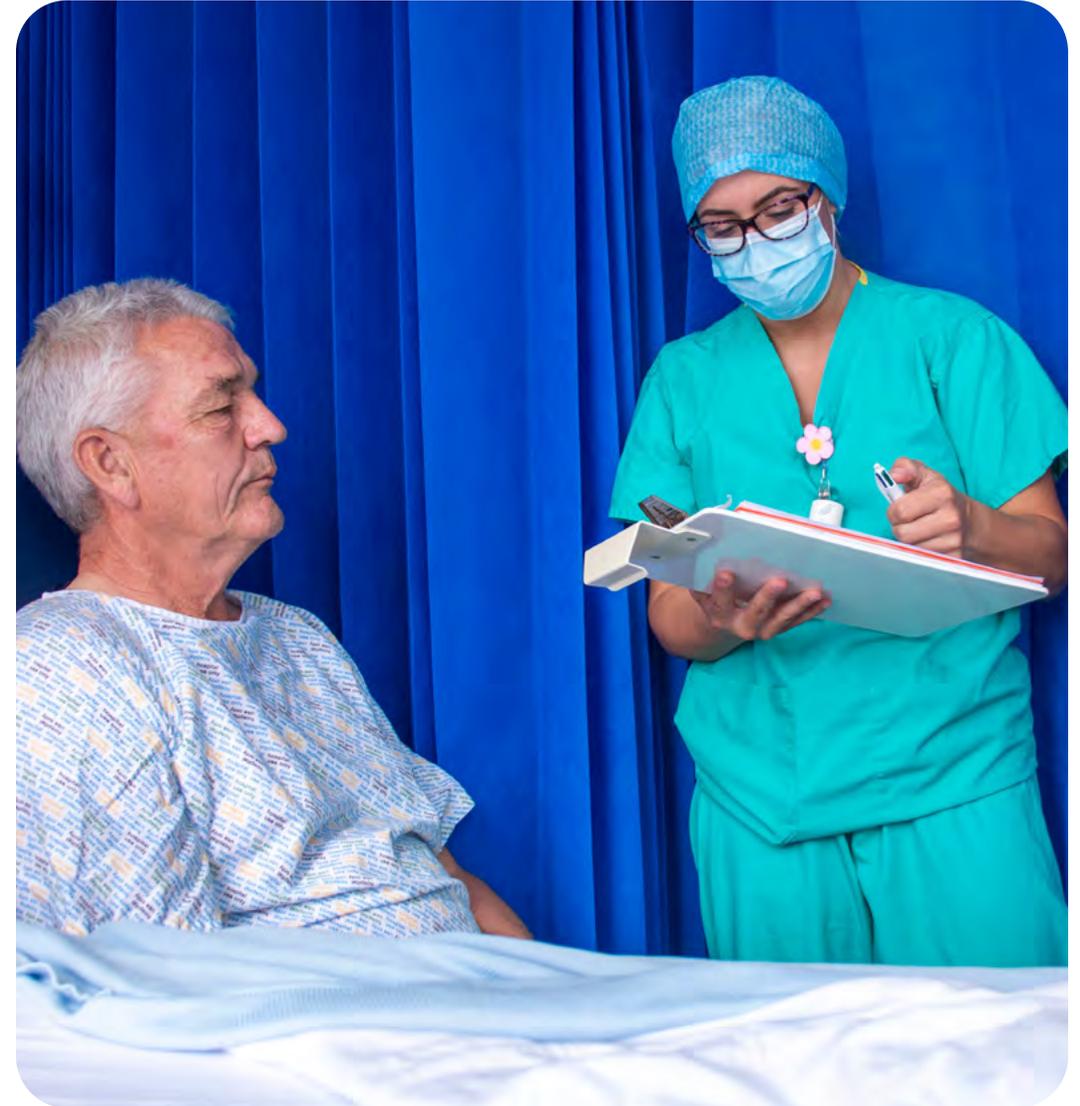
John's story

John is a 53-year-old man who suffered from unexplained weight loss and feeling nauseous. He made an appointment with his GP, who carried out several blood tests. This highlighted some abnormal results, and following a discussion with his GP, it was agreed that he should be referred to the Rapid Cancer Diagnostic Service. This service investigates patients with possible symptoms that may be caused by cancer and aims to confirm or exclude a cancer diagnosis within 21 days from a referral by a GP.

The day after John was referred, he received a phone call from the Advanced Clinical Nurse Specialist, as this is a nurse-led service.

They spoke through John's blood test results, explored John's symptoms further and recommended that John have a Computerised Tomography (CT) scan.

A CT scan and consultation was booked over the phone to address any concerns John had.

48 hours after the CT scan, John received a phone call from the service, who explained that he didn't have any sign of cancer. However, the tests did show severe inflammation in the small intestine.

John was given a treatment plan and a further follow-up CT scan was arranged in 3 months to check the inflammation was improving.

❝

I personally want to thank the Rapid Cancer Diagnostic Service for such great service – thank you NHS Fife.

Feedback from John on the service he received

Dorothy's story

Dorothy is 86 years old and lives in Sheltered Housing. Dorothy was recently discharged from hospital following a fractured hip. Dorothy can sometimes get confused, but can live independently at home. During admission, she has been advised to use a walking stick to help her move around safely. Her 65-year-old daughter Louise has been supporting her with managing her money, general domestic tasks, and some meal preparation.

On Thursday afternoon at around 4pm, Dorothy had another fall while her daughter was there. Louise helped her mum to get back into a chair. However, Dorothy continued to complain of discomfort in her hip that was previously broken.

Fearing that her mum had broken her hip again, Louise contacted NHS 111 for advice on what to do next. They directed her to attend the hospital to get assessed.

The team on the assessment unit reviewed Dorothy, and she remained in hospital overnight. The following morning Dorothy was assessed by the frailty team, who confirmed no fracture. The frailty team recognised that Dorothy would benefit from some further rehabilitation to support Dorothy to continue to live at home independently.

They reviewed Dorothy's care with a social worker in the hospital who suggested accessing a Short-Term Assessment and Reablement (STAR) bed which Fife HSCP provides in conjunction with care homes across Fife. This service helps people return to their homes after a short stay in the hospital.

A STAR bed was identified and Dorothy was discharged. She was supported to recover further and later returned to her home with a support plan to help her continue living as independently as possible.

Short-Term Assessment and Reablement (STAR) bed helps people return to their homes after a short stay in the hospital.

PRIORITY 3

—

Improve staff experience and wellbeing

We value and look after our staff.

Ambitions

Our workforce:

1 is inclusive and diverse, reflecting Fife's communities.

2 is supported to develop new skills that help improve care for patients.

3 is heard and at the heart of transforming services.

4 works in partnership across health and social care, recognising interdependencies.

5 experiences compassionate leadership in a culture that supports wellbeing.

What we were told

During the engagement work, the importance of our staff has been repeatedly highlighted. We heard that people using our services have confidence in NHS Fife staff. We also heard that the pandemic has had an enduring impact on our workforce.

NHS Fife has developed a 2022–2025 Workforce Plan which sets out how NHS Fife will respond to these workforce challenges. This plan aligns across our Fife partners and details how:

- We will develop our workforce to reflect changing clinical services.
- Our workforce will be supported as services are transformed.
- Sustainability of our workforce to support clinical services will be achieved.

25

Population Health and
Wellbeing Strategy

What we are going to do

We will:

- Promote a range of career pathways with a focus on developing our workforce,

- Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.

- Continue to support our staff with their practical health and mental wellbeing

- Set new international recruitment targets annually for Fife, focusing on key areas of shortage over the next five years.

- Develop and launch a new Leadership Framework focussed on compassionate leadership and an open, transparent and nurturing culture.

Developing our workforce: creating new nursing roles

We are creating a new Assistant Practitioner role to support our nursing workforce. Assistant Practitioners are not registered nurses but have a high level of clinical skills and experience.

These new roles are integral to the wider nursing team to provide a sustainable nursing workforce going forward and support registered nurses to focus on more complex clinical care.

We are working with Fife College to provide a one year fully funded training programme to support recruitment and training of high-quality healthcare professionals across NHS Fife.

" Fife College is delighted to be working in partnership with NHS Fife in delivering this exciting new course.

Rebecca's story

After having children in her teens, Rebecca started college in her early 20s, thinking she might train to work in nursery education. But soon decided it wasn't the right role for her. Rebecca saw jobs advertised in maternity services and she jumped at the opportunity to use her skills in a different way.

Rebecca never imagined that she would love it as much as she did. After about six months, she realised she wanted to be a nurse and enrolled in a Paediatric nursing course. Rebecca qualified as a paediatric nurse and was offered a job in the Neonatal Unit, which she absolutely loved.

Following her first role in nursing, Rebecca progressed in Fife to the junior charge nurse role, but her passion lay in working with babies so she specialised as an Advanced Neonatal Nurse Practitioner.

" I've been an Advanced Neonatal Nurse Practitioner for seven years, and it has been a challenging but amazing career. I feel very blessed to work with all the families and babies that I have. It is their stories that inspire me.

Rebecca talking about her career as a nurse

Helen's story

Helen's journey into working in healthcare has been an unconventional one. Before the pandemic, she worked in media production but this area was severely impacted during the pandemic and she had to explore new opportunities for employment.

She began her NHS journey as a Venue Support Worker at the vaccination clinics and loved this experience. She was part of a great team and admired how much everyone worked together with a common purpose and drive and commitment to deliver the ambitious vaccination programme.

Her colleagues encouraged her to join the NHS Fife nurse bank. She joined the bank as a Healthcare Support Worker and never looked back.

Helen started working at Stratheden Hospital and was inspired by the team she was working with. She realised that she was passionate about her role and found it incredibly rewarding.

After working for a year as a bank healthcare support worker, she decided to make the leap and become a permanent member of staff with the intention to train as a registered mental health nurse.

" The NHS helped me when I needed it most, and I've unexpectedly found a passion and career path where I feel like more than just a number.

I feel appreciated, valued and needed. I am excited to see where the next few years will take me.

Helen talking about her career path

Population Health and
Wellbeing Strategy

PRIORITY 4

—

Deliver value and sustainability

We use our resources wisely to ensure our services are sustainable and meet our population's needs.

Ambitions

1 Provide the right services in the right places with the right facilities.

2 Ensure the best use of our buildings and land.

3 Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.

4 Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.

5 Deliver sustainable and effective resource allocation that supports value-based healthcare.

What we were told

We were told how we rapidly changed how we delivered services during the pandemic to ensure patients were seen and treated safely and our staff worked in a safe environment.

Further feedback suggested that we should offer more healthcare closer to the community including outreach services which can be accessed more easily and promptly. This would reduce travel requirements to access services.

The public supported our focus on sustainability and working towards being carbon neutral by changing the way we heat our buildings, reducing travel and reducing waste.

Alternative ways of delivering and supporting healthcare using technology were embraced by our patients but the public felt that options should remain for more traditional methods of service delivery where required.

Members of the public and our staff felt that technology could be better used to help services become more efficient and support better sharing of information internally between services and externally between NHS Boards and other partners.

The current financial pressures were acknowledged by the public and we need to ensure that we continue to use our funding as effectively as possible and invest in sustainable solutions.

What we are going to do

- Maximise the use of our buildings and land in line with service and community needs.
- Develop new buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly.
- Redesign and develop mental health services in Fife, including fit-for-purpose inpatient and community-based services.
- Reduce our energy usage by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings.

- Lower the environmental impact of travel by adapting the use of technology (virtual appointments and virtual working), supporting sustainable travel (walking, cycling and public transport) and investing in electric and low emissions vehicles.
- Become an organisation providing more responsive care using technology, developing digital solutions such as virtual appointments, electronic access to test results and growing our use of data to support planning and delivery of care.
- Apply value-based healthcare principles that focus on achieving the outcomes that matter to people and targeting our interventions on what really makes a difference.

- Use a structured approach to identify financial efficiencies, for example, through careful procurement of supplies and use of generic medications.

National Treatment Centre – Fife Orthopaedics

Across Scotland, the number of people requiring orthopaedic services has been growing. This, combined with the development of innovative and new approaches to care and treatment, has provided an opportunity for NHS Fife to open the first national treatment centre in Scotland. This will be used for Fife patients as well as supporting other NHS Boards to reduce long orthopaedic waits.

Opened in March 2023, the development of the new National Treatment Centre on the Victoria Hospital site provides a purpose-built orthopaedic centre. An increase in the number of theatres, additional outpatient space and dedicated wards means we have significantly increased the capacity for patient care for people in Fife and across Scotland.

Building on our international reputation as a centre of excellence in orthopaedic surgery including pioneering hip and knee replacement day surgery, we have taken the opportunity to integrate a range of technology into the new build to facilitate teaching research and innovation to enhance the patient experience and outcomes.

Insert quote from first minister

30

Towards Net Zero: improving the energy efficiency of our buildings

NHS Fife is working towards achievement of 'Net Zero carbon' by 2040. Heating and lighting our buildings makes up a large proportion of the Board's carbon emissions. Taking an energy efficient approach to improving buildings is vital to minimise energy demand and reduce emissions.

Working with Scottish Government, NHS Fife has secured investment in energy saving measures. This includes installing LED lighting; improving the fabric of buildings such as installing draft proofing and insulation; and installing solar panels to generate electricity. As part of this work, solar panels have now been installed on a range of NHS Fife sites.

The benefits of this work include reducing our energy usage which leads to financial savings, reducing the environmental impact of buildings by supporting achievement of Net Zero and helping to maintain buildings across the NHS Fife estate.

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IMPLEMENTATION

How we will deliver the strategy

Supporting the implementation of our strategy with clear plans, oversight of our progress and ongoing monitoring of impact and benefits.

Partnership working

We will work in partnership with other key organisations involved in the planning and provision of services to support population health and wellbeing. Examples of key partners include Fife HSCP, Fife Council, Fife Health Charity, Fife Voluntary Action, community groups, other NHS Boards and the Scottish Government.

Implementation of this strategy is closely aligned to the Fife HSCP Strategic Plan and we will work closely together to achieve our vision and goals.

We also have close relationships with local universities and colleges. They support both the delivery of education and training for our current and prospective workforce as well as innovation and research that benefits our current and future patients.

Our ambition is to build on our relationship with the University of St Andrews and gain teaching board status for NHS Fife.

Continuing to involve our staff and the public

This strategy has been informed by extensive engagement with both staff and the public.

Through ongoing engagement we will continue to respond and adapt to feedback enabling us to continually improve our services.

Population Health and Wellbeing Strategy

Programme planning and implementation

We will establish a range of strategic programmes, with agreed timelines, to support the delivery of this strategy. Priority programmes currently underway include:

- **Integrated Unscheduled Care** – how we provide care in an emergency, including services provided by Minor Injuries Units, Emergency Department and Inpatient Care.
- **Integrated Planned Care** – care that is scheduled in advance, including outpatient appointments, diagnostics and inpatient/day-case treatment.
- **Cancer Services** – all services to support people with cancer, including diagnostics (such as scans), surgical services and non-surgical treatments such as chemotherapy.

- **High-Risk Pain Medicines** – improving patient safety through improved understanding, prescribing and access to alternatives to help people manage their pain conditions.
- **Digital and Information** – supporting the transformation of services using technology across Fife.
- **Financial Improvement and Sustainability** – ensuring the ongoing effective allocation of financial resources.

Our programmes will be developed in conjunction with our key partners and in particular, with Fife HSCP as their Strategic Plan is so closely aligned to this strategy.

We will work together with the programmes of Fife HSCP, such as the Mental Health and Learning Disability programme and the upcoming Prevention and Early Intervention Strategy to ensure our work remains joined up and delivers benefits to the population of Fife.

Communication

We will regularly report on the progress of implementation of the strategy to our staff and public. Clear and consistent disclosure of plans, progress, risks and opportunities will maintain trust and confidence that we are doing what we said we would.

Monitoring and evaluation

We will undertake ongoing monitoring and evaluation of the strategy. This will enable us to track our progress and achievements but also ensure we remain able to adapt to changing organisational priorities.

Published April 2023

The names of individuals in our patient stories have been changed for anonymity and all photos have consent by individuals for publication.

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

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

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot
or phone **01592 729130**.

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NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**28 March 2023**
Title:	**Cancer Framework and Delivery Plan 2022/23**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Kathy Nicoll, Cancer Transformation Manager**

1   Purpose

This report is presented to the Board for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The NHS Fife Cancer Framework (Appendix 1) and Delivery Plan (Appendix 2) is being presented to the NHS Fife Board for assurance.

2.2   Background

This Framework aligns with the National Cancer Recovery Plan, Population, Health and Wellbeing Strategy and the 4 strategic aims and builds on the success of the previous cancer strategy, Cancer, Palliative Care and Last Days of Life.

2.3   Assessment

Though extensive engagement with patients, public, staff and 3rd sector, the framework has been developed to ensure that we can make a difference to how cancer services are

delivered in Fife, ensuring it remains contemporary and reflects strategic changes both locally, regionally and nationally.

Eight commitments have been identified and these are supported by key priorities which we aim to achieve by 2025.

An annual Delivery plan has been developed for 2022-23 with an assurance that objectives agreed can be delivered by March 2023. An update on progress will be provided to the cancer governance groups.

In order to manage priorities identified, a concise approach is taken to inform of progress, enable updates, escalation and assurance that objectives are being achieved.

The programme of delivery will be overseen by the Cancer Leadership Team. In order to manage workstreams effectively, an Action Tracker, Project Status Report and Lead, Critical, Active Contributor and Supporter (LCAS) project management approach will be taken on specific project actions.

Annual review will be undertaken to ensure the delivery plan priorities remain relevant as cancer services are ever evolving. Engagement to agree priorities for 2023-24 will shortly be carried out. All priorities will align with the NHS Cancer Framework and Strategic Planning & Resource Allocation (SPRA).

The publication of the Scottish Government 10 year Cancer Strategy and 3 year Action Plan will be published early 2023. This will be reviewed against the NHS Fife Cancer Framework to ensure our priorities remain relevant and in line with the national strategic direction.

2.3.1 Quality / Patient Care
The Framework and Annual Delivery Plan aims to improve outcomes, patient experience and provide value and sustainability for cancer services.

2.3.2 Workforce
Workforce implications and challenges will be identified through the Framework development within which a review of the cancer workforce is a key priority.

2.3.3 Financial
Financial implications will be considered through the Framework development.

2.3.4 Risk Assessment / Management

Title	Description	Risk Profile
Cancer Workforce issues	There is a risk that we will be unable to deliver the Cancer Framework within the stated timescales due to: lack of succession planning, inability to recruit suitably trained staff to vacant posts, national shortages of specialist posts and posts not being funded substantively, resulting in sub optimal patient experience and outcomes, increased pressure on staff, staff wellbeing and services and adverse publicity.	
Financial Delivery of Cancer Framework	There is a risk that we will be unable to deliver the Cancer Framework due to insufficient financial investment in Cancer Services and funding being provided on a non-recurring basis resulting in disruption to / loss of services, sub optimal patient experience and clinical outcomes, and adverse publicity.	
Digital and Information Challenges	There is a risk that lack of digital and information support for cancer services will impact on our ability to delivery key commitments identified in the Framework in relation to: • Lack of robust quality and performance improvement data collection systems resulting in disparate data collection impacting optimal pathways and integrated care • Digital exclusion for those without access resulting in inequalities to person centered care	
Cancer Services Property Infrastructure	There is a risk that we will be unable to deliver the Cancer Framework due to inadequate space/capacity to accommodate the expected increase in patients with a cancer diagnosis and with extended active treatment times, resulting in sub optimal patient care, experience, outcomes and safety.	
Expansion of Edinburgh Cancer Centre (ECC)	There is a risk to delivery of the Cancer Framework if there is inadequate regional collaboration and funding to support the repatriation of patients should the Edinburgh Cancer Centre (ECC) expansion Initial Agreement (IA) and Outline Business Case (OBC) be successful in terms of staffing and recruitment, estate, patient experience, pathways.	

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

Issues identified around equality and diversity require to be fully considered. Continued public and patient engagement forms a key milestone. A full Equality Impact Assessment was carried out as part of the Framework development.

2.3.6 Climate Emergency & Sustainability Impact

Through implementation of the framework we will work with colleagues to ensure we are cognisant of more sustainable, greener healthcare.

2.3.7 Communication, involvement, engagement and consultation

An engagement document identifying service aims an objectives and service priorities was completed by many stakeholders across the organisation as well as extensive engagement with across public, patient, staff and 3rd sector took place over a period of 8 months.

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.

• Cancer Governance & Strategy Group members for discussion and agreement with local Senior Leadership Teams (which includes members of Acute Cancer Services Delivery Group (ACSDG)).

- Cancer Leadership Team (CLT)
- Cancer Governance and Strategy Group (CGSG)
- Executive Directors Group (EDG)
- Clinical Governance Committee (CGC)

2.4 Recommendation

- **For Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife Cancer Framework
- Appendix No. 2, Cancer Annual Delivery Plan 2022-23

Report Contact
Kathy Nicoll
Cancer Transformation Manager
Email kathy.nicoll2@nhs.scot

Cancer Framework

For the population of Fife we will deliver effective cancer prevention, early diagnosis and high quality sustainable cancer services for those living with and beyond cancer.

2022 – 2025

Contents

Executive overview

It is my pleasure to present the Strategic Cancer Framework for NHS Fife. This Framework sets out how we will deliver effective cancer prevention, early diagnosis and high quality sustainable cancer services for those living with and beyond cancer. We want to ensure that we deliver excellent cancer services which we would be happy for our family, friends and loved ones to access and experience a positive journey.

The Cancer Framework 2022 – 2025 has been developed to ensure there is a full system approach to the delivery of sustainable cancer services to support the increased incidence in cancer and those living with and beyond a cancer diagnosis in NHS Fife.

To support writing of this document extensive public, patient, staff and third sector engagement was undertaken to share thinking and incorporate their priorities on what is important to them. The Framework will align with the Scottish Government Cancer Strategy, Recovery Plan post COVID and our local Health and Population Wellbeing Strategy. It will be underpinned by the 6 principles of realistic medicine and will link in with national and regional services to ensure our patients receive the best care and are at the heart our services. Assessment of health inequalities provided an understanding of population groups and factors contributing to poorer health and health inequality.

The impact of COVID will be seen for some time with a notable reduction in cancers diagnosed during the pandemic of approximately 9% across Scotland. Furthermore the temporary pause of screening is expected to affect earlier diagnosis.

A cancer governance structure to support both leadership and accountability is in place to ensure strategy and operational delivery, along with innovation will combine leadership, continuous improvement and achievement throughout services.

Eight strategic commitments have been established supported by key priorities.

1. Prevention, early diagnosis and reduction in inequalities
2. Person centred
3. Optimal pathways and integrated care
4. Research, innovation & knowledge
5. Digital & information
6. Workforce
7. Property & asset management
8. Quality & performance improvement

To ensure the Framework remains contemporary, a delivery plan will be agreed on an annual basis to ensure our priorities remain relevant and will continue to engage with public, patients and staff.

Key Priorities for 2022-23

- Reduction of health inequalities
- Single point of contact
- Rapid cancer diagnosis service expansion
- Cancer estate review
- Improving access to clinical trials
- Pathway review/best supportive care
- Cancer workforce review

This Framework will ensure cancer services remain high profile within NHS Fife and allow us to have oversight and be assured that the complexity of cancer services are in line with national and local strategy.

Dr Christopher McKenna
Medical Director

3

Meet the Cancer Framework Leadership Team

Christopher Mckenna

Dr McKenna - started his career in NHS Fife in 2011, when he was employed as one of the first consultants in Acute Medicine. He trained as an Acute Physician in the South East of Scotland and is a Fellow of the Royal College of Physicians Edinburgh. He was appointed as the Clinical Director for the Emergency Care Directorate within the Acute Services Division in 2015 and has played a key role in the improvement of unscheduled care delivery within the Victoria Hospital. Dr McKenna completed the IHI Improvement Advisor training programme in 2012 and has been involved in a number of quality and safety initiatives across the Acute Division. In 2018 Dr McKenna took part in the Leading for the Future programme and he is passionate about the development of Medical Leadership. He took up his position as Medical Director for NHS Fife in March 2019.

Gemma Couser

Gemma is the Associate Director for Quality and Clinical Governance. Part of her portfolio includes responsibility for Cancer Strategy, Audit and Performance. Gemma began her career in the NHS as a graduate management trainee. Over the past decade she has held senior manager posts across a variety of clinical specialties including Clinical Services Manager for the Edinburgh Cancer Centre. Gemma is committed to making a positive contribution to the population of Fife and to ensuring that healthcare professionals and patients are at the heart of how our services are designed.

Kathy Nicoll

Kathy is the Cancer Transformation Manger for NHS Fife. Alongside the strategic development of the Cancer Framework, she has responsibility for the management of Cancer Waiting Times performance and the Cancer Quality Performance Indicators. Kathy chairs the National Cancer Managers' Forum and works closely with Scottish Government. She is a member of various groups at a national level supporting cancer delivery through the Early Cancer Diagnosis Programme Board, Cancer Delivery Board, Early Cancer Diagnostic Oversight Group and Cancer Prehabilitation Implementation Group. She moved from Derbyshire to Fife 27 years ago, where she still lives.

Murdina MacDonald

Murdina is the Lead Cancer Nurse for NHS Fife. She trained as a cancer nurse in 1990 at the Royal Marsden Hospital (UK) and worked within Oncology in several fields: radiotherapy, Systemic Anti Cancer Treatment (SACT), supportive care, gastrointestinal (GI) and urology for over a decade. As the Lead Cancer Nurse Murdina provides forward thinking clinical and professional leadership to the tumour site cancer nursing teams. She also provides support, guidance and represents the broad views of nurses involved in the delivery of cancer, working collaboratively with a wide range of partner charities, cancer network teams and is a member of national nursing bodies. Murdina acts as advocate for our patients, to ensure they remain central to designing how we deliver cancer care.

Nick Haldane

Nick is a General Practitioner (GP) in St Andrews. Along with his GP workload he currently plays an active part in the in-patient care at St Andrews Community Hospital including medical cover to the Palliative Care beds. Nick enjoys his role as an Educational Supervisor helping to train the GPs of the future. Nick is the NHS Fife Lead GP for Cancer and Palliative Care providing a Primary Care voice within Fife and representing Fife Primary Care both regionally and nationally within the Cancer Networks. He grew up in Burntisland and was educated in Kirkcaldy. He graduated from the University of Dundee in 1999 and completed his GP training in Tayside before returning to Fife to take up a partnership in 2004. As a proud Fifer Nick is delighted to be able to contribute to this exciting work.
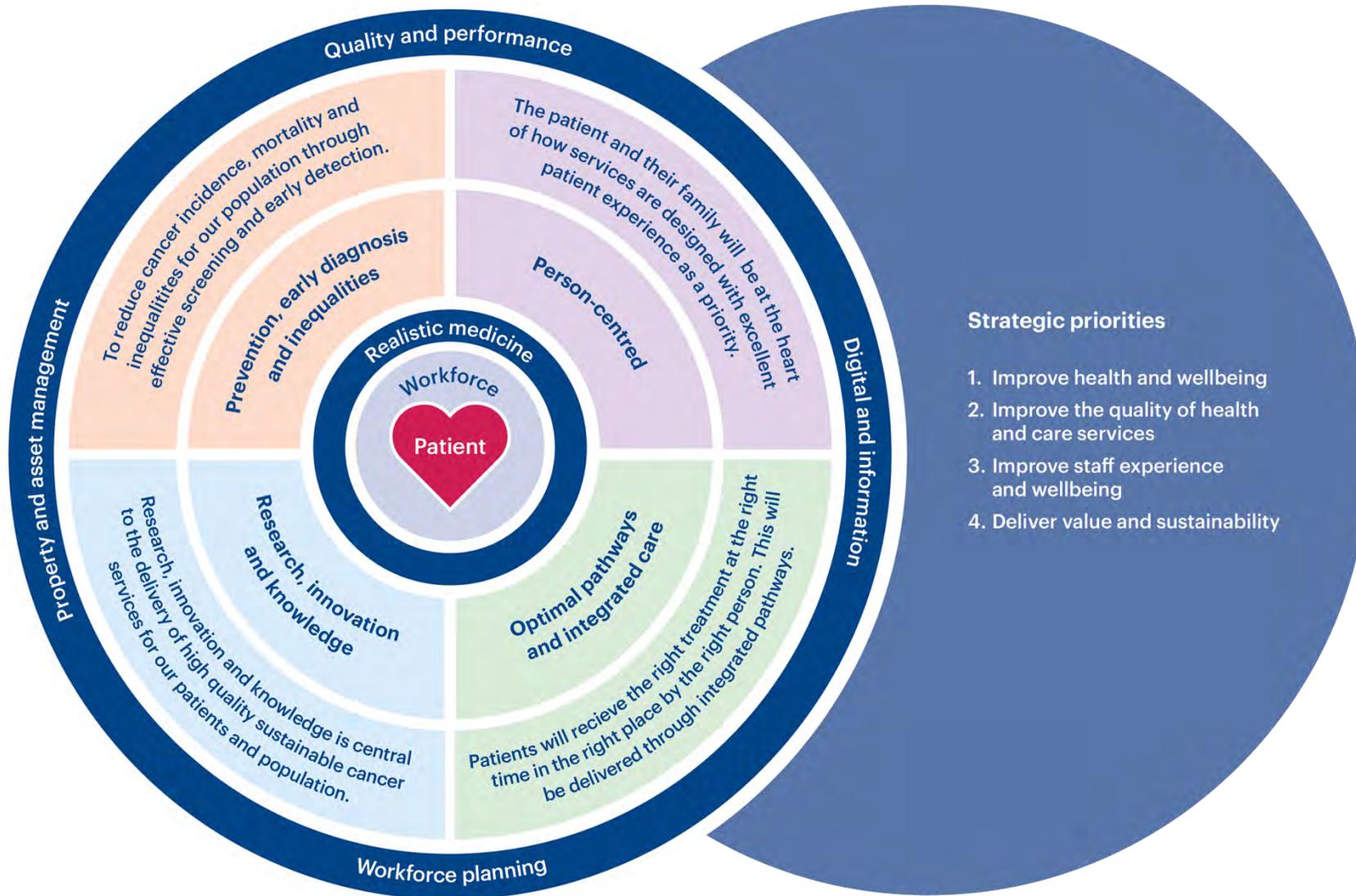
John Robertson

John is a Consultant Colorectal Surgeon working at the Victoria Hospital Kirkaldy and is the Lead Cancer Clinician for Surgery in Fife. He originally grew up and was educated in Glasgow, training there before undertaking a research degree in cancer metastases at University College London. Subsequently John completed his training in the South East of Scotland rotation prior to being appointed a consultant in August 2015 in Fife. He is very keen to ensure optimal care for all cancer patients having had significant exposure in various surgical specialties throughout his training.
He continues to have daily involvement with colorectal cancer patients in clinic, endoscopically and surgically and is part of the local SCAN network. John is heavily involved in teaching and is an Honorary Senior Clinical Lecturer at the University of Edinburgh and has regular interactions with surgical colleagues in both NHS Lothian and Tayside.

Acknowledgement of thanks to Dr Neill Storrar, Consultant Haematologist and Lead Cancer Clinician for Oncology and Medicine for his contribution to the Framework

Our Framework

Strategic priorities

1. Improve health and wellbeing
2. Improve the quality of health and care services
3. Improve staff experience and wellbeing
4. Deliver value and sustainability

5

Introduction

National context

The aim of the NHS Fife Cancer Framework is to deliver a system-wide ambitious strategic plan to provide high quality, person-centred cancer care to every patient across the NHS Fife healthcare system, from prevention and early diagnosis to survivorship and end of life care.

Cancer is everyone's business with cancer touching all parts of our healthcare system. This Framework puts our patients and people (population and staff) at the heart.

This Framework aligns with the NHS Fife Population Health and Wellbeing Strategy and with the National Recovery & Design: An Action Plan for Cancer Services and will be supported by national and public health initiatives. Underpinning this Framework are our organisational values and the 6 principles of Realistic Medicine. We will have good conversations with patients and will be prudent about the care that is delivered. Through implementation of the Framework we will work with colleagues to ensure we are cognisant of more sustainable and greener healthcare.

Incidence of cancer is rising and more people are living with and beyond a cancer diagnosis. NHS Fife continues to prioritise cancer care and recognise that a full system approach is required to deliver clinically sustainable cancer services. In order to achieve this we will ensure that the voices of those affected by cancer are listened to and are at the heart of this Framework.

Our hope is that this Framework creates improvements for how we can help support our local population to be more cancer aware and improve care for those living with and beyond cancer.

The patient journey
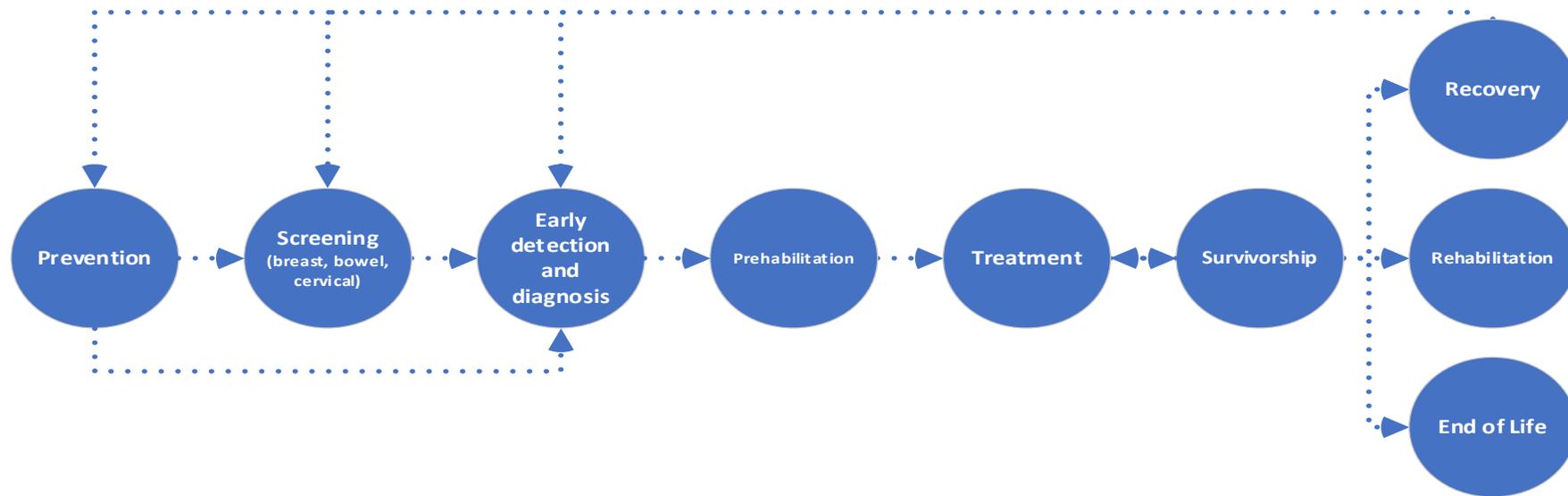
Delivering this Framework

The purpose of this Framework is to make a difference; a delivery plan will be agreed on an annual basis which will set out key workstreams for delivery in year to ensure this remains contemporary and reflects any strategic changes decided by the Cancer Governance and Strategy Group along with changes in national priorities.

Cancer services are dynamic and ever evolving and as such an annual review of this Framework will be completed to ensure that our priorities remain relevant.

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Aim

Our Cancer Commitment

What Does This Mean To Our Patients and Staff?

Deliver a system-wide ambitious strategic plan to provide high quality, person centred cancer care to every patient across the NHS Fife healthcare system

1. Prevention, Early Diagnosis and Reduction in Inequalities.
A focus to reduce cancer incidence, mortality and inequalities for our patients through effective prevention, screening and early detection initiatives

- decrease incidence
- address preventable risk factors
- improve uptake in cancer screening (breast, bowel, cervical)
- equitable access

2. Person Centred
The patient will be at the heart of how services are designed with excellent patient experience as a priority

- continued engagement
- understanding what matters to the patient
- openness honesty, transparency
- access to clear information

3. Optimal Pathways and Integrated Care
Patients will receive the right treatment at the right time in the right place by the right person. This will be delivered through the development of optimal and integrated pathways to deliver high quality cancer care.

- access to rapid investigations and diagnostics
- one-stop approach, closer to home
- access to a single point of contact
- seamless transition between services

4. Research, Innovation & Knowledge
Research, development and innovation is central to the delivery of high quality sustainable cancer services for our patients and population.

- improve access to clinical trials
- embed research into standard work
- support early diagnosis from successful research studies
- staff knowledge of new treatments

How are we going achieve our commitments?

5. Digital and Information
Digitally enabled for sustainable and efficient service models which embrace technology and innovation for both patients and within healthcare settings

- development of clinical systems fit for purpose
- introduce applications to support early diagnosis
- develop information systems which are available for all
- reduce digital inequality

6. Workforce
Recognise workforce challenges and identify system-wide approaches to support wellbeing, education and training to ensure our patients receive the best care

- ensure wellbeing and resilience of staff
- review and transformation of cancer workforce
- timely access to training and education
- review of non-pharmacological roles

7. Property and Assets
Ensure our healthcare environments are designed to deliver optimum patient care

- review of estate to cope with demand
- develop cancer identify in Fife
- develop community digital hubs for hard to reach groups
- explore community based models

8. Quality and Performance Improvement
To make best use of available information sources to assure patients they are receiving high quality, effective care

- high quality collection of data to drive improvement
- ensure cancer patients continue to be treated as a priority
- improve performance
- engage with national groups to share best practice

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Cancer within our population

Incidence and prevalence			
Cancer in Scotland		**Cancer in Fife**	
34,000 new cancers diagnosed per year. **Lung cancer** is the most common cancer in Scotland.	**44** people every day die from cancer.	**2446** In 2019, 2446 Fife residents were registered as having a new cancer (all cancers) - rates are slightly higher in men.	**Cancer** Lung, prostate, breast and colorectal are the most common cancers in Fife and in the rest of Scotland.
3.7% of the population are estimated to be living with cancer (**250,000** people).	**1/3** Around one third of people with a new cancer diagnosis in Scotland lives less than one year from diagnosis.	**Cancer** One of the most common causes if ill health and mortality in Fife.	**Cancer** Cases of cancer in Fife have been increasing which reflects the growing and ageing population.
Cancer in older age Numbers are increasing due to the increasing average age of our population and the increased likelihood of cancer in older age.	**9%** The total projected percentage increase in the population from 1983-1987 to 2023-2027 is **9%.**		
29% Cancer deaths represent **29%** of all deaths	**4%** The percentage increase in the timeframe of 2013-2017 to 2023-2027 is **4%** in the population and **20%** in cancer cases.		

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Mortality			
Cancer in Scotland		**Cancer in Fife**	
16,366 Cancer (all types) is the most common cause of mortality. In 2019 there were 16,366 cancer deaths (excluding NMSC) registered in Scotland.	**16,184** Draft Cancer data shows that in 2020 there were 16,184 deaths from cancer in 2020 (2.5 times greater than deaths from Covid-19 in 2020).	**1,206** In 2019 there were 1,206 deaths from all cancers in Fife and cancer was the most common cause of death.	**Cancer** Lung cancer is the most common cancer in Fife and Scotland with higher mortality rates.
7,991 Female (in 2019).	**8,375** Male (in 2019).	**31%** Female.	**28%** Male.
4 in 10 of us get cancer.	**85-89** Risk of cancer peaks between 85 and 89 years of age.	**Under 75** Half of these were persons aged under 75 years of age.	**Cause of death** Colorectal, prostate, oesophageal, and breast cancer are the next most common cause of death.
Cancer in older age Numbers are increasing due to the increasing average age of our population and the increased likelihood of cancer in older age.	**9%** The total projected percentage increase in the population from 1983-1987 to 2023-2027 is **9%.**		
29% Cancer deaths represent **29%** of all deaths.	**4%** The percentage increase in the timeframe of 2013-2017 to 2023-2027 is **4%** in the population and **20%** in cancer cases.		
21% Mortality rates are projected to fall by 21% in the UK between 2014 and 2035.			

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A focus on lung cancer		
Cancer in Scotland	**Cancer in Fife**	
Lung cancer Lung cancer is the most common cause of cancer deaths which has a considerably higher mortality rate than the next four most significant causes of mortality, which are colorectal cancer, oesophageal cancer, prostate cancer and breast cancer.	**Lung cancer** Lung cancer is the most common cause of cancer mortality for both sexes.	**Smoking** Smoking is a major risk factor for lung cancer.
	75 per 100,000 Mortality rate of 75 per 100,000 in Fife slightly higher than the South East region.	**2018** The numbers of deaths have remained the same in 2018 compared to 2008.
	Treatment A significant proportion of people with lung cancer cannot, or choose not to, have treatment. Their survival is typically measured in weeks or short months	

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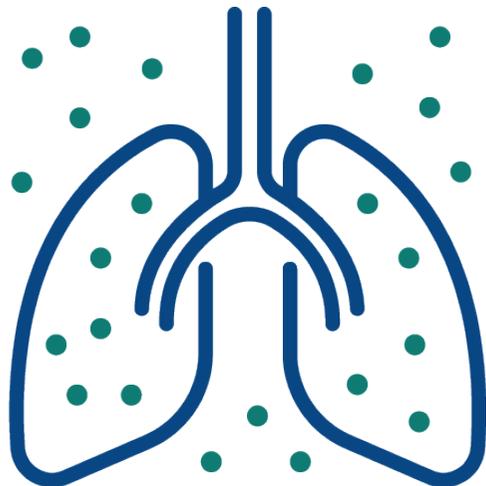
Inequality and deprivation[1]

Cancer in Scotland	Cancer in Fife	
Inequalities There are stark inequalities in cancer incidence and mortality between the most and least deprived populations. A definition for health inequalities is **'the unjust and avoidable differences across our population and between groups within it'**	**30% higher** Incidence of cancer is 30% higher in the most deprived areas compared to the least deprived areas.	**Mortality** Mortality is more than double the rate in the most deprived areas compared to the least deprived areas.
Inequalities The inequalities we experience can be down to where we are born, live, socialise and work over the course of our life and are faced by people because of income and wealth and also inequalities in power, agency and opportunity.	**Inequalities** There are no inequalities in incidence and mortality for all types of cancer.	**Inequalities with lung cancer** There are particularly marked inequalities associated with lung cancer.
	Deprived areas Late stage diagnosis is more common for people living in the most deprived areas.	**Screening programmes (breast, bowel, cervical)** The causes are complex but one factor may be lower rates of participation in the screening programmes.

1 http://www.healthscotland.scot/health-inequalities/what-are-health-
inequalities#:~:text=Health%20inequalities%20are%20the%20unjust,denote%20unjust%20differences%20between%20groups.

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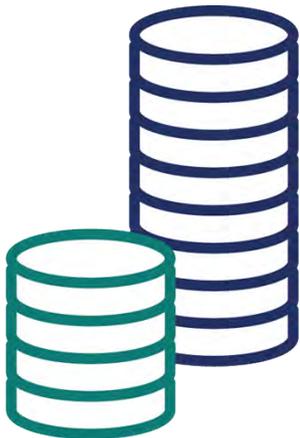
Screening[2] and HPV Vaccination

Cancer in Scotland		Cancer in Fife	
Cancer screening Cancer screening for breast, bowel and cervical cancer is the process for identifying people who appear healthy but may have a higher chance of developing the disease. It aims to detect cancers at an earlier stage when treatment will be more effective. It also aims to prevent some cancers occurring. For cervical screening, younger people are less likely to come forward than older people.		**Uptake of screening in Fife** Uptake in Fife in line with Scotland.	**Mental health** Collaborative project in Fife to support those experiencing severe and enduring mental health conditions to engage with screening programmes.
HPV Vaccination S4 females (2019/20) - 88.2% of those first offered 1st dose in 2016/17 had received 1st dose; 81.7% had received 2nd dose.	**15%** There is a substantial socioeconomic gradient - almost 15% difference in 2nd dose uptake between the least and most deprived quintiles at S4. Those vaccinated against HPV are more likely to take up the offer of screening than the unvaccinated population	**Uptake of screening in Fife** Bowel 65.2% Breast 73% Cervical 70.3%	**Uptake of screening in Fife** Uptake is much lower in most deprived areas in Fife compared to least deprived areas: Bowel – 18.5% lower Breast – 18.4% lower Cervical – 11.5% lower (for the 25-64 age group)

[2] Cancer Framework Documents\NHS Fife Integrated Screening Report 2022 v4 25.10.22 CGC.docx
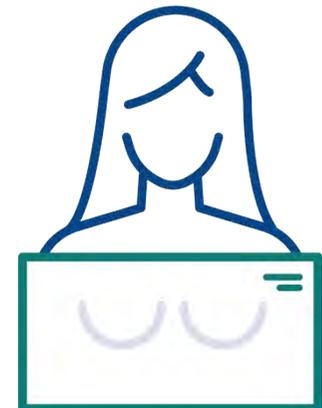
Prevention and early diagnosis

Cancer in Scotland	Cancer in Fife	
Around 40% of cancers are thought to be preventable. There is a large opportunity to prevent many of the commonly occurring cancers in Scotland through lifestyle changes by preventing smoking, improving diet and reducing obesity and alcohol consumption. Many of these risk factors for health are influenced by the wider standards of living, including experience of poverty and influencing change requires whole system and in some cases national collaboration and change: – 79% of lung cancers would be prevented if people did not smoke – 65% of adults are overweight and obesity causes 6% of cancers – 4-6% of cancers can be attributed to poor diet – Drinking alcohol contributes 3-4% of cancers. – Overexposure to ultraviolet radiation contributes 3-4% of skin cancers – Exposure to certain infections contributes 3-4%. Exposure to certain substances at work continues to contribute to cancer cases. Research shows that regular physical activity reduces the risk of a variety of cancer types.	**1,206** Whilst smoking has been declining, 1 in 5 of the population over 16 in Fife reports that they smoke– similar to Scotland.	**Cancer** Highest rate of smoking is in the 16-34 age group amongst whom 24% of people smoke, higher than the rate in Scotland (20%).
	Two thirds Around two thirds of people in Fife are overweight (including obese).	**Overweight** Patterns of overweight, obesity and physical activity is similar to Scotland.
	1/4 Over a quarter of people report having low or very low activity levels.	**11.2 units** On average, people in Fife drink 11.2 units of alcohol per week.
	1 in 4 Just over 1 in 4 people (22%) in Fife drink more than the weekly recommended level of 14 unit for women and 21 units per week for men	**Alcohol** Patterns of alcohol consumption in Fife is similar to Scotland.
	Deprived areas In the most deprived areas of Fife, smoking rates are 4 times higher along with alcohol consumption and obesity with physical activity and good diet being lower than in the least deprived areas and show similar patterns with the rest of Scotland.	

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16/70

122/575

The impact of COVID-19 on cancer and screening services

Much of the data presented in the cancer Framework pre-dates the COVID-19 pandemic. We know that the pandemic may change the picture presented here. For example, reduced primary care face to face appointments, constraints on performing aerosol generating procedure, reduced health service capacity due for example to social distancing, cleaning etc and redeployment are all likely to have influenced cancer related appointments and diagnosis and thus cancer registrations. Overall in Scotland, the rate of new cancers fell by 9% and the number by 8% between 2019 and end of 2020. Most of the decrease is estimated to be due to under-diagnosis caused by the pandemic:

- Reduction in lung cancer by 7%
- Reduction in female breast cancer by 11%
- Reduction in colorectal cancer by 19%
- Reduction in cervical cancer by 24%
- Reduction in prostate cancer of 10%

Furthermore a temporary pause and reduced capacity in screening is expected to have affected our ability to detect some cancers early. The proportion of early detected breast cancers appears to have reduced significantly as a consequence of the pausing of screening programmes (under diagnosis of early-stage breast (-20%), colorectal (-33%) and cervical (-45%) cancers compared with the number of early detected cancers in 2019.) There were also in some cases, changes to treatment to reduce risk during the pandemic.

At this stage it is difficult to assess the precise and lasting impact of COVID-19 on cancer incidence and outcomes and deprivation, but it is clear there has been a significant and potentially lasting effect on services and rate of diagnosis which we will need to monitor and respond to over time.

For more information, visit
https://publichealthscotland.scot/media/12645/2022-04-12-cancer-incidence-report.pdf

Cancer activity in Fife – a brief summary

8460 — Number of urgent suspected referrals recieved in 2021

10% — Percentage of cancers diagnosed from an urgent suspected cancer referral

2446 — Number of cancers diagnosed in 2019

81% — Percentage of patients who recieve their first treatment in Fife
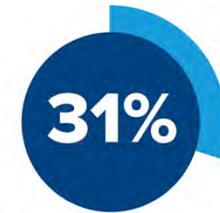
31% — Percentage of patients with surgery as a first treatment

11,600 — Number of SACT episodes delivered in 2021

64% — Percentage increase of SACT episodes from 2017–2021

85.6% — 5 year average 62 day cancer waiting times performace

97.3% — 5 year average 31 day cancer waiting times performance

12,738 — Radiotherapy attendances for Fife patients in 2019

17% — Percentage of patients treated with best supportive care

16% — Early cancer diagnosis centre conversation rates

National context

The Remobilise, Recovery and Re-design Framework published in December 2020 aims to effectively mobilise the NHS to a better health and care system through:

- innovation and integration
- ensuring equity of access
- achieving better outcomes for people in Scotland, and their families.

Our Framework supports relevant actions identified within the recovery plan.

The revised Effective Cancer Management Framework was published December 2021. As the cancer journey continues to be challenging, this plan aims to incorporate new ways of managing cancer pathways and services in response to the pandemic in order to effectively manage cancer patients, their experience and improve their outcomes. The key elements align with our commitments.

To drive cancer up the strategic agenda a National Cancer Governance structure has been agreed. See Appendix 1

Regional context

NHS Fife is part of the South East Scotland Cancer Network (SCAN) along with NHS Borders, NHS Dumfries & Galloway and NHS Lothian. Services are delivered locally where possible with specialist interventions delivered regionally. Reprovision of the Edinburgh Cancer Centre for the SCAN network is planned and a regional transformation programme has been initiated to support the development.

We work closely with our regional partners to ensure a coherent strategy (Appendix 4) is developed through the Regional Cancer Strategy Group which will provide a forum that will support the SCAN boards to collaboratively develop their respective cancer strategies ensuring they complement and align. A regional strategy will support the Regional Cancer Planning Group to ensure that an equitable approach is taken to the development and provision of cancer services across the South East of Scotland and that national and local standards are met. Appendix 2 shows the regional governance structure.

We also work closely with NHS Tayside which supports cancer services in the North East of Fife. In addition to specifically delivered services, there are circa 400 patients from North Fife directly referred from GPs to NHS Tayside for cancer care each year. NHS Fife will engage with NHS Tayside's aim to design, plan and deliver a new build modern cancer centre for the population of Tayside and North East Fife based at Ninewells Hospital Dundee.

For more information on where our cancer services are delivered across the region, see
Table 4 Regional Services Provided to NHS Fife (December 2021)

Local context

An ambitious Population Health and Wellbeing Strategy is in development. The Strategy will describe the vision and future direction of health and care services in NHS Fife with a focus on health and wellbeing of citizens in Fife. Innovation and changes in models of care and staffing will be critical to enable NHS Fife to continue to deliver modern, high quality care for the next 5 years and beyond.

As a significant employer in Fife, embedded within the NHS Fife strategy plan is our aim to establish ourselves as an Anchor Institution playing a recognised role in the community, contributing to the local economy and aims to optimise on local employment opportunities. This is key in our Cancer Framework to help develop our strategic thinking and strengthen our approach to partnership working both within and outwith Fife.

This Framework will align with the NHS Fife Population Health and Wellbeing Strategy and will build on the successes of the previous Cancer, Palliative Care and Last Days of Life Strategy. The priorities within the strategy, set out here, also endeavour to support delivery of NHS Fife's 4 strategic aims:

- Improving the quality of health and care services
- Improving health and wellbeing
- Improving staff experience and wellbeing
- Delivering value and sustainability

Accomplishments from the previous Cancer Strategy – Cancer, Palliative Care and Care in the Last Days of Life	
• Development of a clinical nursing team defined as a point of contact and subsequent employment of clinical support workers to support patient centred care • Implementation of Improving the Cancer Journey, in alliance with Macmillan Cancer Support • Dermatology initiative with GP practices using dermatoscopes to improve early referral of suspicious skin lesions. • The introduction of qFIT for bowel screening has led to a significant increase in screening uptake. Fife piloted a project to assess the use of qFIT for symptomatic patients by GPs to improve early diagnosis. • Development of the acute oncology service within Fife to provide urgent access to specialist cancer advice, treatment and care, for patients without a clearly defined cancer pathway.	• Local campaign last year on the benefits of sun protection. • Health and Social Care support for patients returning to work following successful treatment. • Maggie's Centre Cancer in the Workplace course. • Review of Specialist Palliative Care services to improve provision of supportive care and palliation. Expansion of the Specialist Palliative Care Outreach team which is consultant led and provides increased support in the community. • The Lead GP for Cancer and Palliative Care was involved in the review of the Scottish Referral Guidelines for Suspected Cancer.

We have developed a governance structure to support both leadership of and accountability for cancer overseen by the Medical Director (Responsible Executive for Cancer); this model ensures that strategy, operational delivery and innovation combine to ensure leadership, continuous improvement and achievement are maintained throughout services. Cancer Services Governance Structure for NHS Fife is shown in Appendix 3.

For more information on cancer services delivered in Fife please see Table 5: Local Cancer Services Provided in NHS Fife (December 2021)

Developing this Framework in collaboration with our patients, staff and population

In order to develop the Framework a full system approach to engagement was adopted. The objective of the engagement work is to ensure that the Framework has meaning and ensures that those who are responsible for the delivery of the cancer services are connected to the priorities that are identified. The development of the NHS Fife Cancer Framework has involved extensive engagement with a wide range of stakeholders and included approximately 35 services. A big thank you to all of our staff and teams who engaged to develop this Framework, without your input this would not have been possible. For a full list of those teams who engaged to develop the Framework please see Appendix 5

This is what our staff told us

It is of the upmost importance that this Framework connects with our workforce delivering cancer care. As part of the engagement sessions, services were asked to complete a Strength, Weaknesses, Opportunity and Threat (SWOT) analysis.

Strengths	Weaknesses	Opportunities	Threats
• A person centred approach is taken There are strong, resilient, supportive and unified teams throughout the organisation demonstrating flexibility, cohesion and multi-professional working both within Fife and interfacing with our regional partners • Continuous development of its workforce to allow personal growth through innovation,	• Staffing resources are stretched due to increasing demand and ageing population with limited cover arrangements, particularly seen in nursing and single handed specialist practitioners • National workforce shortages impact on ability to provide sustainable services • Management of succession planning. Limited opportunity for	• Establishment of a cancer identity in Fife with a view to developing a 'Cancer Unit' for Fife • Development of roles and review of staffing across cancer services, introducing advanced practice models to reduce the specialist burden, work with regional partners. • To establish fully nurse-led services	• Dual site working for systemic anti cancer treatment therapies (SACT) • Intermittent clinical and medical oncology support due to site specific pressures due to resource, increasing demand and complexity. • Expanding and tolerable SACT treatments leading to better survival and increasing return of patients with resource issues

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Strengths	Weaknesses	Opportunities	Threats
education and training to maximise skills within the workplace • The workforce is knowledgeable and skilled, with specialist expertise in complex diagnostics, interventions and treatments • A progressive approach is taken optimising on the availability of new innovations and technologies to ensure patients receive timely information and the best treatment available • Accreditation and quality assurance ensures that patients receive safe care	continued professional development, education, learning and teaching due to workforce constraints • Links between services could be more efficiently optimised to ensure a whole system approach is taken to timeously manage our cancer patients, including use of the wider workforce, e.g. AHPs, palliative care, spiritual care • Outdated estate and perceived under-utilisation of wider estate, including of community hospitals. • Minimise cross-site working. Space a factor in relation lack of EOL beds, with no room for growth and expansion. • Requirement for additional equipment to meet demand, e.g. CT, MRI • Delivery of Cancer Waiting Times performance standards • Lack of Information systems and digital enablement	• Non-medical prescribing of oral SACT and delivery in the community • Maximise use of estate in Fife for care closer to home wherever possible • Improve interfaces between all services across Fife to provide an optimal pathway • Develop staff training programmes to provide education to ensure a skilled generalist workforce • Provide prehabilitation for all patients diagnosed with cancer • Continued development of digital resources and introduction of new and emerging technologies • Understand and maximise on the offer that can be provided by wider workforce to 'make every contact count' to spread the burden of support	• Staffing restraints due to recruitment and retention, an ageing workforce with vulnerability of and reliance on retired members of staff to undertake significant proportions of work • Projected increase in cancer cases with an anticipated increase in presentation with advanced disease • Lack of permanent funding impacts on the ability to continue with successful pilots or test of change initiatives • Lack of opportunity to educate the workforce in respect to services that transcends all care, e.g. Palliative Care, Allied Health Professionals (AHPs), Realistic Medicine • Equity of access to services, including where services are offered in tertiary centres

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This is what our patients told us

Engagement was also carried out in collaboration with the public, people affected by cancer, our 3rd sector colleagues and through an Equality Impact Assessment (EQIA); this was achieved by virtual consultation as summarised below.

The patient and public engagement session was set the context of the Framework, listening to patients who have experienced cancer. Discussion led to agreement of emergent and priority themes and this is how our patients and population ranked our cancer priorities:

Ranking priorities

Rank	Priority
1st	Optimal pathways should exist to support efficient diagnosis and treatment
2nd	People (patients (adults and children), families, carers and staff) at the heart of the Framework
3rd	Patients should receive care at the right time, by the right professional in the right place
4th	Patients should have a single point of contact
5th	Holistic needs of patients need to be considered and supported
6th	Care across different settings should be effectively managed
7th	Where possible patients should receive care closer to home
8th	There should be personalised cancer outcomes at the end of treatment
9th	Prehabilitation should be available
10th	Realistic medicine should underpin service delivery and planning
11th	Cancer services should be digitally enabled
12th	Research, development and innovation is central to the delivery of high quality sustainable cancer services

Care Opinion

Comments from Care Opinion in 2020-2021 regarding cancer experiences in Fife also provided useful insights.

There were 20 positive stories:

1. Prompt tests/diagnosis
2. Exemplary care and treatment from all disciplines
3. Professionalism
4. Communication
5. Treatment during height of pandemic

And one negative around Communication

Complaints

Complaints can be a measure of quality service provision and themes identified through Patient Liaison shows issues with:

- Coordination of care
- Communication relating to all areas of care
- Late or misdiagnosis
- Waiting times
- Support at home

"Breast Service

I would like to thank the CNSs for their support during my breast cancer diagnosis and the fact they made me feel comfortable and could have a laugh and joke about the challenges that I faced during my treatment. They go out their way to help support patients. Also, a big thank you to the Oncologists and all the nurses on the Haematology Day unit as well."

"Mother's end of life care:

I would like to say a huge thank you to all members of staff in Ward 34 for the exceptional care they gave not only to my mother but to my father too."

"Brilliant ECDC service and fantastic treatment."

"Lung Cancer:

I feel an enormous debt of gratitude to all who care for me through this, from my GP practice and consultants to all the nurses and technicians who showed me such consideration and helped me feel valued and positive. Thank you."

"Bowel Cancer Care

Thanks to the colorectal team who have given excellent care all along the way. The CNSs and support workers were outstanding. A special thanks to the surgeon. I appreciate the input from everyone on the team; radiologists, Oncology, the nurses on ward 52, the SEAL unit, the nurse endoscopist, the anaesthetic and theatre team and everyone who works hard in the background making such good care possible"

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Equity Framework

An Equality Impact Assessment (EQIA) was carried out to set out the impacts of the cancer Framework to determine key recommendations and amendments to enable a more equitable and adjusted service to meet the needs of all.

The aim of the EQIA was to understand population groups and factors contributing to poorer health/health inequality, the potential impacts and to determine recommendations to reduce or enhance such impacts.

Potential impacts to Patients	EQIA recommendation	Framework objective

• Location of services can present a challenge to patients in attending appointments and treatments including:
  – travel to/from appointments both within and outwith Fife
  – availability of patient transport
  – coordination of public transport
  – cost of travel
	• Consideration of where services are – it can be stressful to go out of Fife to go to an appointment or get treatment.
	• We need to look at our expenses budget and who gets the support.
		2.8 Ensure care is close to home where possible, repatriating care from out with Fife, where appropriate.
		2.9 Review transportation for patients to access services both within and out with Fife.
		3.8 Focus on equality when planning and designing new cancer related services to avoid and reduce the impact of social inequalities in accessing cancer services including screening, diagnosis, treatment, information, support and clinical trials.
		4.1 Explore a Hub and Spoke model of care to ensure equitable access to clinical trials with care closer to home.
		5.4.1 Ensuring the reduction of digital exclusion in the design of solutions (with particular consideration of people without access to data, devices, digital literacy and disabilities which may affect use of digital options
		7.2 Explore community-based models of care, such as community dispensing or supportive therapies.
		7.4 Assess digital requirements in relation to development of Hubs for hard to reach groups.

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Potential impacts to Patients	EQIA recommendation	Framework objective
• Non-smoker living in a smoking environment – smoke free homes project. • Accessibility to green space, parks. • Promotion of healthy lifestyles, such as walking.	• Restart the Smoke Free Homes Project • Link in with initiatives to enable access to parks and leisure. • Promote physical activity through existing initiatives.	**1.1** Reduce the harms associated with preventable risk factors for cancer, with a focus on supporting healthy communities, early and targeted intervention, effective and integrated harm reduction and reducing inequalities.
• Returning to work after a cancer diagnosis.	• Signpost for financial support from charities, such as Marie Curie. • Explore opportunities to retrain if not able to return to job.	**2.10** Make returning to work after a cancer diagnosis a health outcome, including signposting and awareness of public and 3rd sector organisations that support return to work after illness such as Access to Work/FEAT/Health Working Lives.
• Access to advice, including digital access.	• A combination of access to services should be available for those who do not have use of digital resources.	**5.3.1** Development of a cancer webpage for staff and patients to access up to date, relevant information. **5.2.4** Introduce patient access to information and patient initiated review. **7.4** Assess digital requirements in relation to development of Hubs for hard to reach groups.
• Access to services for protected groups.	• Improve community messaging. • A holistic approach, including spiritual care, for Palliative Care and not just medicines.	**1.2** Protect people from cancer through screening and HPV vaccination with high rates of uptake and address inequalities in uptake. **2.6** Patient choice, spiritual belief and understanding must be central to the care received and delivered.

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Our cancer commitments

Prevention early diagnosis and reduction in inequalities

Commitment 1: **To reduce cancer incidence, mortality and inequalities for our population through effective prevention, screening and early detection initiatives.**

There are striking inequalities in cancer incidence and outcomes in Fife, largely due to the unequal distribution of social factors that influence health. In order to reduce cancer incidence and mortality we need to focus on the known modifiable risk factors for cancer, reducing inequalities and addressing the broader 'upstream' factors that contribute to inequalities in our health. Preventing cancer in Fife will be a complex and a long-term endeavour and whole system collaboration with partner organisations is critical to achieving our priorities.

Where we live has a direct impact on health and wellbeing. Our ambition is to make sure the fundamental building blocks needed for good health are in place for Fife. A Plan for Fife | Our Fife - Creating a successful, confident and fairer Fife sets out our joint ambitions within Fife Partnership over the next 10 years.

Existing workstreams in Fife are underway and support broader strategies to reduce harms and inequalities associated with cancer, and directly align with broader recommendations in relation to the NHS Fife Population Health & Wellbeing Strategy and Prevention & Early Intervention Strategy planned by the Health & Social Care Partnership (H&SCP).

To deliver this commitment the priorities identified for reducing cancer incidence, mortality and inequalities in Fife are:

    1.1. Reduce the harms associated with preventable risk factors for cancer, with a focus on supporting healthy communities, early and targeted intervention, effective and integrated harm reduction and reducing inequalities. Key priority areas are:

        1.1.1. Develop a system wide approach in collaboration with Health Promotion to focus on promoting holistic assessments of patient's risk for the cancers which are attributable to life style across hard to reach groups e.g., Making every contact count.

        1.1.2. Promote good community orientation through improving awareness.

        1.1.3. Support the public, patients and staff to eat well, have a health weight and be physically active.

        1.1.4. Reduce harm associated with tanning practices in our community.

1.2. Protect people from cancer through HPV vaccination, maintaining immunisation coverage rates and reducing inequalities in coverage in line with the [Fife Immunisation Strategic Framework 2021-24.](#)

1.3. Review the impact of the Fife Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)) for those with vague symptoms with a view to expanding to other specific tumour sites

1.4. Work with partner organisations across the whole system to address the broader upstream determinants of health that contribute to cancer inequalities.

1.5. Embed a culture of 'prevention' and 'mitigating inequalities' into routine services, increasing staff awareness and capacity to intervene early with regards to risk factors for cancer.

  1.5.1. Increase health professionals' awareness to promote the Health and Social Care Partnership (HSCP) [Reduce the Risk of Cancer](#) initiative by providing key messages to share and signpost information of the key preventable risk factors for cancer.

  1.5.2. Build on work to increase advice and support relating to income maximisation for cancer patients.

1.6. Ensure screening is easy to access, local and supported by appropriate resources to support patients to participate, with a focus on populations that have difficulty accessing screening to address inequalities in uptake.

1.7. Ensure Primary Care Healthcare Professionals have appropriate and equitable access to diagnostic imaging and triage to support urgent suspected cancer referrals.

Person-centred

Commitment 2: The patient will be at the heart of how services are designed with excellent patient experience as a priority.

Patients have told us their top three priorities are to experience an optimal pathway for rapid diagnosis and treatment, that people should be at heart of the Framework and they should receive the right care at the right time in the right place.

To achieve this commitment we will:

2.1 Actively include the views and experiences of patients, families and unpaid carers through continued engagement to ensure shared decision making, including Care Opinion.

2.2 Services will be designed to ensure there is a dedicated Single Point of Contact to provide information points for appointments, advice, clinical and other support.

2.3 Improve sharing of quality information with patients and care providers through digitally enabled systems, e.g., Holistic Needs Assessments (eHNA) and Treatment Summaries, Digital Patient Hub. electronic Key Information Summaries (eKIS) in primary care including Palliative Care summaries

2.4 Develop a Cancer Services website dedicated to helping *people* who face *cancer* learn about patient services

2.5 Ensure patients have access to prehabilitation and rehabilitation for optimum fitness prior and post treatment

2.6 Patient choice, spiritual belief and understanding must be central to the care received and delivered.

2.7 Ensure optimal pathways exist to ensure efficient diagnosis and treatment of patients.

2.8 Ensure care is close to home where possible, repatriating care from out with Fife, where appropriate.

2.9 Review transportation and financial support for patient access to services both within and out with Fife.

2.10 Make returning to work after a cancer diagnosis a health outcome, including signposting and awareness of public & 3rd sector organisations that support return to work after illness such as Access to Work/ FEAT/ Health Working Lives

2.11 Continue to offer patients support through the Macmillan Improved Cancer Journey (ICJ) pathway to ensure they can access support as their circumstances change

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Optimal pathways and integrated care

Commitment 3: **Patients will receive the right treatment at the right time in the right place by the right person. This will be delivered through the development of optimal and integrated pathways to deliver high quality cancer care.**

There is a recognised need to improve timely access for our patients and use of patient pathways and integrated models of care will be a key priority. Variation across pathways should be reduced and underpinned by optimum referral pathways to deliver timely access to diagnostics and treatment. To do this, services need to be integrated to ensure the patients' care is coordinated from referral to end of life care.

Due to the growing and ageing population we need to recognise the full multi professional teams to support patients during diagnosis, treatment and beyond treatment including care for people with cancer who do not receive cancer treatment (best supportive care). Central to meeting changing demand is the embedding of a greater sense of 'shared responsibility' for all steps in the pathway between patients, secondary, primary, community health services and other partner agencies with accountability for timely communication between services and the availability of accessible plans of care.

NHS Fife places great emphasis upon preventing avoidable deaths, however, when preventing death is no longer an option, we will continue to treat and support our patients, including those affected by cancer, throughout their last months and weeks of life.

To achieve this commitment, we will:

3.1   Implement sustainable optimal cancer pathways with review of timed cancer pathways to improve cancer waiting times performance and to ensure clear timelines for appointments, diagnostics, decisions and treatments, including direct patient navigation for the most complex patient pathways from initial referral through to palliative and end of life care.

3.2   To embed a new model for Specialist Palliative Care, to optimise generalist palliative care access and provision in acute and community settings; to develop a Best Supportive Care (BSC) pathway with care that is multidisciplinary, integrated and coordinated; improving Primary Care, Acute Care and Specialist Palliative Care linkages.

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3.3 Develop Systematic Anti Cancer Treatment (SACT) models to ensure patients are treated in the most appropriate setting.

3.4 Review the contribution of the wider workforce for continuing care and utilise all the workforce to ensure that every contact counts.

3.5 Ensure effective design of Multidisciplinary Team (MDT) meetings to optimise on early diagnosis and timely treatment and care, fostering a culture of strong leadership and teamwork across all services.

3.6 Ensure that prehabilitation and rehabilitation are embedded in care pathways.

3.7 Actively engage with Edinburgh Cancer Centre in relation to opportunities in Fife.

3.8 Focus on equality when planning and designing new cancer related services to avoid and reduce the impact of social inequalities in accessing cancer services including screening, diagnosis, treatment, information, support and clinical trials.

Research, Innovation & Knowledge

Commitment 4: **Research, innovation and knowledge is central to the delivery of high quality sustainable cancer services for our patients and population.**

A positive research culture in health care is associated with better job satisfaction for staff and better outcomes for patients. NHS Fife Research, Innovation and Knowledge Department hosts and sponsors a large and growing number of research studies ranging from international multi-centre drug trials to short term student projects. They work with a variety of commercial and non-commercial sponsors and funders, investigators and researchers with a wide range of interests and experience, members of the public and service users and colleagues from across Scotland and the UK. NHS Fife will make every effort to ensure cancer patients have access to the most up to date technology and innovative diagnostics and treatments.

To achieve this commitment, we will:

4.1 Explore a Hub and Spoke model of care to ensure equitable access to clinical trials with care closer to home.

4.2 Improve links with East Region Innovation Hub

4.3 Understand the cost benefits of improved clinical trial participation.

4.4 Embed research into standard work through the research, innovation and knowledge programme of education

4.5 Ensure staff have the appropriate time allocated to acquire knowledge of new treatments.

4.6 Support healthcare professionals to be innovative in pursuing continuous quality improvement, prioritising tests of change to support early diagnosis and wider best practices from successful research studies.

4.7 Align with the NHS Fife Innovation governance Framework to ensure new innovations are appropriately planned, resourced and monitored.

4.8 Seek opportunities to test innovative solutions with the McKenzie Early Diagnosis Institute and the South East Health Innovation Hub (HISES).

4.9 Work closely with our educational partners.

4.10 Align work with Public Health to reduce inequalities in research

Our enablers

Digital and Information

Commitment 5: **Digitally enabled for sustainable and efficient service models which embrace technology and innovation.**

Digital and Information Department have a strategy and programmes service area which collaborates across Digital, NHS Fife, NHS Scotland, suppliers and partners to develop strategy and deliver service change that is focussed on improved patient care through digital transformation. Existing strategic priorities currently being undertaken which supports cancer patients are:

- Near Me
- Digital Patient Hub
- Electronic Patient Record Development

To provide staff and patients with access to digitally enabled health it is imperative that the use of the Scottish Approach to Service Design is considered to ensure systems are efficient and effective. Digital & Information Department will require service commitment when adopting existing and implementing new digital capability in support of the Cancer Framework.

To achieve this commitment, we will:

5.1. Develop cancer clinical information systems that:

    5.1.1. Track patients referred with urgent suspected cancer or diagnosed with cancer.

    5.1.2. Provide a Multidisciplinary Team (MDT) solution which is fit for purpose.

    5.1.3. Manage and monitor activity, for example inpatient SACT and HPB surveillance.

5.2. Support the improvement of the cancer referral process through:

    5.2.1. Implementation of Fife Referral Organisational Guidance (FROG).

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5.2.2. Introduction applications ('Apps') to support referral, e.g. photo triage, in a secure and compliant manner.

5.2.3. Prepare for the implementation of nationally provided artificial intelligence (AI) to support early detection.

5.2.4. Implementation of Acute Clinical Referral Triage (ACRT) and Patient initiated review (PIR).

5.3. Ensure information is available to patients and staff to improve their patient journey and outcomes:

5.3.1. Development of a cancer webpage for staff and patients to access up to date, relevant information.

5.3.2. Development of information resources, e.g. electronic treatment summaries, palliative performance scale.

5.3.3. Implementation of Electronic Patient Record.

5.4. Support the change by:

5.4.1. Ensuring the reduction of digital exclusion in the design of solutions, with particular consideration of people without access to data, devices, digital literacy and disabilities which may affect use of digital options.

5.4.2. Ensuring the availability of the Digital Enablement team to support both patients and staff with their adoption and use of digital systems.

5.4.3. Ensuring the solutions are safe and secure by meeting both clinical and information governance standards.

5.4.4. Ensuring appropriate cancer data is available for reporting in support of operational improvement and strategic planning.

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Workforce

Commitment 6: Recognise workforce challenges and identify system-wide approaches to support in relation to wellbeing, education and training to ensure our patients receive the best care.

To deliver this Framework we recognise that our staff are our biggest asset. The NHS is the biggest employer in Europe, and the world's largest employer of highly skilled professionals. There is evidence that staff are feeling the strain, particularly since the pandemic and there is some evidence that many of those leaving the NHS would remain if employers could reduce workload pressures, offer improved flexibility and professional development. Staffing gaps are already present, in particular in diagnostics, such as radiology, pathology and the specialist nursing workforce. Consideration of alternatives is required where there are national shortages such as oncology, and specialist consultant posts. There are also concerns around the ageing workforce and we therefore need to take the opportunity to look at how we resource the cancer workforce differently to ensure it is balanced, resilient and fit for the future. Table 3 shows the current cancer specific workforce. Any workforce implications will align with the NHS Fife Workforce Strategy.

To achieve this commitment, we will:

6.1. Review the cancer workforce, including skill mix and supporting roles, to inform future service delivery models and succession planning.

6.2. Work towards the national agenda to transform roles with consideration of Senior Professional Leadership/Management of CNS/ANP/AHP workforce being aligned to support the broader vision and developments.

6.3. Review wider roles, such as AHPs and palliative care to complement an integrated cancer care pathway. Ensure the wellbeing and resilience of the cancer workforce including improved access to Spiritual Care and other wellbeing services as part of the approach to staff wellbeing.

6.4. Identify gaps in medical workforce working with regional partners to develop a regional plan to ensure resilience and equity of care.

6.5. Take forward leadership opportunities across the workforce to highlight opportunities available to cancer workforce colleagues, encouraging new talent to take up leadership roles.

6.6. Make sure all staff have the time to undertake appropriate training and development in order to carry out their role and to equip them for future roles.

6.7. Optimise on education and training from others in the workforce to ensure patients receive the most appropriate care, for example Realistic Medicine, Occupational Medicine and Palliative Care.

6.8. Take a holistic approach to the management of patients with cancer to include those treating patients who are not in cancer roles, for example inpatients.

6.9. Introduce a Cancer Awareness programme in teaching of Junior Doctors to educate and ensure early understanding.

Property and Asset Management

Commitment 7: **Ensure our healthcare environments are designed to deliver optimum patient care**

Review of our current estate is crucial for optimal patient care, with the design of patient pathways informing configuration of our estate, both currently and in the future to ensure we can accommodate future demand and growth. As cancer prevalence increases and people are living longer, current accommodation is an issue. The Framework aims to address these challenges, now and in the longer term, and it is therefore imperative we review estate throughout Fife with the aim of increasing capacity and to give the ability to offer care closer to home, where appropriate.

To achieve this commitment, we will:

7.1. Review the estate in line with the Board's Property & Asset Management Strategy to accommodate new ways of working and new technologies so that capacity can cope with demand now and in the future.

7.2. Explore community-based models of care, e.g., community dispensing, supportive therapies and the non-hospital based services, for the palliative phase of illness to ensure services are accessible for all, including people living in the most deprived areas of Fife where incidence and mortality of cancer is higher.

7.3. Develop the case for a Cancer Unit in Fife in line with the developing Population Health and Wellbeing Strategy.

7.4. Assess digital requirements in relation to development of Hubs for hard-to-reach groups.

Quality and Performance Improvement

Commitment 8: **To make best use of available information sources to assure patients are receiving timely, high quality, effective care.**

Performance data on the current Local Delivery Plan (LDP) standards set priorities between the Scottish Government and NHS Boards to provide assurance on NHS Scotland performance. In October 2008, Better Cancer Care – An Action Plan was published and stated that 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat, irrespective of route of referral and 95% of those referred urgently by their GP with a suspicion of cancer will begin treatment within 62 days of date of receipt of referral. Graph 6 shows quarterly 62 and 31 day performance from 2017 to 2021

To strengthen the commitments made in in the 2008 publication, Quality Performance Indicators (QPIs) were introduced to improve safe, effective and person centred care (CEL06 (2012)).

Cancer has remained a priority through the pandemic and the refresh of the Effective Cancer Management Framework provides teams with tools to effectively manage patients from the point of referral to first treatment and aims to improve patient experience as well as cancer waiting times performance.

To achieve this commitment, we will:

8.1. Embed the Effective Cancer Management Framework into the cancer team's workplan, supported by senior management to ensure full adoption.

8.2. Ensure cancer patients continue to be seen and treated as a priority

8.3. View national 62 day and 31 day Cancer Waiting Times targets as a minimum standard.

8.4. Continue to drive and improve quality performance through robust governance of the Quality Performance Indicators and local use of data to improve service delivery.

8.5. Full engagement with the Cancer Managers' Forum and other national groups to share good practice

8.6. Ensure consistent, good quality data collection through formal education for the cancer data collection team and through the formal Quality Assurance programmes.

Risk to delivery

Title	Description	Risk Profile
Cancer Workforce issues	There is a risk that we will be unable to deliver the Cancer Framework within the stated timescales due to: lack of succession planning, inability to recruit suitably trained staff to vacant posts, national shortages of specialist posts and posts not being funded substantively, resulting in sub optimal patient experience and outcomes, increased pressure on staff, staff wellbeing and services and adverse publicity.	
Financial Delivery of Cancer Framework	There is a risk that we will be unable to deliver the Cancer Framework due to insufficient financial investment in Cancer Services and funding being provided on a non-recurring basis resulting in disruption to / loss of services, sub optimal patient experience and clinical outcomes, and adverse publicity.	
Digital and Information Challenges	There is a risk that lack of digital and information support for cancer services will impact on our ability to delivery key commitments identified in the Framework in relation to: • Lack of robust quality and performance improvement data collection systems resulting in disparate data collection impacting optimal pathways and integrated care • Digital exclusion for those without access resulting in inequalities to person centered care	
Cancer Services Property Infrastructure	There is a risk that we will be unable to deliver the Cancer Framework due to inadequate space/capacity to accommodate the expected increase in patients with a cancer diagnosis and with extended active treatment times, resulting in sub optimal patient care, experience, outcomes and safety.	
Expansion of Edinburgh Cancer Centre (ECC)	There is a risk to delivery of the Cancer Framework if there is inadequate regional collaboration and funding to support the repatriation of patients should the Edinburgh Cancer Centre (ECC) expansion Initial Agreement (IA) and Outline Business Case (OBC) be successful in terms of staffing and recruitment, estate, patient experience, pathways.	

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Risk Profile

Likelihood	Consequence				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

In terms of grading risks the following grades have been assigned within the matrix.

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Data and information

Public Health Data

The table below shows new cases of cancer in Fife from 1995 – 2019
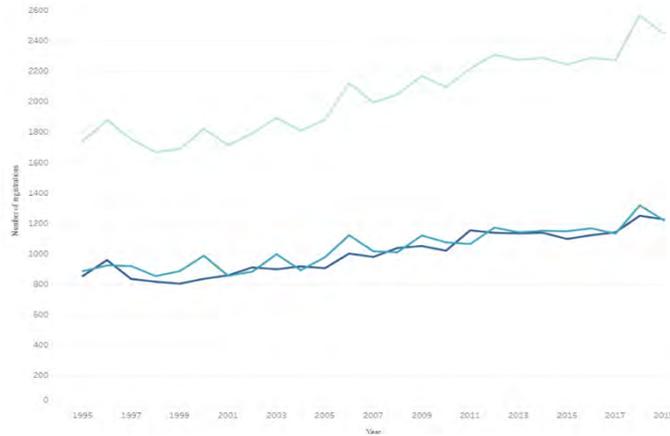
Numbers diagnosed male/female
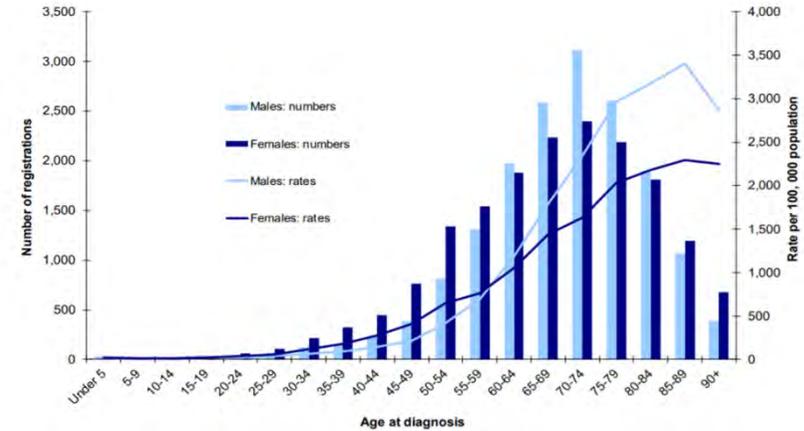
The graph shows number of deaths due to cancer in Fife from 1993 to 2019.
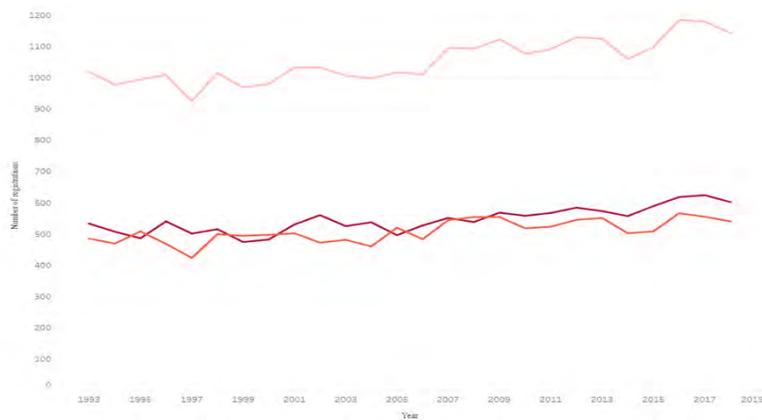
10 year percentage change in age-adjusted incidence rate for 20 most common cancers

41
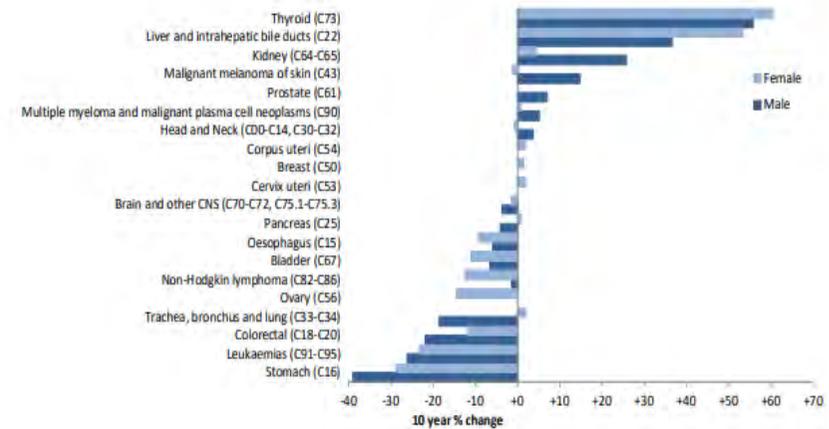
Graph 1: Number of New Cancers Diagnosed (reportable cancers Jan 2017 – Dec 2021)

42
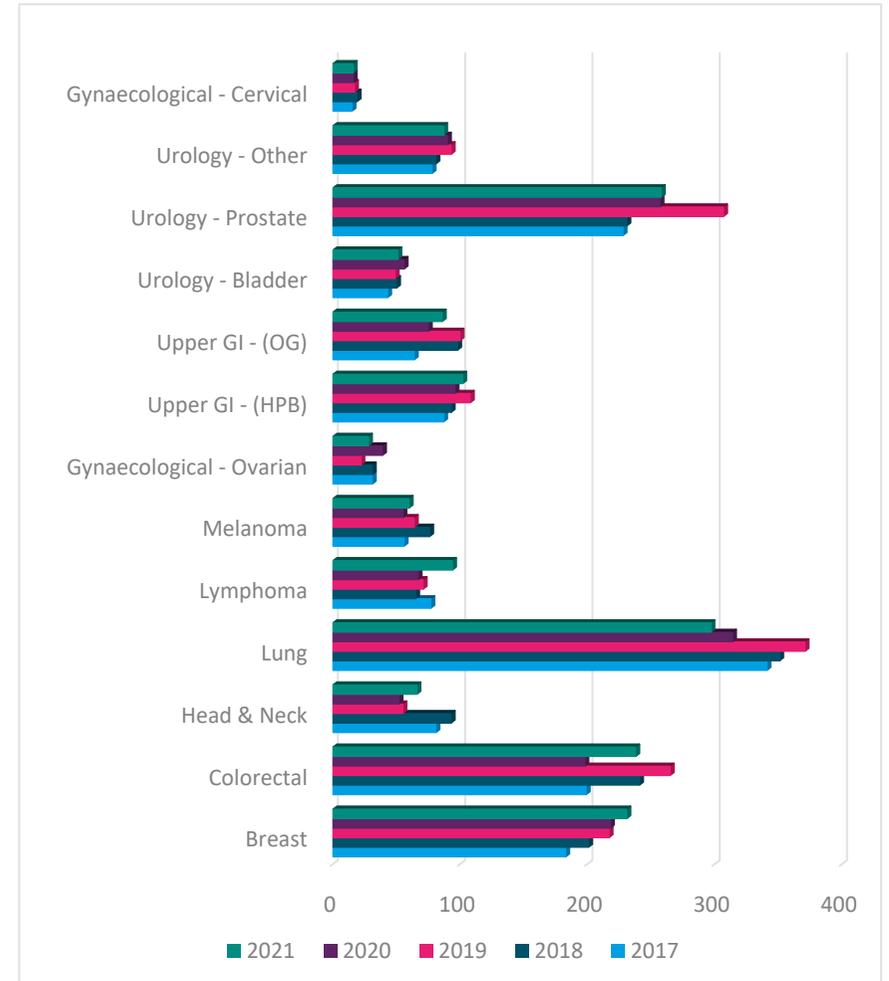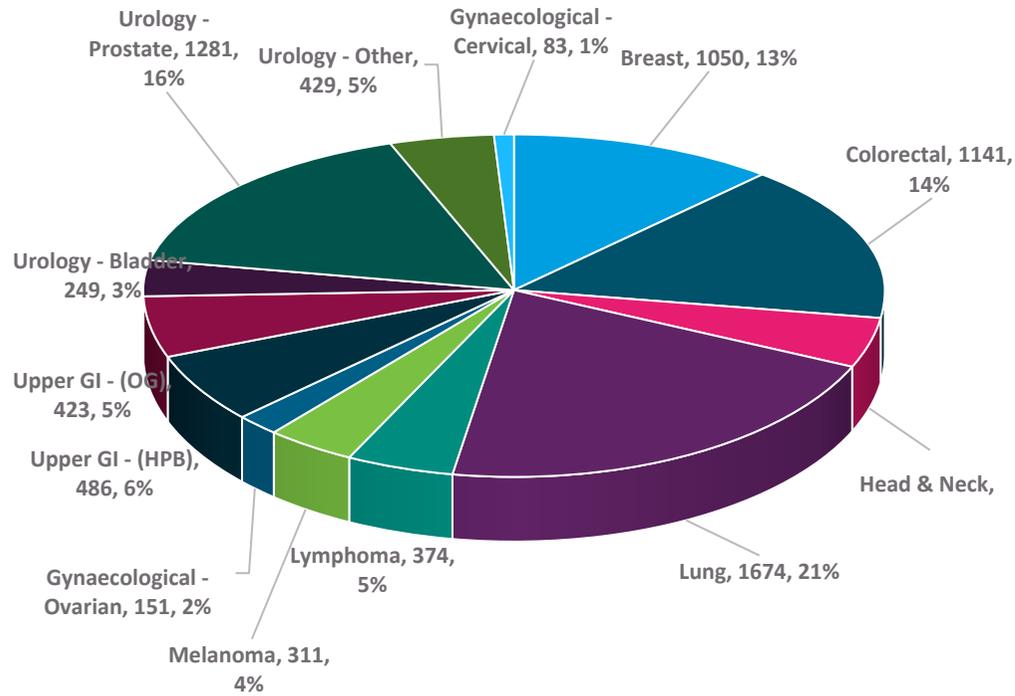
Graph 2: Number of New Patients Treated by Treatment Type (reportable cancers) January 2017 – December 2021

43
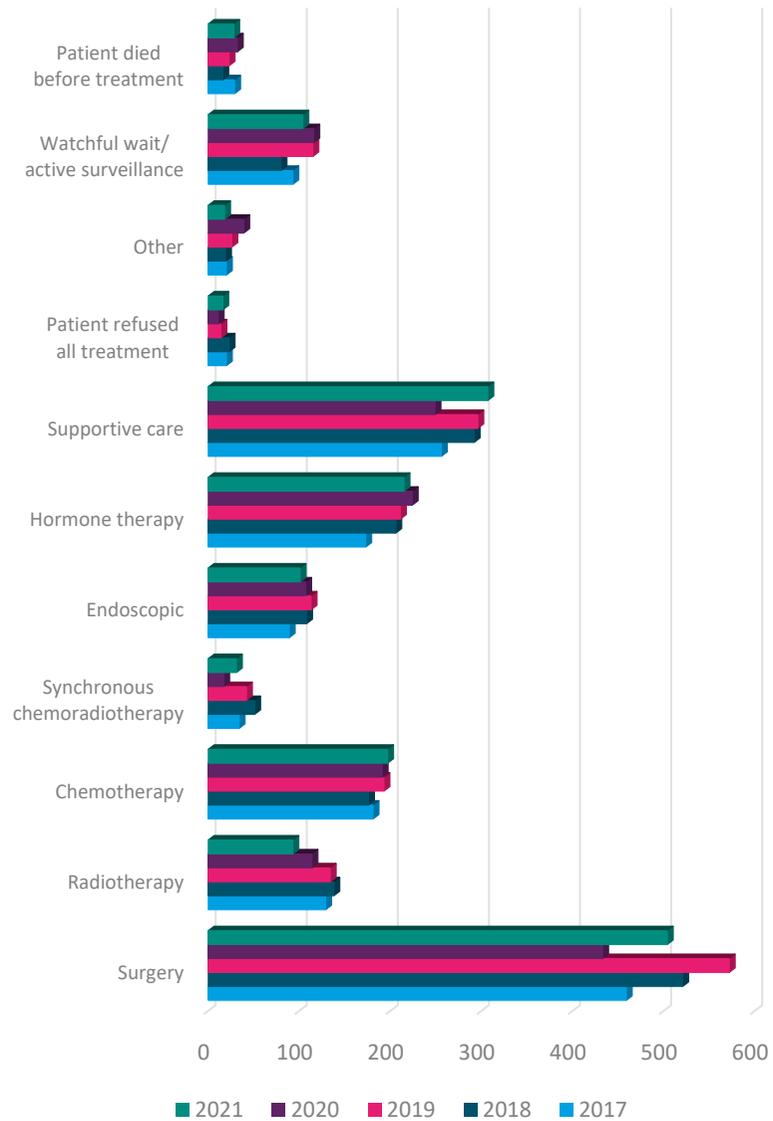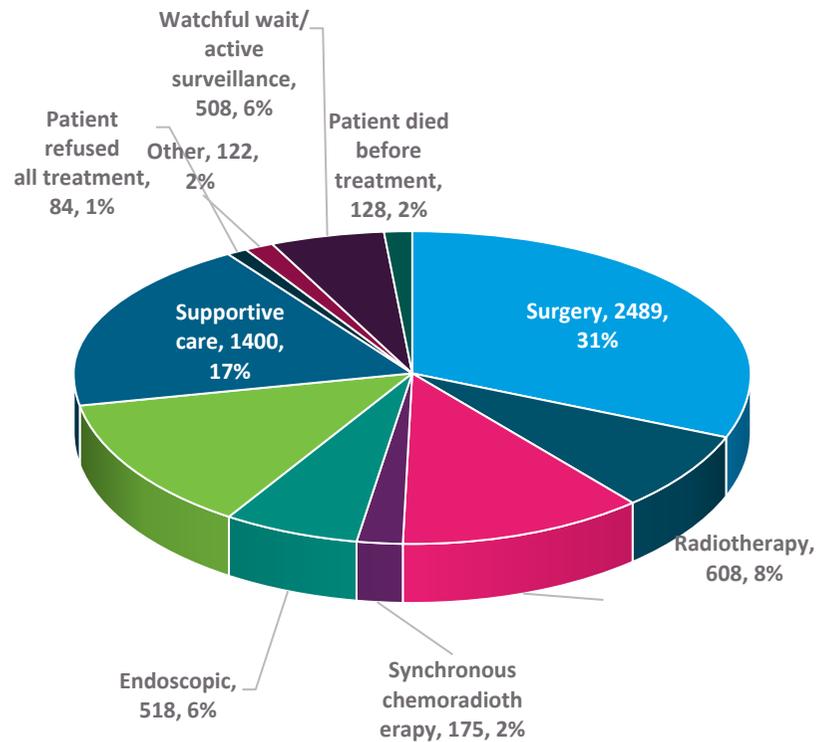
Graph 3: Proportion of New Patients Treated by Board (1st Treatment – reportable cancers) January 2017 – December 2021
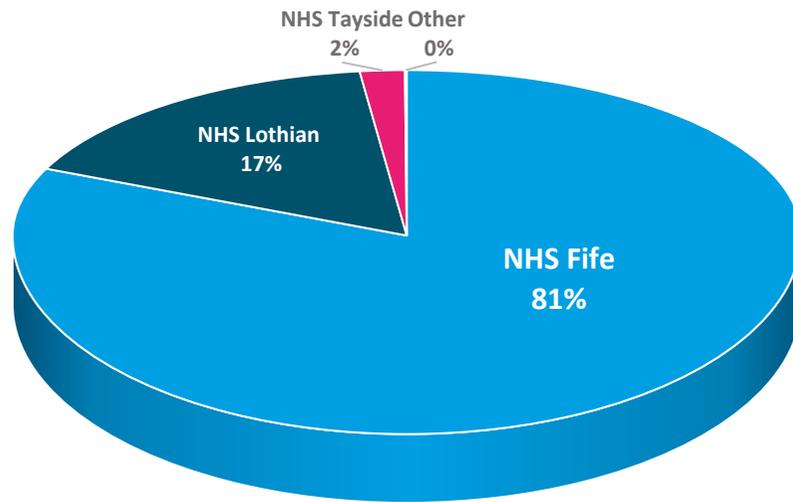
Board of Treatment	
Board of Treatment	**No pts**
NHS Fife	6448
NHS Lothian	1368
NHS Tayside	176
Other	7
Grand Total	**7999**

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Graph 4: Systemic Anti-Cancer Treatment (SACT) Episodes Jan 2017 – Dec 2021

Legend: 2017, 2018, 2019, 2020, 2021
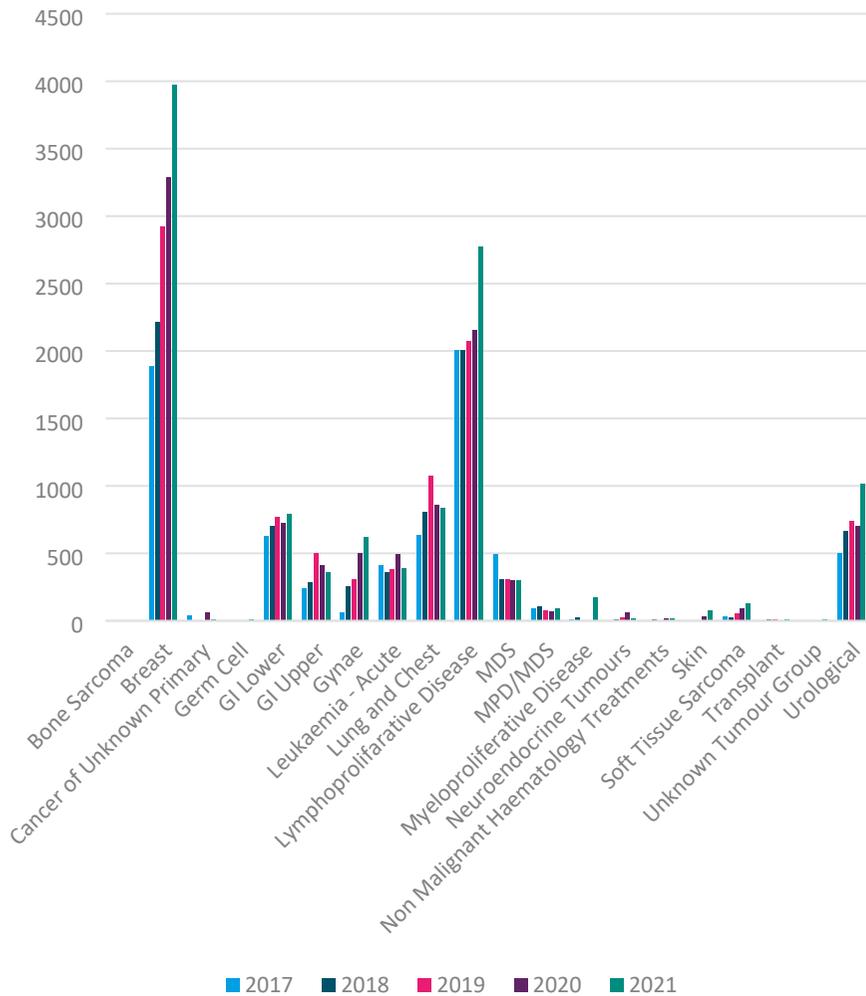
Tumour Type	2017	2018	2019	2020	2021
Bone Sarcoma				<5	
Breast	1886	2215	2923	3290	3974
Cancer of Unknown Primary	41	5	6	65	11
Germ Cell		<5	<5	>5	<5
GI Lower	630	701	767	723	790
GI Upper	240	287	503	410	360
Gynae	63	256	305	503	618
Leukaemia - Acute	413	362	386	494	390
Lung and Chest	633	805	1073	859	841
Lymphoproliferative Disease	2005	2009	2075	2160	2775
MDS	493	311	310	302	300
MPD/MDS	92	105	77	69	89
Myeloproliferative Disease	14	28	<5		174
Neuroendocrine Tumours	<5	9	22	64	19
Non-Malignant Haematology Treatments	>5	13	<5	16	19
Skin				35	74
Soft Tissue Sarcoma	33	28	53	93	128
Transplant	<5	13	8	6	8
Unknown Tumour Group					9
Urological	501	668	744	705	1015
Grand Total	**7050**	**7816**	**9263**	**9799**	**11601**

	2017	2018	2019	2020	2021
Non SACT Interventions	1408	1639	3112	3492	4064
SACT given as Intervention	183	220	507	369	718
Total Interventions	**1591**	**1859**	**3619**	**3861**	**4782**

Graph 5: South East Cancer Network (SCAN) Radiotherapy Treatment Episodes 2019
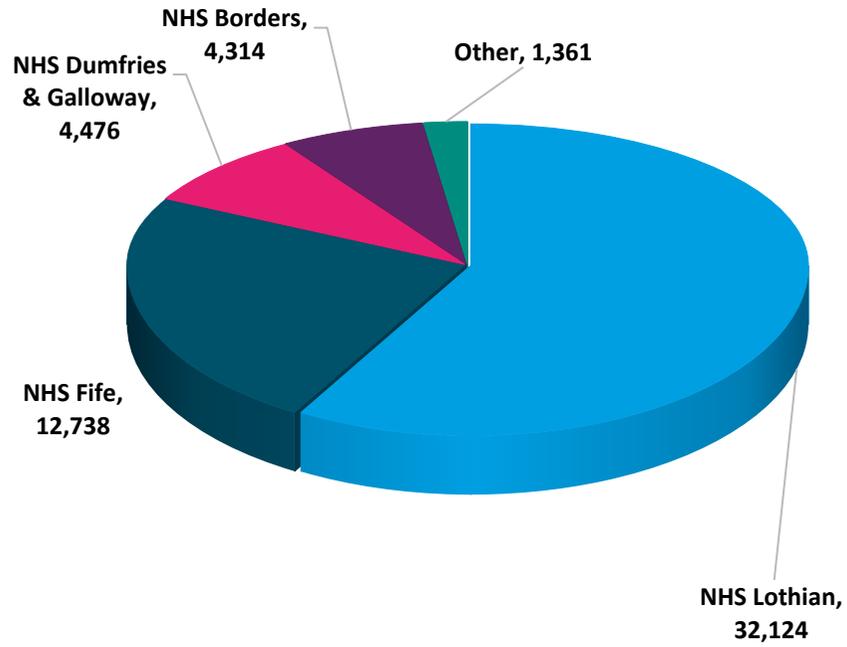
NHS Board	Number of Attendances
NHS Lothian	32,124
NHS Fife	12,738
NHS Dumfries & Galloway	4,476
NHS Borders	4,314
Other	1,361

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Graph 6: Quarterly Cancer Waiting Times Performance from Q1 2017 to Q4 2021

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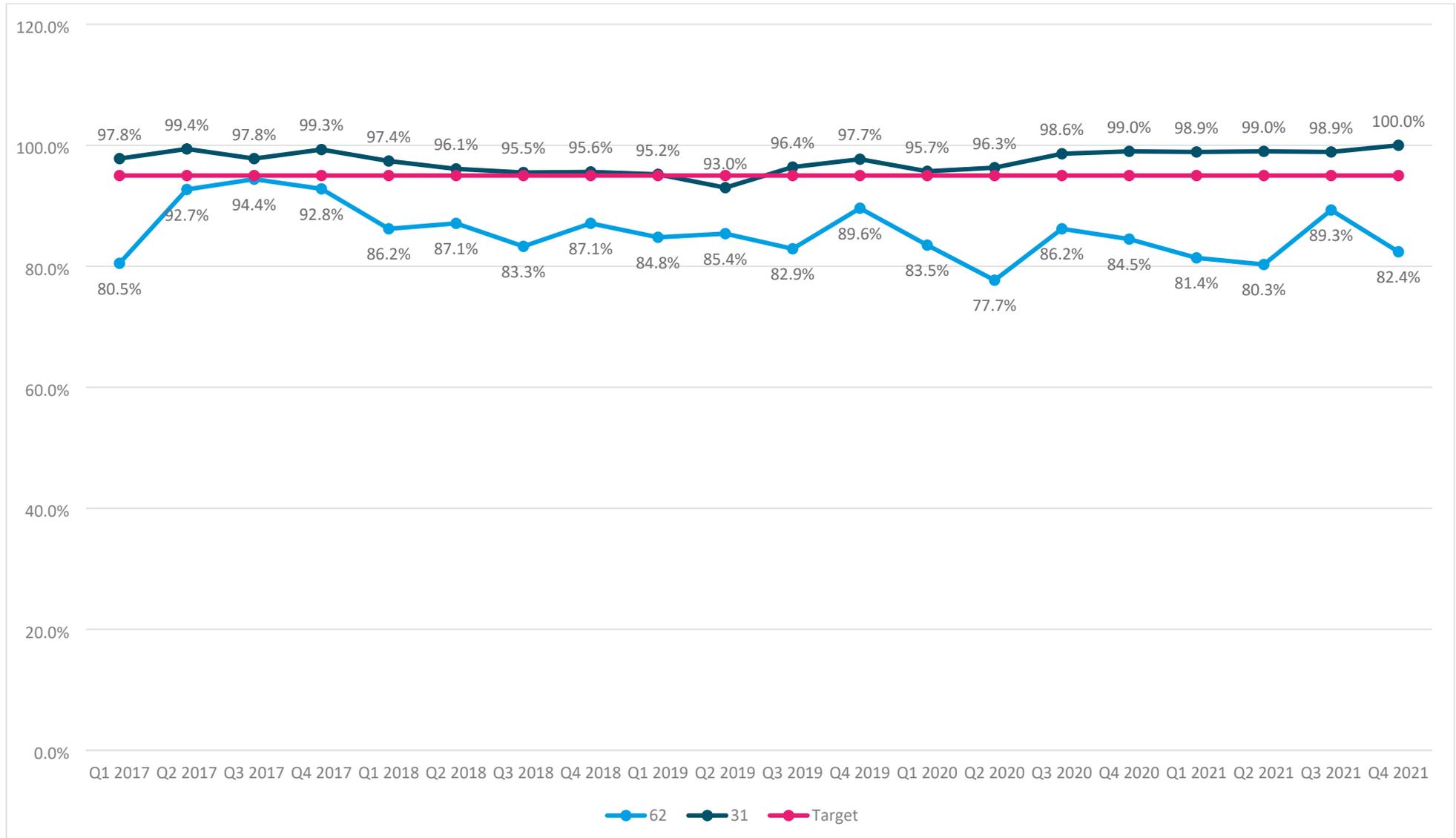
Table 1: Referral vs Diagnosis – Conversion 2017 – 2021

NHS Fife	Conversion Rates (USC Referral/Diagnosed)														
Tumour Site	**2017**			**2018**			**2019**			**2020**			**2021**		
	Referrals	Treated	Conversion	Referrals	Treated	Conversion	Referrals	Treated	Conversion	Referrals	Treated	Conversion	Referrals	Treated	Conversion
Breast	836	109	**13%**	1281	139	**11%**	1375	133	**10%**	1541	175	**11%**	1873	167	**9%**
Colorectal	836	43	**5%**	1048	68	**6%**	1226	89	**7%**	887	95	**11%**	1447	81	**6%**
Head & Neck	464	32	**7%**	747	34	**5%**	959	32	**3%**	753	35	**5%**	750	41	**5%**
Lung	427	130	**30%**	473	154	**33%**	466	173	**37%**	373	112	**30%**	397	114	**29%**
Lymphoma	27	22	**81%**	54	12	**22%**	72	15	**21%**	77	9	**12%**	121	14	**12%**
Melanoma	929	22	**2%**	1918	42	**2%**	2082	41	**2%**	1382	37	**3%**	1908	35	**2%**
Ovarian	63	14	**22%**	61	16	**26%**	77	11	**14%**	51	14	**27%**	77	9	**12%**
Upper GI - (HPB)	38	15	**39%**	52	23	**44%**	75	25	**33%**	63	20	**32%**	95	30	**32%**
Upper GI - (OG)	484	27	**6%**	658	31	**5%**	680	32	**5%**	390	31	**8%**	525	29	**6%**
Bladder	317	13	**4%**	434	29	**7%**	486	19	**4%**	398	29	**7%**	565	24	**4%**
Prostate	230	84	**37%**	333	139	**42%**	358	147	**41%**	309	114	**37%**	402	132	**33%**
Urology - Other	86	20	**23%**	112	24	**21%**	131	27	**21%**	84	22	**26%**	127	15	**12%**
Cervical	50	3	**6%**	91	5	**5%**	118	4	**3%**	117	8	**7%**	173	5	**3%**
Grand Total	**4787**	**534**	**11%**	**7262**	**716**	**10%**	**8105**	**748**	**9%**	**6425**	**701**	**11%**	**8460**	**696**	**8%**

Table 2: SCAN Clinical Trial Performance: Clinical Trial Quality Performance Indicator

Target = 15% for all Tumour sites.

Tumour Site	Cohort	Fife %	Fife No Pts	Borders %	Borders No Pts	D&G %	D&G No Pts	Lothian %	Lothian No Pts	SCAN %	SCAN No Pts
Lymphoma	2019-20	0%	0/73	0%	0/31			2.1%	4/187	1.4%	4/293
Acute Leukaemia	2019-20	5.9%	1/17	0%	0/4			16.1%	5/31	22%	6/51
Bladder	2019-20	1.7%	1/60	5.3%	1/19	6.3	2/32	5.6	7/125	4.7	11/236
Renal	2020	4.8%	3/62	40%	8/20	21.2%	7/33	33.3%	49/147	25.6%	67/262
Testis	2019-20	0%	0/12	0%	0/3	0%	0/6	0%	0/36	0%	0/57
Prostate	2019-20	0%	0/253	0%	0/107	0%	0/122	4%	21/525	2.1%	21/100
Oesophago-gastric	2020	2%	2/99	13.2%	5/38	4.3%	2/46	10.1%	18/178	7.5%	27/361
HPB	2020	3.8%	4/104							1.5%	7/445
Colorectal	2020-21	1.6%	4/243	11.2%	11/98	5.9%	7/119	17.2%	90/523	11.4%	112/983
Gynaecology (Cervical)	2019-20	6.8%	1/15	0%	0/6	0%	0/6	7.6%	2/26	5.7%	3/52
Gynaecology (Endometrial)	2019-20	3.8%	2/53	0%	0/13	0%	0/25	9.9%	10/101	6.2%	12/192
Gynaecology (Ovarian)	2019-20	41.4%	12/29	11.1%	1/9	40%	6/15	122.2%	77/63	82.8%	96/116
Breast	2020	2.4%	5/209	24.7%	18/73	1.9%	2/108	32.5%	299/921	24.7%	324/1311
Head and Neck	2019-20	18.8%	13/69	23.6%	5/19	20%	7/35	19.3%	37/192	19.7%	62/315
Lung	2019	1.1%	4/354	0.9%	1/106	0%	0/155	2%	15/7612	1.5%	20/1377
Melanoma	2019-20	0%	0/71	0%	0/37	0%	0/34	1%	2/188	0.6%	2/325

Table 3: Current Cancer-Specific Workforce (December 2021)

	Role	Establishment
Cancer Specific Workforce	Cancer Lead, Surgery	1 PA/Week
	Cancer Lead, Medicine & Oncology	1 PA/Week
	Cancer Lead GP & Palliative Care	2 PA/Week
	Cancer Lead Nurse	1.0wte
	Cancer Transformation Manager	1.0wte
	Cancer Audit & Performance Manager	1.0wte
	Cancer Audit Facilitators	3.6wte
	MDT Coordinators/Trackers	4.2wte
	Tracker	0.5wte
	Central Referral Unit	1.55wte

Cancer Workforce Specialty	Cancer Consultant/Lead	Staff			
		WTE			
		Band 8A	Band 7	Band 6	Band 5
Pharmacy	Principle Pharmacist 1.0wte	2.8	2.0 fixed + 0.5 rotational	nil	2.0
Oncology (Visiting)	50 PA/week				
Allied Health Professionals					
Dietetics				1.0	
Occupational Therapy				3.2	
Physiotherapy				1.6	
Speech & Language		0.6	0.6	0.6	
Radiology	No cancer-specific workforce				
Other	Specialty Doctor 1.0wte				

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Cancer Workforce Specialty	Consultant/Lead	Advanced Nurse Specialist (ANP) Clinical Nurse Specialist (CNS)			Clinical Support Workers (CSW) Administrative Support			
		WTE						
		Band 8A	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2
Acute Oncology	Yes		1.0	1.0				
Breast	Yes		1.0	2.0				
Colorectal	Yes		1.0	2.0	1.5		1.0	
Head & Neck (ENT & OMFS)	Yes		1.0	0.6			0.8	
Lung	Yes		2.0					
Haematology	Yes		1.0	1.0				
Haematology Day Unit	Yes		1.0	2.0	15.2		2.0	1.2
Haematology Ward 34	Yes		1.0	1.8	13.0			7.8
Gynaecology	Yes		1.0			1.0		
Dermatology	Yes			3.8				
Upper GI (HPB & OG)	Yes		2.0					
Urology	Yes		1.0	2.0	0.4	1.0	0.6	
Early Cancer Diagnosis Centre	Yes		1.0			1.0		
SACT	Yes (Nurse Consultant)	1.0						

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Table 4: Regional Services Provided to NHS Fife (December 2021)

Area	Service provided	Cancer types	Services Provided	Cancer Types
	Lothian	**Lothian**	**Tayside**	
Outpatients	Oncology (visiting)	All (seen in Fife)		
Specialist Interventions	Speech & Language	Head & Neck		
Specialist Diagnostics	PET Molecular Testing ERCP Mediastinoscopy Staging Laparoscopy	All (except Lung) All Upper GI/HPB Lung Upper GI	PET	Lung
Treatment	Chemotherapy Chemoradiation Surgery Robotic Surgery Radiotherapy (including specialist) Brachytherapy Proton Beam Immunotherapy VATS CHART Radiofrequency Ablation (RFA)	Head & Neck Head & Neck (ENT) Lung, Upper GI, HPB Complex Breast. Prostate All Prostate, Cervical Lymphoma All Lung Lung, Liver, Kidney, other abdomen	Chemoradiation Plastic Surgery	

Area	Service provided	Cancer types	Services Provided	Cancer Types
	Lothian	Lothian	Tayside	
Other	Genetics		Fertility Sparing	
Regional Multidisciplinary Team (MDT) Meetings	MDT	Head & Neck (ENT) Haematology Gynaecology Skin Upper GI HPB		

Table 5: Local Cancer Services Provided in NHS Fife (December 2021)

Area	Service provided		Cancer types
Early Cancer Diagnosis Centre	A service to refer patients with vague symptoms who do not meet the Scottish Cancer Referral Guidelines.		Vague but concerning symptoms
Outpatients	All first outpatient appointments take place within NHS Fife. (within 14 days of referral) Follow Up appointments Post treatment care/appointments Oncology (visiting Oncologists)		All
Diagnostics	**Radiology** Xray Ultrasound CT MRI Mammography Bone Scan Skeletal survey **Other** ECHO	**Endoscopy** Bronchoscopy Colonoscopy OGD Colposcopy Cystoscopy Flexible sigmoidoscopy Flexible cystoscopy Hysteroscopy Microlaryngoscopy Nasendoscopy Ureteroscopy	All

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Area	Service provided	Cancer types
Specialist Diagnostics	CT guided biopsy	All
	Ultrasound guided biopsy	
	CT Colon	Colorectal
	MRCP	
	Cytosponge	
	Colon Capsule	
	EUS	Upper GI
	ERCP/MRCP	
	EBUS	Lung
	Thoracoscopy	
	VATs	
	TRUS	
	Trans perineal Biopsy	Prostate
	Template Biopsy	
	Bone Marrow Aspirate/Trephine	Haematology
	Biopsy (incision, excision, lymph nodes, etc)	All (except HPB)
	Cellular Pathology	All (except where treatment done out with Fife)
	Nuclear Medicine	
		Breast
Pre Treatment	Prehabilitation	Colorectal, Urology
	Maggies Prehabilitation	All

Area	Service provided		Cancer types
Treatment	Surgery (including complex)		Breast, Colorectal, Head & Neck, Skin, Gynaecology, Urology (bladder, kidney, testes, penile)
	Robotic Surgery		Colorectal, Renal, Gynaecology
	Chemotherapy		All (except Head & Neck and very specialist)
	Hormones		Breast, Prostate
	LLETZ		Gynaecology
	TURBT		Bladder
	Pharmacy		
	Pharmacy Aseptic Services		
Specialist Interventions	Speech & Language Dietetics Physiotherapy Occupational Therapy	Podiatry Spiritual Care Psychology Cancer of Unknown Primary	All
Post Treatment Care	Acute hospital Acute Oncology Hospice Palliative Care Health & Social Care GP		All
Multidisciplinary Team Meeting	Local MDT		Breast, Colorectal, Lung, Urology, Complex Pelvic Surgery, SCC

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Area	Service provided	Cancer types
Other	Maggies ICJ pathway 3rd sector	

Appendices

Appendix 1. Scottish Government Cancer Governance Structure (2021)
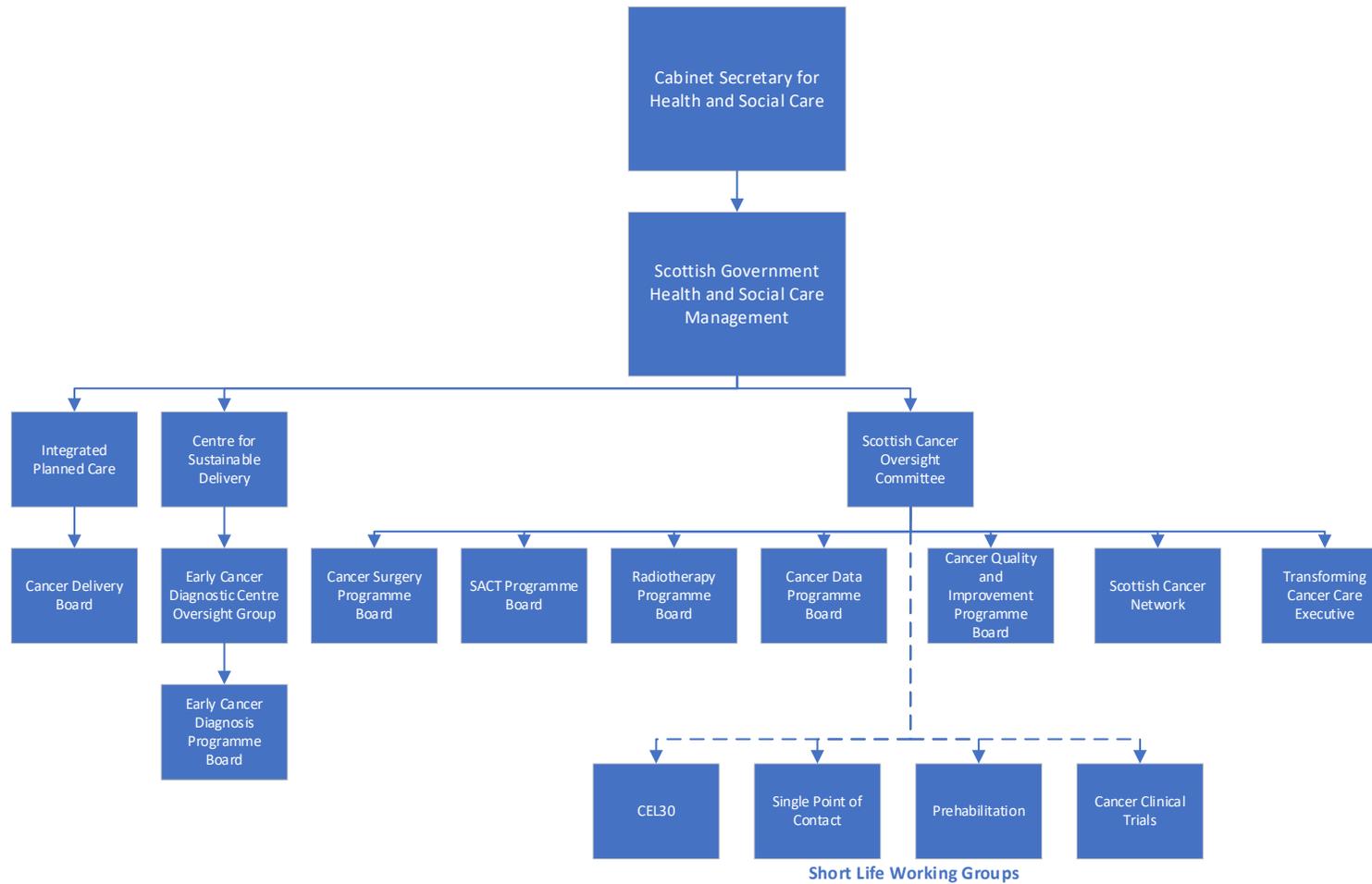
Appendix 2: Regional Governance Structure (2021)
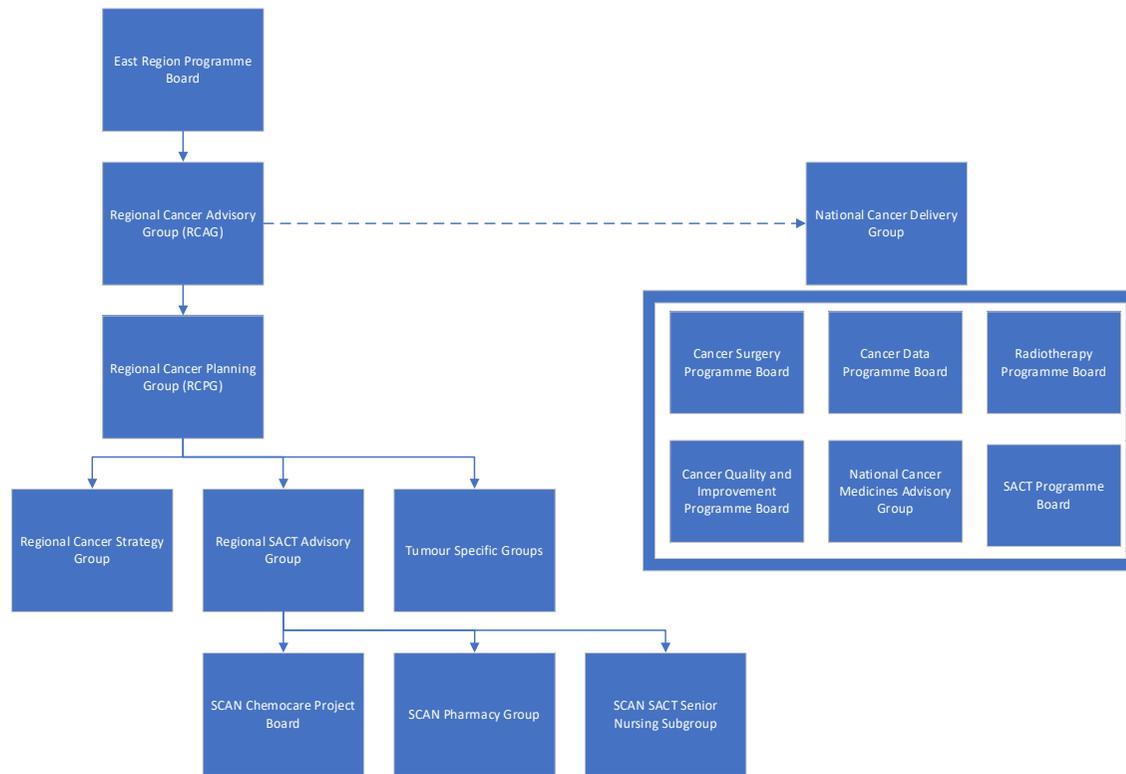
Appendix 3: NHS Fife Cancer Services Governance Structure (2021)

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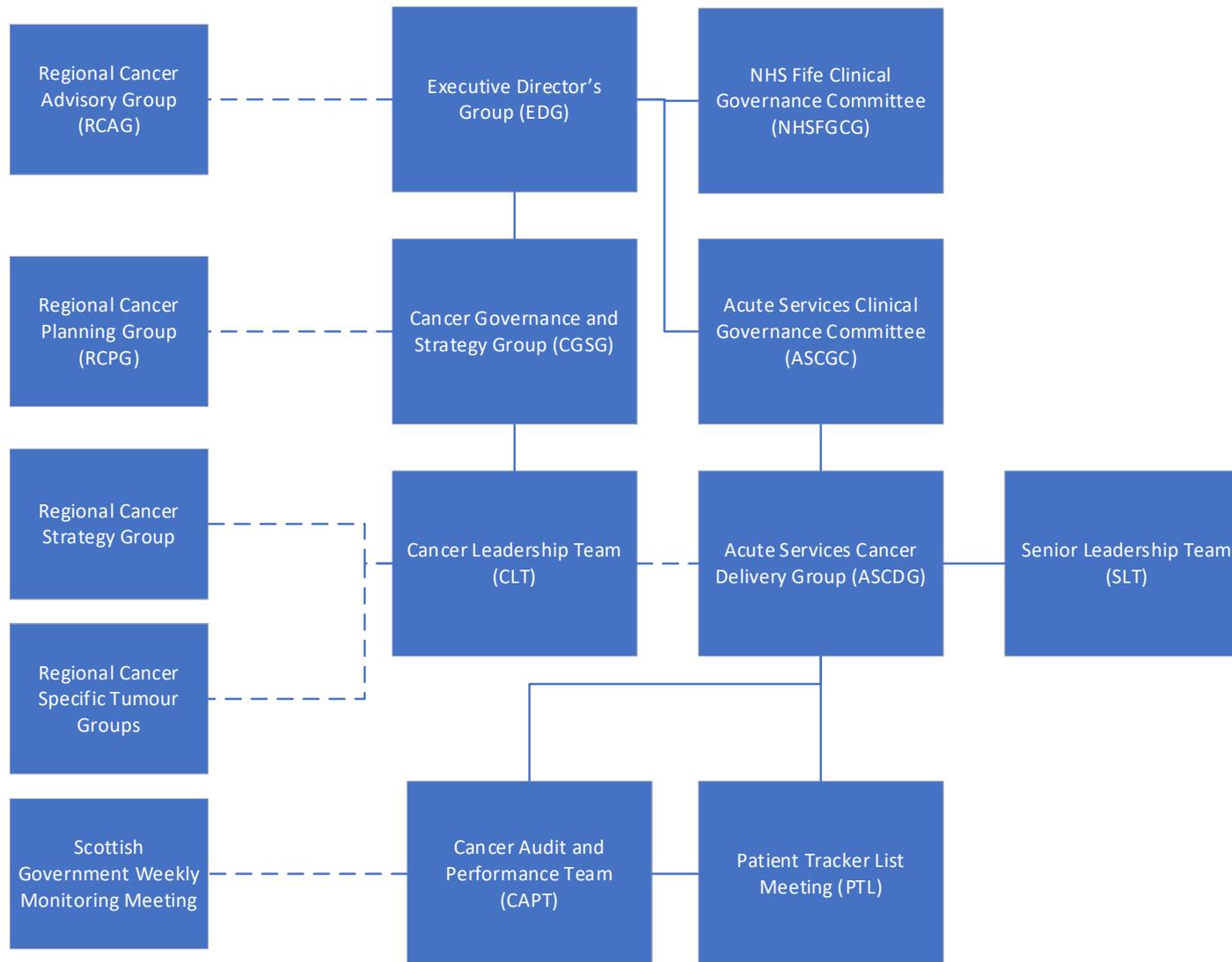
Appendix 4: SCAN Regional strategic priorities

Remobilisation of services

- Workforce sustainability
- Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)
- Review of cancer pathways across the region in order to improve patient journeys and implement improvement opportunities
- Regional approach to Acute Oncology services
- Reprovision of the Regional Cancer Centre and potential transformation opportunities with alignment between the boards' emergent local cancer strategies

SCAN Regional Services SWOT analysis – top 5

Strengths	Weaknesses	Opportunities	Threats
1. Desire to do as much locally as possible. Majority SACT delivered at cancer units. Only specialist and combined treatment at Edinburgh Cancer Centre. Outreach at Dumfries & Galloway (D&G) 2. Good use of SACT planning tool (Borders and D&G) for capacity planning. 3. Tumour group specific support workers in Fife. Planned in D&G 4. Supportive therapies within ambulatory care; D&G community hospital and Borders, keen to increase locations in Fife 5. D&G able to maintain 100% capacity during COVID due to modern build and spaces	1. Acute oncology model has limited/ no medical cover at Borders and variable for Fife. D&G no oncologist but via specialist palliative care. Sub optimal model of acute oncology units compared to Centre – lack of senior decision making increases the likelihood of admission 2. IT – limited use of Near Me and requirement to revert to face to face but improved in D&G 3. Seen as Edinburgh and not an East service. 4. Not all staff able to work at top of license, limited skill mix, limited staff pools 5. Number of manual processes in place where technology could support, e.g. SACT 'ready check'	1. Potential for regional workforce model re medical input to acute oncology service and Cancer Treatment Helpline with rotational posts; virtual resource to enable 7 day service to all units. 2. Shift supportive therapies into community settings, e.g. Borders community hospital sites; other sites in Fife and elements to community/primary care, e.g. phlebotomy; use of home models, e.g. Hospice @ Home 3. Wider opportunities (both sites) IVT biologics, OPAT, supportive therapies to be combined and provided outwith cancer unit 4. Maximise use of IT – virtual consulting; automate SACT 'ready', patient portal, access to off-site medical cover 5. Palliative Team part of MDT in future, more joined up earlier in the process.	1. Regional Aseptic service may limit what can be delivered in the Borders. 2. Workforce – unable to advertise due to wider Board issues 3. Radiotherapy patients: previously accessed accommodation (pre COVID) on site, use of hotels/self-catering. Currently out of tender 4. Service models based on individuals rather than standardised processes adopted consistently by teams are unsustainable longer term and create disparities shorter term

Appendix 5: Staff and public engagement – who we engaged with

Staff and public engagement

- Patients
- Public Health & Health Promotion
- Primary Care
- Patient Centred Care
- Palliative Care
- Health and Social Care Partnership
- Research Development and Innovation
- Psychology
- Specialist Nursing Teams
- Tumour Group Multi-Professional Teams
  - Breast
  - Colorectal
  - Dermatology
  - Respiratory
  - Oncology/Acute Oncology/Cancer of Unknown Primary
  - Systemic Anti Cancer Treatment (SACT)
  - Haematology
  - Ears, Nose & Throat (ENT)
  - Hepatopancreatobilary (HPB)
  - Urology

- Allied Health Professionals
  - Dietetics
  - Occupational Therapy
  - Physiotherapy
  - Speech & Language Therapy
- Pharmacy & Medicines
- Digital and Information
- Property and Asset Management
- Realistic Medicine Team
- Spiritual Care Team
- Radiology
- Pathology
- Organisational Development and Workforce
- Laboratories
- Cancer Audit & Performance Team
- 3rd Sector
- Occupational Health
- Dental

Appendix 6: Measuring success

Measure	Standard	Target
Cancer Waiting Times (CWT) Performance	62 day standard from Referral to Treatment. 31 day standard Decision to Treat to Treatment.	95%
Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)	Patients referred urgent suspected cancer with vague symptoms will have a cancer diagnosis or had cancer excluded within 21 days of date of receipt of referral	21 days
First Urgent Suspected Cancer (USC) Appointment	Aim to see all patients within 14 days of receipt of an urgent suspected cancer referral	14 days
Multidisciplinary Team (MDT) Meeting	All patients with a diagnosis of cancer will be discussed at a multidisciplinary team meeting.	100%
Quality Performance Indicators (QPIs)	Quality Performance Indicators will drive improvement in clinical care and inform cancer recovery	Specific
Data Quality Assurance (DQA)	Continue to comply with the Data Quality Assurance (DQA) programme	95%
Detect Cancer Early (DCE)	To increase the proportion of people diagnosed with early stage disease (stage 1) by 25% for Breast, Colorectal and Lung	25% from 2010 baseline
Access to Clinical Nurse Specialist (CNS)	Aim to assess all patients within 48 hours of a cancer diagnosis	48 hours

Glossary of terms

Acronym	Meaning
AHP	Allied Health Professional
AI	Artificial Intelligence
ANP	Advanced Nurse Practitioner
AO	Acute Oncology
BSC	Best Supportive Care
CHART	Continuous Hyperfractionated Accelerated Radiation Therapy
CLL	Chronic Lymphocytic Leukaemia
COVID-19	Coronavirus Disease 2019
CT	Computerised Tomography
CWT	Cancer Waiting Times
DCE	Detect Cancer Early
EBUS	Endobronchial Ultrasound
ECC	Edinburgh Cancer Centre
ECHO	Echocardiogram
eHNA	Electronic Health Needs Assessment
ENT	Ears, Nose & Throat
EQIA	Equality Impact Assessment
ERCP	Endoscopic Retrograde Cholangiopancreatography
EUS	Examination Under Anaesthetic

Acronym	Meaning
FiCTS	Fife Cancer Tracking System
GP	General Practitioner
HPB	Hepatopancreatobilary
ICJ	Improved Cancer Journey
IR	Interventional Radiotherapy
LDP	Local Delivery Plan
LINAC	Linear Accelerator
LLETZ	Large Loop Excision of the Transformational Zone
MDT	Multidisciplinary
MRCP	Magnetic Resonance Cholangiopancreatograpy
MRI	Magnetic Resonance Imaging
NHS	National Health Service
OGD	Oesophago-gastroduodenoscopy
OMFS	Oral Maxillofacial Service
PET	Positron Emission Tomography
qFIT	Quantitive Faecal Immunochemical Test
QPI	Quality Performance Indicator
RCDS	Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)
RD&I	Research Development & Innovation
RFA	Radio Frequency Ablation

Acronym	Meaning
SACT	Systemic Anti Cancer Treatment
SCAN	South East Cancer Network
SCC	Squamous Cell Carcinoma
SPOCH	Single Point of Contact Hub
TRUS	Trans Rectal Ultrasound
TURBT	Trans Urethral Resection of Bladder Tumour
UK	United Kingdom
Upper GI	Upper Gastrointestinal
VATS	Video Assisted Thoracic Surgery

References

Strategic references and publications

Recovery and Redesign: An Action Plan for Cancer Services

Cancer Staging Data using 2018-2020 DCE Data – the impact of COVID-19

Beating Cancer: Ambition and Action

Effective Cancer Management Framework

Realising Realistic Medicine

'Reduce the Risk of Cancer'

Cancer In Scotland (ISD)\Cancer-in-Scotland-July-2020

Local references and documents

NHS Fife Population Health and Wellbeing Strategy [to follow]

Cancer Strategic Framework Communication Strategy v0.1

EQIA\Cancer Strategy Stage 1 Impact Assessment - signed 100821

High Level Summary of Engagement Sessions

Service Aims & Objectives

Service Priorities

SWOT All

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

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

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone 01592 729130.

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Cancer Framework Delivery Plan Year 1

2022–2023

Cancer framework delivery plan year 1 (2022–2023)

The aspiration of this framework will only be fully realised with a clear and focused annual delivery plan with key workstreams for 2022–2023. This Framework will be reviewed on a monthly basis by the Cancer Leadership Team given the changing nature of our healthcare systems.

NHS Fife Cancer Framework Delivery Plan WORKSTREAMS 2022-2023

- Single Point of Contact
- Early Cancer Diagnostic Centre Expansion
- Cancer Estate Review
- Improving Access to Clinical Trials
- Reduction of Health Inequalities
- Cancer Pathway Review
- Best Supportive Care Pathway Review
- Cancer Workforce Review
- New and Emerging
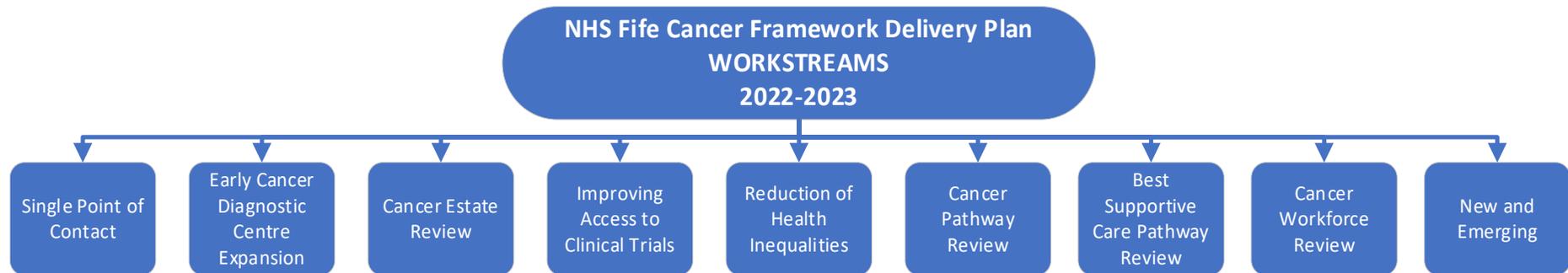
Need to build in timescales and plan for review of framework and approach for identification of new priorities for 23/24

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
Commitment 1: A focus to reduce cancer incidence, mortality and inequalities for our patients through effective prevention, screening and early detection initiatives							
1.1 Reduce the harms associated with preventable risk factors for cancer, with a focus on supporting healthy communities, early and targeted intervention, effective and integrated harm reduction and reducing inequalities.	1.1.1 Develop a system wide approach in collaboration with Health Promotion to focus on promoting holistic assessments of patient's risk for the cancers which are attributable to life style across hard to reach groups e.g., Making every contact count 1.1.2 Promote good community orientation through improving awareness	Agree plan to increase uptake of education, resources and support Plan to increase awareness and availability of Health Promotion resources through staff training of awareness to support community orientation.	2022-23 March 2023	Consultant, Public Health Health Promotion Nurse Manager	Lead Cancer GP Lead Cancer GP Consultant, Public Health	Health Promotion Nurse Manager	Health Improvement Scotland (HIS) Communications Health Improvement Scotland (HIS) Communications

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
	1.1.3 Support the public, patients and staff to eat well, have a healthy weight and be physically active	Development of Action Plan to review data for the NHS National Physical Activity Pathway	2022-23	Health Promotion Nurse Manager	Consultant, Public Health	NHS/H&SCP Delivery Group	AHP Implementation Group
1.2 Protect people from cancer through HPV vaccination, maintaining immunisation coverage rates and reducing inequalities in coverage	1.2.1 Achieve HPV immunisation coverage of 85% for females by end of S3 across SIMD.	85% of females in S3 will be immunised against HPV	2022-23	Immunisation Coordinator	Immunisation Programme Director, H&SCP Associate Medical Director, H&SCP Associate Nurse Director Lead Pharmacist Head of Strategic Planning & Performance		Screening Coordinator
1.3 Review the impact of the Fife Early Cancer Diagnosis Centre with a view to expanding to other specific tumour sites.	1.3.1 Explore expansion of RCDS principles to other Urgent Suspicion of Cancer (USOC) pathways.	Defining an agreed proposal and implementation plan to expand the principles of RCDS through engagement and collaboration with Acute Services Division	March 2023	Lead Cancer Nurse	Lead GP RCDS Lead Cancer GP General Manager Cancer Transformation Manager	Project Support Officer Consultant Surgeon Clinical Director Lead Cancer Clinician	ACNS RCDS Consultant Surgeons, UGI Respiratory Physician Respiratory CNSs UGI CNSs
	1.3.2 Scope potential for Community Pharmacy USOC referral involvement.	Earlier access to a USC pathway via direct referral to Secondary Care		Lead Cancer GP	Community Pharmacy Head of Pharmacy Radiology Clinical Service Leads	Cancer Transformation Manager Project Support Officer	Director of Pharmacy

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
	1.3.3 Scope and understand population profile referred to Rapid Cancer Diagnostic Service (RCDS) (formerly known as Early Cancer Diagnosis Centre (ECDC))	Use data as a baseline to inform any further primary care or public health interventions	March 2023	Consultant, Public Health	Lead Cancer GP Lead Cancer Nurse	Project Support Officer	
Commitment 2: The patient will be at the heart of how services are designed.							
2.1 Actively include the views and experiences of patients and carers through continued engagement.	2.1.1 Widely introduce Care Opinion across the cancer services to ensure patient feedback is incorporated into quality and safety improvement	Improvement in Care Opinion feedback from cancer patients	March 2023	Lead Cancer Nurse	Head of Patient Experience	ACNS RCDS Cancer Transformation Manager Clinical Nurse Managers	Health Improvement Scotland ACNS Urology ACNS RCDS CNS UGI CNS Colorectal CNS Breast CNS Gynaecology Nurse Consultant, Haematology Acute Oncology Nurse Practitioner
	2.1.2 Cancer patients will be represented at cancer groups with a review undertaken to ensure appropriate representation and involvement	Successful appointment of patient representation at Cancer Groups	01/06/2022 Complete	Lead Cancer Nurse	Head of Patient Experience	Cancer Transformation Manager Project Support Officer	

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
2.2 Services will be designed to ensure there is a dedicated Single Point of Contact to provide information points for appointments, advice, clinical and other support	2.2.1 Introduce a Single Point of Contact and Patient Digital Hub. 2.2.2 Evaluation of new service	Make service available to agreed pilot tumour groups Assessment of evaluation will inform improvement actions	01/09/2022 Complete 31/03/2023	Cancer Transformation Manager Cancer Transformation Manager	Lead Cancer Nurse Cancer Audit & Performance Manager Lead Cancer Nurse Cancer Audit & Performance Manager	SPOCH Project Group	National SPOC Forum
2.3 Improve sharing of quality information with patients and primary care via electronic Holistic Needs Assessment (eHNA) and treatment summaries.	2.3.1 Scope baseline of use of electronic Health Needs Assessment (eHNA) and improve the usage in Cancer Care through Cancer Nurse Specialist (CNS) training 2.3.2 Introduction of Patient Initiated Review (PIR) in Breast Service 2.3.4 Explore clinical dashboard metrics for CNS to scope and understand measures already in use	90% of new patients within Upper GI, Colorectal, and Urology cancer will be offered an eHNA Release capacity in the breast service and allow patients direct access to services Identify metrics for a clinical dashboard for CNSs	2022-23 01/07/22 Complete March 23	Lead Cancer Nurse Lead Cancer Clinician Lead Cancer Nurse	CNSs in cancer care Information Governance Macmillan Improving Cancer Journey (ICJ) Consultant Surgeon, Breast ACNS Breast Senior Practitioner, PPD Senior Nurse, Excellence in Care	CNS UGI ACNS Urology CNS Urology CNSs Colorectal Business Coordinator, Planned Care CNSs in cancer care	Pathway Navigators eHealth Clinical Governance

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
2.4 Develop a Cancer Services website Dedicated to helping people who face cancer learn about patient services	2.4.1 Develop a Cancer Services website for the public to ensure access to information on specific cancer sites and learn about local, regional and National cancer Information	Electronic access to information for patients	2022-23	Lead Cancer Nurse	Digital Content Editor GPs ACNS Cancer CNSs Consultant Surgeon, Breast, Urology, UGI, HPB Respiratory Physician Cancer Transformation Manager	Project Support Officer Lead Cancer GP	Patients National Charities Local Charities National organisations
	2.4.2 Develop a virtual surgery school for patients with urology and colorectal cancer	To support Urology and Colorectal patients undergoing surgery and evaluate using monthly Performance Activity Measures (PAMs)	2022-23	Lead Cancer Nurse	Clinical Photography Communications	Consultant Anaesthetists Lead Nurse, RIK ACNS Urology ERAS Nurse Mental Health Nurse Epilepsy Nurse Physiotherapy Manager Senior Charge Nurse Stop Smoking Coord	Service Manager, Planned Care Head of Nursing, Planned Care
2.5 Ensure patients have access to prehabilitation and rehabilitation for optimum fitness prior and post treatment	2.5.1 Delivery of a universal prehabilitation model in Maggies Centre, Fife for urology and colorectal cancer patients, building on the test of change to expand to all cancers	Activity by attendee Cancer type Activity by month Performance Activity Measures (PAM)	March 23	Lead Cancer Nurse	Maggies Centre Manger	Cancer nurse Specialists AHP	Planned Care Directorate Acute Cancer Services Delivery Group Cancer Governance and Cancer Strategy group

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
Commitment 3: Patients will receive the right treatment at the right time in the right place by the right person. This will be delivered through the development of optimal pathways and integrated care.							
3.1 Implement optimal pathways and prioritised review of timed cancer pathways	3.1.1 Prioritised review of optimal and timed cancer pathways (Colorectal, Lung, Gynaecology, Urology).	Improvement in delivery of cancer waiting times standards for prioritised pathways	March 23	Cancer Transformation Manager	Lead Cancer Nurse Lead Cancer Clinician Service Manager, WCCS	Colorectal Team Urology Team Lung Team Gynaecology Team	Trackers Clinical Leads
3.2 Embed a new model of specialist palliative care, optimise on generalist palliative care and develop a best supportive care pathway.	3.2.1 Specialist Palliative Care and Primary Care will collaborate to model a best supportive care (BSC) pathway for Fife	Development of a Framework contributing towards the national agenda	March 23	Lead Cancer GP	Consultant, Palliative Care		Lead Cancer Nurse
		Develop a pathway for BSC for lung cancer	March 23	Lead Cancer GP	Consultant, Palliative Care	CNSs Lung	Cancer Transformation Manager
	3.2.3 Develop models of prescribing and supply of palliative care medicines		March 23	TBC	Lead Clinical Pharmacist, Community		
3.3 Develop a SACT model that ensures timely access to treatment and optimal treatment delivered in the most appropriate setting	3.3.1 Develop a plan for repatriation of SACT to VHK	Development of a plan to support repatriation	March 23	Cancer Transformation Manager	Lead Cancer Nurse Nurse Consultant, Haematology Principal Pharmacist, Cancer Heads of Pharmacy Capital & Estates		
Commitment 4: Research, innovation and knowledge is central to the delivery of high quality sustainable cancer services for our patients and population.							

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
4.1 Explore a Hub and Spoke model of care to ensure equitable access to clinical trials, closer to home.	4.1.1 Seek suitable Clinical Trial of Investigational Medicinal Product CTIMPS with regional partners (Lothian, Tayside) to trial hub and spoke and other models.	To increase research opportunities and equity of access to clinical trials for cancer patients in Fife – New Breast Cancer Research Nurse appointed	September 23	Associate Director, RIK	Clinical Research Team Oncology and Medicine Lead Lead Nurse, RIK Sally Tyson Senior Pharmacist-Clinical Trials	South East Scotland Clinical Research Network (SESCRN) Clinical research team Oncology Consultants	NHS Research Scotland Chief Scientist Office SESCRN
	4.1.2 Consider legal requirements for supply of clinical trial medicines.	Compliance with all legal requirements including temp controlled storage and transport between hub and spoke sites if required.	Update	TBC		Medicines Supply Chain Manger Specialist Pharmacy Technician-Dispensary	Lead Nurse, RIK
4.2 Improve links with East Region Innovation Hub.	4.2.1 Share cancer related innovation opportunities and liaise with relevant clinicians, academics, industry	Increase Research Innovation and Knowledge (RIK) cancer opportunities	March23	Innovation Manager	Associate Director, RIK Innovation Manager HISES Project Management team	HISES Innovation Project Screening Group NHS Fife Innovation Project Screening Group NHS Fife D&I	HISES Innovation Oversight Committee (IOC) RIK Operational Group RIK Oversight Group
Commitment 5: Commitment: Digitally enabled for sustainable and efficient service models which embrace technology and innovation							
5.1 Develop cancer clinical information systems	5.1.1 Explore robust tracking solution to support effective and efficient patient tracking.	Develop business case for change and implementation of project team	March 23	Cancer Transformation Manager	Cancer Audit & Performance Manager Senior Project Manager eHealth Team CAMBRIC	Trackers	SCAN

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
5.2 Support the improvement of the cancer referral process .	5.2.1 Introduce Fife Referral Organisational Guidelines (FROG)	Electronic access for GPs to optimum referral suspected cancer referral guidance	October 22	Lead Cancer Nurse	Project Support Officer Cancer Transformation Manager	Lead Cancer GP	
	5.2.2 Introduce patient access to information and patient initiated review	Introduction of PIR into breast service	October 22	Lead Cancer Clinician	Consultant Surgeon, Breast	Business Coordinator, Breast Cancer Transformation Manager	
5.4 Support change in availability of digital enablement to support patients	5.4.1 Develop a Digital Patient Hub in RCDS	Patient electronic access to appointments and information	March 23	Cancer Transformation Manager (KN holds budget for this???)	Lorna Thomson Lead Cancer Nurse Project Support Officer Cancer Transformation Manager Katie Wilkin	Lorna Muir Trish Cochrane	
Commitment 6. Recognise workforce challenges and identify system-wide approaches to support wellbeing, education and training to ensure our patients receive the best care							
6.1 Review the cancer workforce including skill mix and supporting roles to inform future service delivery models and succession planning.	6.1.1 Undertake AO/SACT (including clinical and technical pharmacy) workforce review.	Continue to define workforce required to deliver AO and SACT to meet current and future demand	March 23	Cancer Transformation Manager Shirley-Anne Savage	Claire Steele John Brown Nurse Consultant, Haematology Principal Pharmacist Oncologist	Acute Oncology Nurse Practitioners	
	6.1.2 Review MDT and Tracking resource	Understanding of resource required. Use of number of MDT and patients tracked.	December 22	Cancer Transformation Manager	Cancer Audit & Performance Manager	Trackers	

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
	6.1.3 Undertake urology cancer nursing workforce review	Completion of a skill set for Patient Navigators matrix	March 23	Lead Cancer Nurse	Heads of Nursing Senior Practitioner, PPD Senior Nurse, Excellence in Care	ACNS, Urology	Associate Director of Head of Nursing Head of Nursing
	6.1.5 Support staff retention and wellbeing through Values Based Reflective Practice (VBRP)	Availability of VRBP for all Cancer Clinical Nurse Specialists and Patient Navigators	March 23	Lead Cancer Nurse	Spiritual and Pastoral Care		All Cancer CNSs All Cancer Patient Navigators
	6.1.6 Explore funding for the continuation of VBRP	Evaluation exercise to understand required resources	March 23	Lead Cancer Nurse	Spiritual and Pastoral Care Senior Leadership Team		
6.2 Work towards the national agenda to transform roles with consideration of Senior Professional Leadership/Management of CNS/ANP/AHP workforce.	6.2.1 Promote early engagement with local transforming nursing roles programme	Achievement of objectives outlined for 2022-23 by the national group.	2022-23	Lead Cancer Nurse	Senior Nurse, PPD Executive Group TNR	Heads of Nursing	Cancer CNSs CNS in other specialties
	6.2.2 Scope and assess existing competency and role parameters for CNSs within cancer services	Define Annex 21 training for Cancer CNSs to align with the national guidelines.	2022-23	Lead Cancer Nurse	Senior Nurse PPD Executive Group TNR	Heads of Nursing	Cancer CNSs

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
Commitment 7. Ensure our healthcare environments are designed to deliver optimum patient care							
7.1 Review the estate across NHS Fife to accommodate new ways of working and new technologies so that capacity can cope with demand now and in the future.	7.1.1 Establish a working group to develop the concept of a cancer unit in NHS Fife	Define concept of cancer unit, unmet need in NHS Fife to inform development of a case for a unit	March 23	Cancer Transformation Manager	TBC	TBC	TBC
7.2 Explore community based models of care, e.g. community dispensing, supportive therapies.	7.2.1 Explore Community and Homecare Dispensing of oral SACT. 7.2.2 Review delivery of Non SACT Interventions.	Commence prescribing of Prostate Oral SACT	January 23	Cancer Transformation Manager	Principal Pharmacist Head of Pharmacy Head of Pharmacy, Governance & Therapeutics		
Commitment 8: To make best use of available information sources to assure patients they are receiving high quality, effective care							
8.1 Embed the Effective Cancer Management Framework into the cancer team's workplan, supported by senior management to ensure full adoption.	8.1.1 Implement the principles of the effective cancer management framework to manage patients through their pathways.	Achieve objectives outlined for 2022/23 in the action plan	March 23	Cancer Transformation Manager	Cancer Audit & Performance Manager Lead Cancer GP	Cancer Audit & Performance Team	Acute Services

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NHS Fife

NHS SCOTLAND

Meeting:	**Fife NHS Board**
Meeting date:	**28 March 2023**
Title:	**Annual Climate Emergency and Sustainability Report 2021/22**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Neil McCormick, Director of Property & Asset Management**

1   Purpose

This report is presented to the Board for:

- Approval

This report relates to:
- Emerging issue
- Local policy

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

2   Report summary

2.1   Situation

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

The Template was issued on 10 November 2022 which did not allow sufficient time for completion of the document and the necessary governance and committee approvals.

We are advised that the report must be approved by the NHS Scotland body's Chief Executive and be provided to:

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

We have agreed with Scottish Government that we would submit a draft by 31 January subject to approval by the NHS Board and subsequent publication on the Board's website.

2.2 Background

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

Annual Climate Emergency and Sustainability Report

NHS Boards are required to complete their Annual Climate Emergency and Sustainability Report by 31 January 2023. SG has recognised that should boards not be able to meet this deadline, then contact should be made with Philip Maclean, to discuss and agree an alternative date.

Annual Delivery Plans

Each Board should complete its Annual Delivery Plans by June 2023, with guidance due to be issued during February 2023. Within the guidance there will be a requirement for a section in relation to Climate Change and Sustainability for inclusion in every Annual Delivery Plan. A Pro-forma for this section and details of how this is incorporated in the Medium Term Plan has been developed in conjunction with regional chairs and Scottish Government.

National Sustainability Action Tool (NSAT)

The updated NSAT question set will be issued in the near future by NHS Assure with a return date of 31 August 2023. The issued question set will remain for the next three years (unless questions require to be changed by exceptional circumstances). This timescale should enable each board to progress continuous improvement rather than against a constantly moving set of goal posts.

Public Bodies Climate Change Report

Our return was made by the end of November 2022 in keeping with statutory requirements.

SG has reviewed our submissions and provided feedback highlighting gaps and opportunities within the report.

Climate Change Risk Assessment (CCRA)

A Climate Change Risk Assessment has been undertaken by the Board.

2.3 Assessment

The Draft Annual Climate Emergency and Sustainability Report 2021/22 is attached at Appendix 1.

The report was endorsed by the Public Health & Wellbeing Committee and is being taken to the NHS Fife Board for approval.

This is the first such report to be published and it has taken some time to collate the information required following the release of the template in November 2022.

2.3.1 Quality / Patient Care

This is a retrospective review of climate emissions and NHS Fife's approach to the Climate Emergency with no direct impact on patient care.

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

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

An Impact Assessment has not been carried out.

2.3.6 Climate Emergency & Sustainability Impact

This information will be provided on an annual basis and will allow NHS Fife to monitor progress towards the policy and strategy related to Climate Emergency and Sustainability.

2.3.7 Communication, involvement, engagement and consultation

There has been no specific activity in this area.

2.3.8 Route to the Meeting

The 'draft' report has been previously considered by EDG on 19 January 2023 as part of its development. EDG members supported the content, and their feedback has allowed for the enhancement of the content presented in this report. The report has been re-formatted by the Communications Team for publication on the website following approval.

The route for the report will be:

- EDG on 16 February 2023
- Public Health & Wellbeing Committee on 1 March 2023
- NHS Fife Board on 28 March 2023

2.4 Recommendation

Board members are asked to approve the report and agree to publication on the Board's website.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Annual Climate Emergency and Sustainability Report 2021/22 Final.

Report Contact
Neil McCormick
Director of Property & Asset Management
Email neil.mccormick@nhs.scot

Property and Asset Management

Annual Climate Emergency and Sustainability Report

2021-2022

NHS Fife

Contents

1. Introduction

This is NHS Fife's first annual Climate Emergency and Sustainability Report.

The planet is facing a triple crisis of climate change, biodiversity loss and pollution as a result of human activities breaking the planet's environmental limits.

The World Health Organisation (WHO) recognises that climate change is the single biggest health threat facing humanity. Health organisations have a duty to cut their greenhouse gas emissions, the cause of climate change, and influence the wider society to take the action needed to both limit climate change and adapt to its impacts.

More information on the profound and growing threat of climate change to health can be found here: www.who.int/news-room/fact-sheets/detail/climate-change-and-health

NHS Fife provides health care to the 375,000 people who live in Fife and employs 9,850 members of staff.

2. Leadership and Governance

The Director of Public Health is the Sustainability Champion of the Board.

The Director of Property and Asset Management is the Executive Lead for sustainable buildings, land, travel and reporting.

The Public Health and Wellbeing Committee has lead responsibility for climate change and sustainability.

NHS Fife's Board is making significant changes to the structure within the Estates Department to enable a change in roles and duties assigned to sustainability.

The Annual Delivery Plans (ADPs) are due to be completed by June 2023 with guidance due to be issued during February 2023. Within this guidance, there will be a requirement for a section in respect of Climate Change and Sustainability to be included in each Board's ADP. A simple pro-forma for this section is being developed in conjunction with the Regional Chairs and the Scottish Government (SG).

An increase in our dedicated and specialist workforce will be required to implement the Climate Emergency and Sustainability Policy, specifically in respect of the roles required by the Policy. Sharing skills and technical expertise in relation to Climate Change and Sustainability presents a key opportunity for a regional approach.

There will be requirements to develop the roles, knowledge and skills of staff across NHS Fife to support the delivery and development of the Strategy.

Interest and commitment of staff to a Greener NHS continues to grow and there are clear synergies and opportunities in relation to staff health and wellbeing. Examples include active travel, access to green space and positive staff engagement.

The expectation is that the NHS Fife Executive Director Group (EDG) will be kept updated and engaged through the delivery of key parts of the Strategy as identified below. This approach will encourage collective ownership and system leadership and will enhance discussions and decision making.

Executive Director	Executive Input to Objective	Role (to be further developed)
Director of Property and Asset Management	Lead	Proposed role is Lead Executive (LE) and will create management time and capacity to co-ordinate the Strategy on a day-to-day basis. In addition, the LE will take responsibility for sustainable buildings and land, sustainable travel and the reporting of progress.
Director of Public Health	Contributor	Proposed role is Board Champion (BC) and will ensure that the Board is aware of the key priorities and responsibilities within the strategy. The BC will also lead on the development of sustainable communities and adapt to the impact of climate change.
Medical Director	Contributor	Lead and develop the thinking and models around Sustainable Care into the future including: • Sustainable Care Pathways • Reducing harm and waste • Medicines • Green theatres • Supporting Primary Care
Director of Nursing	Contributor	
Director of Acute Services	Contributor	
Director of Health and Social Care Services	Contributor	
Director of Pharmacy and Medicines	Contributor	
Director of Finance and Strategy	Contributor	LE for Sustainable Goods and Services (circular economy) and consideration for PMO support for the programme and reporting regime.
Director of Workforce	Contributor	LE for engaging with NHS Fife staff to ensure that Climate Emergency and Sustainability is at the heart of all that we do including staff training, awareness and communication.

Notwithstanding the need to develop core capacity and expertise within NHS Fife, there is also an opportunity for shared learning and shared development of expertise across the East Region.

In order to support this collaboration, an East Region Climate Emergency and Sustainability Group has been implemented. Membership includes LE's from each Board together with other relevant colleagues.

Board leads meet every two months to discuss opportunities for collaborative working and also contribute to and influence national work.

3. Greenhouse Gas Emissions

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

Source	Description	Amount of greenhouse gas (tonnes of CO2 equivalent)			Percentage change since 2019/20
		2019/20	2020/21	2021/22	
Building energy use	Greenhouse gases produced when providing electricity and energy heat for NHS buildings	21712	20247	20395	6.07%
Non-medical F-gas use	Greenhouse gases used for refrigeration and air conditioning	Not available	Not available	3033.9	Not available
Medical gases	Greenhouse gases used in anaesthetics - nitrous oxide (N20), Entonox (which contains nitrous oxide), desflurane, sevoflurane and isoflurane	Not available	1542	1465	Not available
Metered dose inhaler propellant	Greenhouse gases used as a propellant in inhalers used to treat asthma and chronic obstructive pulmonary disorder (COPD)	Not available	5511	5828	Not available
NHS fleet use	Greenhouse gases produced by NHS vehicles	Not available	Not available	Not available	Not available
Waste	The greenhouse gases produced by the disposal and treatment of waste produced by the NHS	Not available	714.9	846.9	Not available
Water	The greenhouse gas produced from the use of water and the treatment of waste water	97.6	101.4	37.9	61.2%
Business travel	Greenhouse gases produced by staff travelling to work (not using NHS vehicles)	Not available	Not available	Not available	Not available
Carbon sequestration	The amount of carbon dioxide captured per by woodland, trees, grassland and shrubs growing on NHS grounds	Not available	Not available	259.715531	Not available
Greenhouse gas emissions minus carbon sequestration		Not available	Not available	Not available	Not available

4. National Sustainability Assessment

NHS Scotland has developed a National Sustainability Assessment Tool (NSAT) which all Health Boards use on an annual basis to measure progress across sixteen different areas of sustainability.

In 2021/22, NHS Fife achieved an overall score of 39%. This score is a reduction on last year's score; however, significant efforts have been made towards increasing sustainable actions such as active travel options, reduction in the use of gas and electricity etc.

5. Climate Change Adaptation

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

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

What have we done to better understand the impact of climate change on NHS Fife and the people and places we serve?

A Climate Change Impact and Risk Assessment (CCRA) with adaptation measures has been completed on our multi-disciplinary approach. This has been submitted to the NHS Scotland Head of Climate Change and Sustainability Manager.

What are we doing to build resilience and prepare for the increasing risks from climate change to NHS Fife and the people and places we serve?

Any measures identified in the Adaptation Plan can be taken forward for funding, where appropriate action can be taken to mitigate against any climate related risks identified as part of the CCRA process.

6. Building Energy

NHS Fife has 46 buildings including hospitals, health centres and clinics.

NHS Fife aims to use renewable heat sources for all of its buildings by 2038.

In 2021/22, NHS Fife used 99,696,485 kWh of energy. This was an increase of 0.9% from the previous year.

In 2021/22, 20,247.8 tonnes of CO_2 equivalent was produced by NHS Fife for building energy use. This was an increase of 0.26% from the previous year.

What did we do last year to reduce emissions from building energy use?

In 2020, a project funded through NDEEF with an award of £1.8 million was started. The project will span over 2 years and includes:

- Installation of solar photovoltaic cells at Glenrothes Hospital, Queen Margaret Hospital and Victoria Hospital
- Installation of an up-to-date BMS (Building Management System) Front End Software Programme to centrally monitor and control heating and ventilation across all NHS Fife sites
- Insulation of heating pipes to reduce heat loss at Kirkcaldy Health Centre, Lynebank Hospital, Queen Margaret Hospital, Victoria Hospital and Whyteman's Brae Hospital
- Installation of LED lighting at Kirkcaldy Health Centre, Linburn Health Centre, Leven Health Centre, Lynebank Hospital, Queen Margaret Hospital and the Victoria Hospital
- Coolnomix air conditioning system to improve control and efficiency was installed at Adamson Hospital, Kirkcaldy Health Centre, Linburn Health Centre and Lynebank Hospital

What are we doing this year to reduce emissions from building energy use?

In 2022 and 2023:

- The installation of double glazed windows at Whyteman's Brae Hospital to improve efficiency is underway
- The decentralisation of steam to ground source heat at Cameron Hospital, Windygates with the aim of becoming net zero, has been commission to design stage RIBA 3
- Several smaller projects on the improvement of street lighting have been undertaken across various sites

Priorities for 2023 will be to deliver projects across Fife comprising of:

- Fife College of Nursing, Kirkcaldy - route to net zero by installing LED lighting
- Improving insulation in loft spaces and on pipe work across various sites
- Replacing windows and the installation of solar PV across various sites
- All NHS Fife properties to have street lighting designed to replace costly running and maintenance light fittings with LED

7. Sustainable Care

The way NHS Fife provide care influences our environmental impact and greenhouse gas emissions.

NHS Scotland has three national priority areas for making care more sustainable - anaesthesia, surgery and respiratory medicine.

Anaesthesia and Surgery

Greenhouse gases are used as anaesthetics and pain killers. These gases are Nitrous Oxide (laughing gas), Entonox (which contains nitrous oxide) and the 'volatile gases' - Desflurane, Sevoflurane and Isoflurane.

NHS Fife's emissions from these gases are set out in the table below:

Anaesthetic Gas Use			
Source	**2018/19 (baseline year) tCO2e**	**2021/22 tCO2e**	**Percentage Change since 2018/19**
Volatile Gases			
Desflurane	67.9	8.9	87%
Isoflurane	1.5	0.6	60%
Sevoflurane	54	40.4	26%
Volatile Gas total	123.4	49.9	60%
Nitrous Oxide and Entonox			
Piped Nitrous Oxide	188	217	15.4%
Portable Nitrous Oxide	128	84	31.7%
Piped Entonox	1064	1056	0.75%
Portable Entonox	113	107	5.3%
Nitrous Oxide and Entonox total	1493	1464	1.94%
Anaesthetic Gas Total	**1616.4**	**1513.9**	**6.34%**

What are we doing this year to reduce emissions from anaesthetic gases?

There are 3 theatres in the NTC – Fife Orthopaedic, Victoria Hospital, Kirkcaldy and none of these theatres or beds have piped Nitrous Oxide.

What are we doing this year to make surgery greener?

NHS Fife has learned through our Regional Group of the steps taken in the implementation of Green Theatres by NHS Lothian and are looking to incorporate these into our Action Plan which is being developed in 2023.

Respiratory Medicine

Greenhouse gases are used as a propellant in metered dose inhalers used to treat asthma and COPD.

Most of the emissions from inhalers are from the use of reliever inhalers - Short Acting Beta Agonists (SABAs). By helping people to manage their condition more effectively, we can improve patient care and reduce emissions.

There are also more environmentally friendly inhalers available; such as dry powder inhalers, which can be used where clinically appropriate.

NHS Fife estimates that during 2021-22 emissions from inhalers was 5,828 tonnes of CO2 equivalent.

What did we do last year to reduce emissions from inhalers?

- A formulary review of respiratory inhaler choices - through the East Region Formulary (ERF) on the environmental impact of inhalers has been examined. The ERF encourages prescribers to have a full discussion of inhaler choices with patients, taking into account environmental impact, inhaler technique and patient factors and where clinically appropriate, prescribe a dry powder inhaler (DPI) as a first choice.
- Person-centred reviews - to optimise disease control and ensure quality prescribing:
  - Prioritising reviews of patients with asthma who are over-reliant on short-acting beta-agonist (SABA) relievers
  - Review individuals prescribed SABA alone, check diagnosis and review treatment
  - Streamline inhaler devices for patients (device consistency)
  - Review separate inhalers where a combination inhaler device would be a possibility
  - Prescribe dry powder inhalers (or soft mist inhalers), if clinically appropriate
  - Review patients on HFA 227ea contain inhalers (eg Flutiform and Symbicort MDI) and, where possible, switch to inhalers with a lower global warming potential
  - Specialist 'difficult asthma clinics' to ensure treatment is optimised, including the use of biological treatment

- Communication:
  - Presentation to GP Clusters Quality Leads
  - Communication of formulary choices and changes to prescribers and pharmacy professionals in primary and secondary care

What are we doing this year to improve patient care and reduce emissions from inhalers?

- Implement recommendations from Respiratory Quality Prescribing Guide (Scottish Government Effective Prescribing and Therapeutics Division)
- Review of local prescribing guidance following publication of the Respiratory Prescribing Guide and reflecting formulary choices, which have considered environmental factors
- Further local communication and education
- Person-centred reviews (as above)
- Utilise ScriptSwitch® and other electronic prescribing systems to promote formulary choices and to highlight overuse of SABAs
- Respiratory prescribing will be reviewed through the Fife Prescribing Forum, utilising primary and secondary care prescribing data, benchmarking, and National Therapeutic Prescribing indicators

8. Travel and Transport

Domestic transport (not including international aviation and shipping) produced 24% of Scotland's greenhouse gas emissions in 2020. Car travel is the type of travel which contributes most to these emissions.

NHS Scotland is supporting a shift to a healthier and more sustainable transport system where active travel and public transport are prioritised.

What did we do last year to reduce the need to travel?

Last year we continued with the implementation of our Agile Working Policy, enabling staff who can work from home to have the ability to do so.

What did we do last year to improve active travel?

2021 and 2022 saw the implementation of e-bike Loan Schemes and bike repair stations at various locations across Fife.

The Bike to Work Scheme was also available to encourage staff to apply for funding in order to purchase a bicycle or e-bike.

What did we do last year to improve public and community transport links to NHS sites and services?

We installed two electronic timetable information screens at the bus stances at Victoria Hospital, Kirkcaldy funded by Fife Council and in partnership with Sestran and Journeo.

What are we going to do this year to reduce the need to travel and to improve active travel?

NHS Fife's Agile Working Policy which allows staff to work from home, where practicable, will continue.

NHS Fife has committed to a 5-year contract with Mobility Ways, the only software solution dedicated to decarbonising the commute to work. As part of this commitment, on-going engagement continues with staff via the Communications team with branded surveys and an option available to opt into a Lift Share Scheme which makes significant savings to personal fuel costs and reduces the carbon footprint.

Personal travel plans can also be developed through the Mobility Ways Software to detail the sustainable travel options available to staff.

What are we going to do this year to improve public and community transport links to NHS sites and services?

NHS Fife is working to remove all petrol and diesel fuelled cars from our fleet by 2025.

The table below sets out how many renewable powered and fossil fuel vehicles were in the NHS Fife fleet at the end of March 2022:

	Renewable powered vehicles	Fossil fuel vehicles	Total vehicles	Percentage renewable powered vehicles
Cars	3	18	21	14%
Light commercial vehicles	26	48	74	35%
Heavy vehicles	0	0	0	0

The table below sets out how many bicycles and eBikes were in NHS Fife's fleet at the end of March 2022:

	Total
Bicycles	0
eBikes	0

9. Greenspace and Biodiversity

In addition to health benefits for patients and staff, investment in greenspace around hospitals and healthcare centres helps tackle climate change and biodiversity loss.

What did we do last year to improve our green space and increase biodiversity?

A Greenspace and Biodiversity Workshop was held in May 2022 involving multi-disciplinary directorates across NHS Fife and external third part specialist organisations. Fife Coast and Countryside Trust, Nature Scot and Fife Food Partnership attended the Workshop with a view to starting early meaningful discussion on the development of an NHS Fife 2030 Greenspace Strategy.

All NHS Fife sites have been mapped using ESRi GiS software during 2022. This software was developed by the Estates Officer - Sustainability and populated by two St Andrews University Interns who were employed by NHS Fife over the summer period of 2022.

Fife Health Charity generously gifted funding for the transformation of a rooftop to create a dedicated critical recovery garden at Victoria Hospital, Kirkcaldy, where ICU patients, their loved ones and staff can spend time.

Improving biodiversity on our mowed grass areas on various sites throughout NHS Fife continues along with identifying areas of improvement particularly around planting at site boundaries. This will enable movement of animals and propagation of flowers including native species by providing connecting corridors and supporting birds and wildlife.

What are we doing this year to improve our greenspace and improve biodiversity?

NHS Fife will take forward the outcomes of the 2030 Greenspace Strategy which is due to be finalised in March 2023.

10. Sustainable Procurement, Circular Economy and Waste

Circular Economy

NHS Fife aims to reduce the impact the use of our resources has on the environment by adopting circular economy principles.

We will work with other NHS Scotland Health Boards to maximise our contribution to reducing supply chain emissions to net-zero by 2045.

Across NHS Fife, waste produced by disposing of out of date medical consumables, clinical furniture and equipment beyond economical repair, or no longer meeting UK standards can be high. These items are disposed of as landfill or WEEE waste neither of which is particularly sustainable.

NHS Fife has been afforded the opportunity to work in collaboration with the International Fire and Rescue Association (IFRA). Based in Fife, IFRA assists fire fighters and emergency services worldwide, including donating supplies and equipment to hospitals and children's homes and providing international aid to those in need.

In 2021, over 400 items were donated to the IFRA.

What did we do last year to improve the environmental impact of the goods and services we buy?

Working with NHS NSS National Procurement, NHS Fife is part of a Sustainability Steering Group. Supplier/category prioritisation has been delivered by this group, and we are aware of where to target our efforts moving forward.

What are we doing this year to improve the environmental impact of the goods and services we buy?

NHS Fife has engaged with clinical leads across NHS Scotland to remove from use Desflurane, an anaesthetic gas. This gas has a notably higher environmental impact than other gases (2,540 times more than Carbon Dioxide).

The National Procurement team have been working on driving supply visibility across its 400 strong supplier base primarily in support of resilience. It also provides us with a heat map of manufacturing locations across its 9,000 products and this can be used as the basis for mapping supply chains from an environmental footprint point of view. It also provides us with insights from an ethical viewpoint, with country of manufacture information allowing us to assess labour practice risk across the supply chain.

We are continuing our training programmes with the NHS Scotland procurement with the launch of our training portal. Our team is signposting to existing sustainability content, which is easily accessible and held in a central location. Due to go live by mid-December 2022,

elearning content is also underway to provide support to staff on sustainability topics, with the aim to start rolling this out in February 2023.

If NHS Fife is to achieve its goal of becoming a net zero health care service, we require assurance that our suppliers are committed to achieving similar targets.

We have identified NHS Scotland's top 100 suppliers by spend and, to date, are in receipt of Climate Change plans from 38 of these suppliers.

We are committed to reducing the amount of waste produced with a view to increasing our recycling figures.

The table below provides information on the type of waste we produce:

Type	2020/21 (tonnes)	2021/22 (tonnes)	Percentage Change
Waste to landfill		30%	
Waste to incineration	1176.6	1185	1%
Recycled waste	843.1	691.1	-15%
Food waste	56.6	79.2	2%
Clinical waste	714.9	846.9	13%

What did we do last year to reduce our waste?

In early 2021, during the Covid-19 pandemic, all waste within affected areas was disposed of as clinical waste.

What are we doing this year to reduce our waste?

In 2022, post Covid-19, we are returning to patient recycling and segregation of waste.

There are Infection Control and Waste Audits in place as a preventative measure to divert non-clinical waste from the orange waste stream.

Plastic waste, including sterile outer packaging placed within orange clinical bag waste is cleaned and recycled for future use.

CIRECO waste contractor, in conjunction with other treatment companies, are investing in plant and equipment to prevent waste from landfill or Energy from Waste (EFW) and encouraging re-use of plastics.

Deposit Return Schemes are being researched for plastics, glass and aluminium cans in line with Scottish Government legislation which comes into effect in August 2023.

11. Environmental Stewardship

Environmental stewardship involves acting as a steward, or caretaker of the environment and taking responsibility for actions that affect our shared environmental quality.

This includes any activities which may adversely impact land, air and water either through the unsustainable use of resources or the generation of waste and pollution. Having an Environmental Management System (EMS) in place provides a framework that helps to achieve our environmental goals through consistent review, evaluation and improvement of our environmental performance.

What are we doing this year to improve our environmental performance?

NHS Fife has identified a suitable consultant to progress with the population of our EMS system to allow NHS Fife to monitor, review and improve our environmental goals.

The target completion date for our acute site, Victoria Hospital, Kirkcaldy is March 2023.

Progress with the remainder of NHS Fife sites will continue into 2023.

12. Sustainable Construction

Where there is a need for new healthcare facilities in Fife, there is a requirement for the buildings and grounds to be safe, nature-rich, sustainable, resilient and accessible.

NHS Fife is working on the following building projects:

- National Treatment Centre - Fife Orthopaedics, Victoria Hospital, Kirkcaldy
- Lochgelly Health and Wellbeing Centre, Lochgelly (design stage)
- Kincardine Health and Wellbeing Centre, Kincardine (design stage)

The NTC - Fife Orthopaedics has been taken forward in accordance with BREEAM 2018 and is predicted to score 'good' at completion.

BREEAM 2018 has since been superseded as policy for new build healthcare developments in Scotland with the Sustainable Design and Construction (SDaC) Guide (SHTN 02-01) now taking its place.

The Lochgelly and Kincardine Health and Wellbeing Centres are being taken forward in line with this new guidance.

13. Sustainable Communities

The Climate Emergency undermines the foundations of good health and deepens inequalities for our most deprived communities.

The NHS touches every community in Scotland.

NHS Fife has a responsibility to use our abilities as a large employer, a major buyer and one of the most recognised brands in the world - an Anchor Institution - to protect and support our community's health in every way we can.

What are we doing to act as an Anchor Institution for our local community?

NHS Fife has embedded Anchor Institution principles into the development of our Population Health and Wellbeing Strategy.

We have created an Anchor Institution Operational Group who will use the Progression Framework to monitor the implementation of key objectives.

The key objectives of the group are to:

- Increase local purchases to aid social benefit
- Widen access to quality work
- Use buildings and spaces to support communities
- Reduce NHS Fife environmental impact
- Work more closely with local partners

What are we doing to improve the resilience of our local community to climate change?

NHS Fife is developing its Climate Change Risk Assessment and Adaption Plan to identify areas where we can mitigate the effects of climate change. We work in partnership with multiple agencies to achieve this.

14. Conclusion

NHS Fife has made progress in many areas of the sustainability agenda including active travel, renewable technologies and greenspace improvements.

Since 2020, significant efforts have been made to reduce our overall energy consumption resulting in a 7% reduction from the previous reporting period. It is estimated that we will achieve an on-going reduction year-on-year.

We will identify the range of activities that need to be undertaken as part of the Sustainability Action Plan being developed by June 2023.

Overall, NHS Fife is looking at ways of meeting the demands of the sustainability agenda by adopting collaborative working practices with local Government and other external organisations and engaging with staff across specialised departments such as theatres and pharmacy.

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NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**28 March 2023**
Title:	**NHS Scotland 'Blueprint for Good Governance' Second Edition**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Gillian MacIntosh, Board Secretary**

1 Purpose

This is presented to the Board for:
- Assurance

This report relates to a:
- Government policy/directive

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

2 Report summary

2.1 Situation

By a Director's letter issued in December 2022, all NHS Boards and Special Health Boards have been issued with the second edition of the NHS Scotland 'A Blueprint for Good Governance'. This revised edition contains guidance for best practice in corporate governance, with a particular focus on the healthcare setting, and sets out a model 'blueprint' for a system of corporate governance to be applied consistently across all NHS Boards.

Since its original issue in 2019, practical implementation of the Blueprint and its supporting suite of documents has been overseen through the NHS Scotland Chairs' sub-group, the Corporate Governance Steering Group, on which the NHS Fife Chair, Tricia Marwick, has served as a member. The NHS Scotland Board Secretaries' Group has also been leading on a number of supporting workstreams, including the creation of various 'Once for Scotland' templates to inform key governance documents, such as model Standing Orders for NHS Boards, Board and Board Committee paper templates, suggested Terms of Reference for key governance committees, and Induction programmes and material to be

used for new members. Since the Blueprint's original launch, some of this material has been issued formally by a number of Director's Letters and have thus already been adopted by NHS Fife.

2.2 Background

The NHS Scotland Blueprint defines governance as the system by which organisations are directed and controlled, describing therein a tiered model that outlines the Functions of a governance system, the Enablers and the Delivery Mechanisms required to effectively deliver those functions, and the means by which the Board can evaluate its performance in achieving the principles of good governance. Five key elements are included for Boards to demonstrate, namely: (i) Setting the Direction; (ii) Holding to Account; (iii) Managing Risk; (iv) Engaging Stakeholders; and (v) Influencing Culture. This model is illustrated as follows:
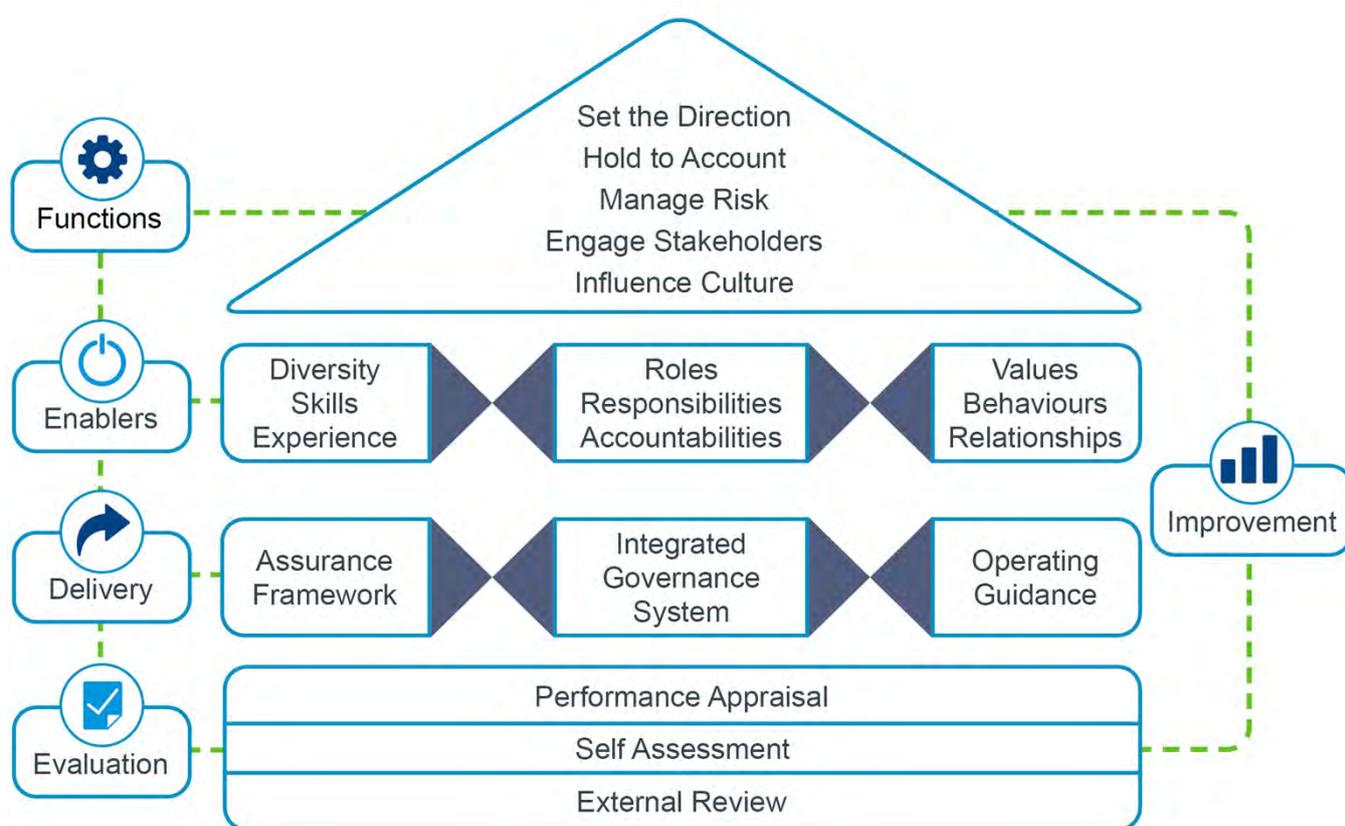
NHS Fife took steps in 2019 to deliver the original Blueprint, creating a detailed action plan of activities informed principally by Board members' completion of an online national survey and the results of a dedicated Board Development session held to discuss how the Board could adapt its processes to follow best practice and enhance its governance performance.

Updates on the delivery of the Board's earlier Blueprint action plan were reported formally to both Audit & Risk and the Board in 2021 and 2022, with the last iteration of the report closing off all outstanding actions identified from the benchmarking exercise of the Board against the previous iteration of the Blueprint.

2.3 Assessment

The revised edition of the Blueprint was issued in December 2022 and is attached as an appendix to this paper. The main changes from the previous iteration can be summarised broadly as:

- clearer definition of what 'good' looks like in relation to healthcare governance;
- recognition of the value of adopting active and collaborative approaches to governance;
- further detail on the role of advisory committees such as ACF and APF and how they are expected to support the Board and its discussions with key stakeholders;
- more detail on the delivery mechanisms to be used by Boards and the evaluation of their effectiveness;
- more emphasis on the strategic nature of the NHS Board and its members and advice on its involvement in operational matters; and
- increased emphasis on continuous improvements of governance arrangements in the NHS.

There are a number of new sections in the revised edition, including detail on Assurance Frameworks (which are wholly compatible with the Committee Assurance Principles Fife has already been working on with other Boards with in the FTF Audit Consortium); the Strategic Planning & Commissioning System; Risk Management System; and Audit Arrangements. These give useful detail to which the Board can benchmark its current arrangements against. External review of each Board's governance arrangements are expected to be introduced, on a cycle of at least every three years. No further detail is available at present, but this would be expected to support the Board's own internal appraisal and review processes that are currently undertaken annually.

In relation to implementation of the revised Blueprint, it is intended by Scottish Government that a 'Governance event' is held to which Chairs and Non-Executives will be invited to participate. This has now been confirmed as taking place on Wednesday 26 April, in person in Edinburgh, with also the opportunity to attend remotely. This invitation is open to all NHS Chairs, Non-Executive Board Members, Executive Board Members, Stakeholder Board Members, Board Secretaries and others involved in Governance.

Two NES training modules for the Board Development [website](#) are also currently in development, with the first expected to be available by early summer. NHS Highland is currently trialling the content of a draft survey (of c.60 individual questions) for Board members, which focuses on how well the Board is currently delivering against the content with the second edition of the Blueprint for Good Governance. It is anticipated that this will be rolled out nationally and the responses to which will then enable individual Boards to develop areas of priority to focus upon. There is no date known at present as to when the final survey will be available for use in NHS Fife.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The implementation of any of the recommendations from this paper can be met from existing resource.

2.3.3 Financial

There are no financial implications from this work.

2.3.4 Risk Assessment / Management

Compliance with the revised Blueprint will evidence that NHS Fife has robust corporate governance practices in place that help deliver and support organisational objectives and is continually seeking to improve in this area.

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

There are no specific Equality and Diversity issues arising from undertaking this work. The revised Blueprint contains further guidance on how Boards should interact with key stakeholders, including local communities, so this will be an important aspect of the forthcoming self-assessment.

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement and consultation

The revised Blueprint is a product of nationally led discussions by NHS Board Chairs. Its implementation is also expected to be defined nationally.

2.3.8 Route to the Meeting

This paper has been initially reviewed EDG at its meeting on 2 March, prior to submission to the Audit & Risk Committee on 15 March and thence the Board.

2.4 Recommendation

The Board is invited to:

- **Note, for assurance,** the information provided in this paper on the issuing of the second edition of the NHS Scotland Blueprint of Good Governance and the further detail still to be received on its implementation timeline.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 – Directors' Letter and NHS Scotland Blueprint for Good Governance Second Edition

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Dear Colleague

NHS SCOTLAND HEALTH BOARDS AND SPECIAL HEALTH BOARDS - BLUEPRINT FOR GOOD GOVERNANCE SECOND EDITION

1.   I am writing to provide you with the second edition of the Blueprint for Good Governance. This is a revised version of the Blueprint that shares the latest thinking on healthcare governance.

Background

2.   The first edition of the Blueprint for Good Governance was published in January 2019 and since then NHS Boards have been adapting this model to meet the needs of their organisation and respond to the challenges faced by the NHS, including the impact of the Coronavirus pandemic.

3.   This second edition takes on lessons learnt and latest thinking on governance to define what is meant by good governance, including active and collaborative governance. It also has a greater emphasis on the delivery mechanisms that support governance and the continuous improvement approach needed to ensure governance is responsive to the challenges facing the NHS.

4.   Further work is underway to ensure accurate evaluation of governance and an advisory group will be set up to ensure self assessment and external assessment methods are in line with good governance practice. This will enable Boards to enhance their governance structures and practice.

Action

5.   All Boards should familiarise themselves with the second edition Blueprint.

Yours sincerely

Richard McCallum
Director of Health Finance and Governance

DL (2022) 38

22 December 2022

Addresses

For action
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The Blueprint for Good Governance in NHS Scotland

Second Edition
November 2022

Foreword

In 2018 the Scottish Government recognised the need to ensure that the governance arrangements in NHS Scotland were fit for purpose and keeping pace with the changing policy and financial environment. In response to this challenge, the Director General for Health and Social Care commissioned a review of best practice in healthcare governance. The outcome of the review was a blueprint for an effective governance system that could be adopted across NHS Scotland. The first edition of the Blueprint for Good Governance was published in January 2019 and since then NHS Boards have been adapting this model to meet the needs of their organisation and respond to the challenges faced by the NHS, including the impact of the Coronavirus pandemic.

As NHS Boards look forward to recovering and renewing the health and care system it is important that good governance remains in place to stabilise service delivery while continuing to support the longer term ambitions of service design and reform as part of the Care and Wellbeing Portfolio. To assist Boards in achieving that goal, the NHS Scotland Corporate Governance Steering Group commissioned additional guidance on delivering the approach described in the original Blueprint for Good Governance. The purpose of this document is to share the latest thinking on healthcare governance by publishing a revised version of the Blueprint that will support the NHS as it moves from response to recover and renew.

This second edition of the Blueprint for Good Governance now includes a definition of what is meant by 'good', placing more emphasis on the delivery mechanisms and the need to apply a continuous improvement approach to healthcare governance arrangements. Consideration of the approach to the governance of change now features more prominently in the design of the governance arrangements. The updated guidance also highlights the need for NHS Boards to adopt both active and collaborative approaches to governance.

I would like to thank all those in the Scottish Government, NHS Scotland and the other public and private sector organisations who have contributed to the development of the revised Blueprint for Good Governance. I am particularly grateful to the members of the NHS Scotland Corporate Governance Steering Group for their insight, advice and contribution to the final version of this guide to delivering good governance in healthcare.

Professor John Brown CBE
November 2022

Contents

Supplementary Guidance

1. Introduction

1.1   The purpose of this document is to provide guidance on how to deliver and sustain good corporate governance. While this approach can be adapted and applied to other areas of the public sector, it has been customised for healthcare in Scotland.

1.2   Throughout the document the term healthcare is used in its broadest sense to mean not only the delivery of clinical interventions in response to a known healthcare need but also to cover the much wider, more proactive approach required to address population health improvement and promote health more broadly.

1.3   While the primary audience for this guide is the Board Members and Executive Leadership Teams working across NHS Scotland, it will also be of interest to the UK and Scottish Governments, local authorities, integration authorities, independent (primary care) contractors, and an extensive range of public sector organisations who all have an influence on the health of individuals and communities across Scotland.

1.4   Throughout this guide references to "NHS Boards" should be considered as including the fourteen territorial Health Boards, the six special Health Boards, Health Improvement Scotland and NHS National Services Scotland.

1.5   The guidance reflects the latest thinking and best practice in healthcare governance. It presents a Blueprint for Good Governance that describes the functions, the enablers, the assurance framework, the integrated system and the operating guidance that need to be in place to support good governance. The guidance also aims to improve the effectiveness of governance in the NHS by requiring that the Boards' governance arrangements are subject to continuous review and development.

1.6   The Blueprint provides NHS Education for Scotland and other training providers with a foundation for developing training and development products. It can also be used for providing awareness and information on healthcare governance for a wider community that includes clinicians, managers and other people with an interest in health and social care.

1.7   It is important to acknowledge the requirement that governance arrangements should reflect the needs of the organisation and the environment in which it operates, and NHS Boards should adopt a flexible approach, recognising that their governance systems must take into account the individual circumstances and the specific challenges faced by their organisation.

1.8 Therefore, while it is expected that all NHS Boards adopt the principles, underpinning models and frameworks described in this guide, these should not be seen as prescriptive and Boards are expected to be flexible and adapt them to ensure they have a governance system in place that is at all times appropriate and proportionate for their organisation. This includes introducing temporary changes to governance arrangements that may be required to provide a suitable response to emergency situations, such as those experienced during the Coronavirus pandemic.

1.9 For NHS Scotland to be successful in delivering quality healthcare, good governance is necessary but not sufficient if NHS Boards are to meet or exceed the expectations of their principal stakeholders. To do that, the organisation must also excel at the day-to-day management of operations and the implementation of change.

1.10 Therefore, the guidance provided in this document should be considered in conjunction with the various workstreams and initiatives across NHS Scotland that are focused on managing current operations, recovering from the public health emergency created by the Coronavirus pandemic and redesigning the NHS to meet the demands of the post-pandemic world.

1.11 The guidance begins by highlighting some of the challenges faced by the NHS and '**why**' having good governance is necessary to successfully respond to those challenges. It then goes on to define '**what**' good governance means in relation to healthcare before describing the blueprint for '**how**' this can be delivered, including '**who**' is accountable and responsible for ensuring good governance across NHS Scotland.

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2. The Importance of Good Governance

2.1   In common with healthcare providers across the globe, NHS Scotland finds itself operating in an increasingly demanding environment. The impact of demographic change and the growth in long term health conditions at a time of financial constraint meant that the healthcare system was already under significant pressure prior to the Coronavirus pandemic.

2.2   The need to respond effectively to the impact of the public health emergency has added even greater and unprecedented challenges for the NHS. This includes developing the role of the NHS Boards as key 'anchor institutions' in the local and national economy and finding new and innovative approaches to delivering health and social care.

2.3   If the NHS is to address the challenges it faces in improving health at population level and creating a healthcare system that meets the present and future needs of the people of Scotland, the importance of good governance should not be underestimated.

2.4   The **Independent Commission on Good Governance in Public Services**[1] emphasised that good governance leads to good management, good performance, good stewardship of public money, good public engagement and ultimately good outcomes. The Commission also highlighted that weak or ineffective governance fosters low morale and adversarial relationships that lead to poor performance or even, ultimately, to dysfunctional organisations.

2.5   Therefore, it is critical that NHS Boards ensure that robust, accountable and transparent governance arrangements are in place throughout the healthcare system.

2.6   NHS Boards need to be able to demonstrate that their governance arrangements respect and pursue the rights and interests of all their stakeholders, and enable Board Members to hold their Executive Leadership Teams to account for improving population health and addressing health inequalities, while delivering safe, effective and high quality healthcare services.

2.7   Having established why good governance is essential in addressing the challenges the NHS faces in Scotland - but before describing in detail the Blueprint for implementing that approach - it is necessary to have a shared understanding of what is meant by '**good governance**' in healthcare.

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1 **www.cipfa.org/policy-and-guidance/reports/good-governance-standard-for-public-services**

3. The Definition of Good Governance

3.1   A description of good governance that underpins the revised Blueprint has been developed that brings together an updated definition of the '**governance**' of healthcare with a list of the underlying principles that support the delivery of '**good**' governance.

3.2   This description of what is meant by '**good governance**' is further enhanced by explanations of the terms '**active**' and '**collaborative**' in the context of good governance.

The Governance of Healthcare

3.3   The publication of the **NHS Scotland Blueprint for Good Governance**[2] in 2019 described governance as "The system by which organisations are directed and controlled". While this statement was useful in clarifying what was meant by 'governance' in general, it is less helpful when considering what is specifically required to deliver good governance in a healthcare setting in 2022 and beyond.

3.4   Therefore, a more up to date and relevant definition of governance has been developed and approved by the NHS Scotland Corporate Governance Steering Group. The following paragraphs describe the thinking behind the development of this revised definition of 'governance'.

3.5   The **UK Corporate Governance Code**[3] also defines governance as "The system by which organisations are directed and controlled". It expands on that statement by adding that "Governance is about what the board does and how it sets the values of the organisation and is to be distinguished from executive director led day-to-day operational management". This recognises that a good governance system can also help individuals avoid the tension and conflict that can arise in an organisation where the boundaries between roles are not clear.

3.6   **The World Health Organisation and the Royal College of Physicians of Edinburgh's Quality Governance Collaborative**[4] have developed a joint working definition that provides further insight into what excellence in governance means in a healthcare organisation. They describe governance as "The means by which all institutions and organisations involved in the design and delivery of healthcare translate health policy into clinical practice and management in order to improve the quality and efficiency of healthcare. It is the ability to ask the right questions and to implement the right mechanisms to ensure the organisation discharges its duties in

2 www.sehd.scot.nhs.uk/dl/DL(2019)02.pdf
3 www.frc.org.uk/getattachment/88bd8c45-50ea-4841-95b0-d2f4f48069a2/2018-UK-Corporate-Governance-Code-FINAL.pdf
4 www.rcpe.ac.uk/college/QGC

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line with its purpose and with focus on good clinical practice". This approach focuses on the governance of clinical practice and emphasises that good governance does not just rely on having systems in place. How well Boards use these systems is a critical factor in the delivery of good governance.

3.7   By bringing these two relevant and helpful definitions together a revised definition of governance in healthcare has been developed for use by NHS Scotland. This definition is expressed as:

> **"**Governance is the means by which NHS Boards direct and control the healthcare system to deliver Scottish Government policies and strategies and ensure the long term success of the organisation. It is the ability to ask questions and make decisions to improve population health and address health inequalities, while delivering safe, effective and high quality healthcare services. It is to be distinguished from executive-led operational management.**"**

3.8   Governance arrangements in the NHS should include service delivery, change management, workforce, finance, information and asset management. These arrangements must have a clear focus on clinical and care governance, including the governance of clinical research. Particular attention should also be given to educational governance and the governance of the professional standards expected of the clinicians employed by the organisation. (Further advice on educational governance can be found on **NHS Education for Scotland's**[5] website.) All these categories of governance should be considered when NHS Boards determine their arrangements and systems for delivering good governance.

3.9   Having defined what is meant by 'governance' and what should be included in the NHS Boards' governance arrangements, it is helpful to consider next what 'good' looks like in relation to the governance of healthcare.

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5 **www.nes.scot.nhs.uk**

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The Principles of Good Governance

3.10 To reflect and describe the latest thinking and best practice in governance in the public sector, ten principles of good governance have been identified. These principles underpin the design of the Blueprint for Good Governance.

3.11 **The Principles of Good Governance can be viewed as an executive summary of what is required to deliver good governance. They are as follows:**

 i. Good governance requires the Board to set strategic direction, hold executives to account for delivery, manage risk, engage stakeholders and influence organisational culture.

 ii. Good governance requires a Board that consists of a diverse group of people with the necessary skills, experience, values, behaviours and relationships.

 iii. Good governance requires that roles, responsibilities and accountabilities at Board and executive level are clearly defined and widely communicated.

 iv. Good governance requires an assurance framework that aligns strategic planning and change implementation with the organisation's purpose, aims, values, corporate objectives and operational priorities.

 v. Good governance requires an integrated governance system that co-ordinates and links the delivery of strategic planning and commissioning, risk management, assurance information flows, audit and sponsor oversight.

 vi. Good governance requires operating guidance that is agreed, documented, widely- communicated and reviewed by the Board on a regular basis.

 vii. Good governance requires regular evaluation of governance arrangements to ensure it is proportionate, flexible and subject to continuous improvement.

 viii. Good governance requires an active approach that anticipates and responds to risks and opportunities which could have a significant impact on the delivery of corporate objectives, the Board's relationships with stakeholders and the management of the organisation's reputation.

 ix. Good governance requires a collaborative approach that ensures the organisation's systems are integrated or aligned with the governance arrangements of key external stakeholders.

 x. Good governance requires governance arrangements that are incorporated in the organisation's approach to the management of day-to-day operations and the implementation of change.

3.12 To assist NHS Boards in adopting the Principles of Good Governance, the following paragraphs explain what is meant by an active approach and a collaborative approach in relation to governance in healthcare.

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The Active Approach

3.13 Put simply, the active approach to delivering good governance requires Board Members to focus on the right things, consider the right evidence and respond in the right way.

3.14 A more comprehensive description of the active approach to governance has been defined as:

> "Active governance exists when the appropriate issues are considered by the right people, the relevant information is reviewed in the most useful format at the right time, and the level of scrutiny produces rigorous challenge and an effective response."

3.15 This approach should not only ensure that Boards can make timely, well-informed, evidence-based and risk-assessed decisions, it will also ensure Board Members can rapidly identify, escalate and manage issues which otherwise might not be seen or understood.

3.16 While an active approach is required to deliver good governance in healthcare, it should be recognised that the NHS is only one of a range of organisations that impacts on the health of the population. Therefore, NHS Boards must also consider how they can influence and interact with the other bodies that have an impact on the delivery of quality healthcare.

The Collaborative Approach

3.17 The NHS works closely with national and local government, integration authorities, independent (primary care) contractors, the private sector, the third sector, charities, academia, communities and citizens to deliver healthcare in a joined up, person-centred manner.

3.18 Consequently, the governance of the organisations that interact with the NHS have a direct impact on population health and the delivery of healthcare services and this must be recognised when designing the governance approach for NHS Boards.

3.19 To assist in the promotion of this approach, the following definition of what collaborative means in relation to governance has been developed:

> "Collaborative governance exists when all parties who have an influence in the delivery of healthcare outcomes recognise, understand and respect the needs of each other and work together to integrate or align their arrangements for the governance of the delivery of services and products within the healthcare environment."

3.20　While fully integrating governance can be challenging, it is critical that a collaborative approach to governance is adopted by the key players in the healthcare system to ensure that the end-to- end governance arrangements are understood and aligned in order to achieve the best outcomes for the population and ensure best value in the use of public funds.

3.21　The introduction of the Principles of Good Governance will assist in delivering this approach and the development and communication of a Blueprint for Good Governance that describes the NHS approach to governance arrangements in more detail will further enable the collaborative approach.

4. The Blueprint for Good Governance

4.1 The primary purpose of the Blueprint for Good Governance is to provide guidance on how to deliver and sustain good governance in healthcare.

4.2 This model builds on the Principles of Good Governance that describe what good governance looks like and provides more detailed guidance to NHS Boards on the functions and the enablers of good governance. It provides definitions of the assurance framework, the integrated governance system and the operating guidance that also need to be in place to support good governance.

4.3 Adopting the Blueprint also commits NHS Boards to improving the effectiveness of governance in healthcare by requiring that Boards' governance arrangements are subject to regular evaluation and ongoing improvement activity.

4.4 The latest version of the governance Blueprint describes a four-tiered model where each component should be viewed as interdependent and subject to continuous improvement.

The Model

Figure One – The Blueprint for Good Governance
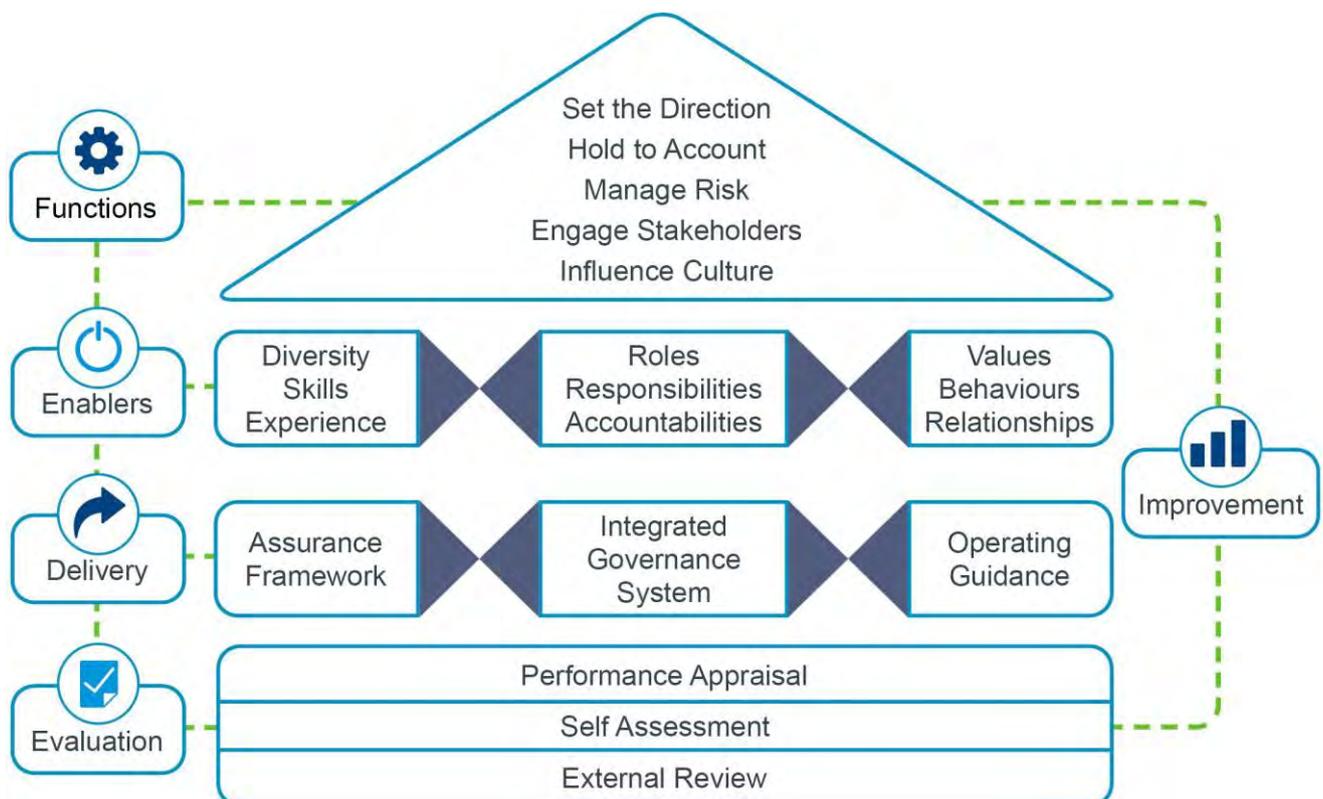
4.5   Ownership of the NHS Scotland bespoke version of the Blueprint for Good Governance rests with the Scottish Government, and accountability for reviewing and refreshing the healthcare model sits with the Director of Health Finance and Governance.

4.6   The following sections of the guide describe the component parts of the Blueprint in more detail, starting with the functions of good governance.

The Functions

4.7   The Blueprint for Good Governance begins with a definition of the five primary functions of governance. These are described as:

   i.   **Setting the direction**, including clarifying priorities and defining change and transformational expectations

   ii. **Holding the Executive Leadership Team to account** by seeking assurance that the organisation is being effectively managed and change is being successfully delivered

   iii. **Managing risks** to the quality, delivery and sustainability of services

   iv. **Engaging with key stakeholders**, as and when appropriate

   v.   **Influencing** the Board's and the wider organisational culture.

4.8   The following paragraphs define the functions that need to be delivered to ensure good governance is in place.

Setting the Direction

4.9   Board Members are responsible and accountable for setting the overall strategy and direction of the organisation. They are also responsible for encouraging and facilitating innovation, driving change and transforming service delivery to better meet the expectations and needs of their key stakeholders.

4.10   To set the direction the NHS Board should provide advice, support and guidance to the Executive Leadership Team by:

   • Determining the organisation's purpose, aims, values and corporate objectives
   • Approving the corporate strategic and commissioning plans required to deliver the policies and priorities of the Scottish Government
   • Setting the operational priorities for the organisation and agreeing the targets for service delivery with the Scottish Government and the Executive Leadership Team
   • Allocating the budgets and approving the capital investments required to deliver strategic and operational plans.

4.11   Delivering this aspect of governance is explored further in the supplementary guidance that describes the strategic planning and commissioning component of the integrated governance system.

Holding to Account

4.12   In order to hold the Executive Leadership Team to account the NHS Board requires a clear and accurate picture of current and past delivery of services. This understanding of performance over time is necessary to assist Board Members in identifying systemic change which requires further investigation and be assured that appropriate action plans are in place to address any ongoing performance issues.

4.13   To be assured about the organisation's performance, Board Members must regularly monitor performance, scrutinise results and challenge outcomes. They are required to scrutinise evidence that describes the extent to which:

- The organisation's purpose, aims, values, corporate objectives, operational priorities and targets are being delivered to an acceptable level
- Public money is being safeguarded and appropriately accounted and resources are being used to secure 'best value' as set out in the **Scottish Public Finance Manual**[6]
- The requirements of relevant regulations or regulators are being complied with to the necessary standard
- Fair and equitable systems of pay and performance management (as determined by the Scottish Government) are being applied to the reward and recognition of the workforce, including the Executive Leadership Team
- Innovation and transformational change are being delivered and benefits realised
- Continuous improvement and quality management approaches are embedded in all aspects of service delivery and system failures are identified and remediated
- Best practices are shared across the organisation with a learning culture being promoted and nurtured.

4.14   Board Members should aim to be assured rather than reassured about the organisation's performance. This requires Board Members to consider reliable sources of information before being satisfied with the pace and progress in the delivery of outcomes, rather than being advised by others that performance or actions are acceptable.

4.15   Therefore, Board Members must have easy and early access to evidence from a wide range of sources. This requires an effective flow of data, information and feedback at a frequency and in a format that enables Board Members to develop early awareness and understanding of the current situation and the risks and opportunities in the operating environment.

4.16   Delivering this aspect of governance is explored further in the supplementary guidance that describes the assurance information system component of the integrated governance system.

4.17   Effectively holding the Executive Leadership to account not only requires that Board Members have access to the relevant data in the most useful format, an active approach to governance necessitates that data is subject to the right level of scrutiny.

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6 **www.gov.scot/publications/scottish-public-finance-manual**

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4.18   To effectively challenge and prompt a worthwhile response it is important that Board Members give due consideration to the tone and manner in which they question the Executive Leadership Team. This includes recognising it is better to ask an open-ended question and to give the respondent time to answer with the appropriate level of detail and nuance.

Managing Risk

4.19   Board Members must have regard to the wider strategic and policy context in which they operate when considering the risks which could have a significant impact on the delivery of the organisation's purpose, aims, values, corporate objectives, operational priorities and targets. This also applies to managing the risks to the Board's relationships with key stakeholders and risks to their reputation as a public body.

4.20   Exercising vigilance and managing risk is a key component of the active approach to governance and requires Board Members to be constantly looking forward, as well as looking backwards to hold the Executive Leadership Team to account for service delivery.

4.21   Effective risk management requires that the Board should:

- Agree the organisation's risk appetite
- Approve risk management strategies and ensure they are communicated to the organisation's workforce
- Consider current and emerging risks for all categories of healthcare governance
- Oversee an effective risk management system that assesses the level of risk, identifies the mitigation required and provides assurance that risk is being effectively treated, tolerated or eliminated.

4.22   Focusing on risk will not only assist Board Members to make timely, well-informed strategic decisions that affect the long term future of the organisation, it will also ensure Boards can rapidly identify, escalate and manage issues which otherwise might not be identified or understood.

4.23   Delivering this aspect of governance is explored further in the supplementary guidance that describes the risk management component of the integrated governance system.

Engaging Stakeholders

4.24   To deliver good governance NHS Boards also need to respect and pursue the rights and interests of all the stakeholders in the healthcare system and effective stakeholder engagement is required to establish and maintain public confidence in the organisation as a public body.

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4.25 There is a wide range of diverse individuals and communities who can be considered as stakeholders in the NHS. Many of these stakeholders have a keen interest and a major influence in the governance arrangements that exist in the healthcare system. These key stakeholders include:

- The people of Scotland, including their elected representative at the Scottish Parliament, the Scottish Local Authorities and the UK Parliament
- The people who receive the care provided by the NHS, including patients, service users and their families
- The people who are responsible for delivering healthcare, including the Executive Leadership Teams, the workforce employed by the NHS Boards and their Trade Unions and Professional Bodies
- The organisations who are accountable for delivering good governance, including the Scottish Government, the NHS Boards and the Integration Authorities
- The public bodies, private sector, third sector and charitable organisations that interact with and support the NHS, including delivery partners, other health and social care providers and suppliers of services to NHS Boards
- The regulatory bodies such as the Health & Safety Executive, UK and Scottish Information Commissioners, Scottish Fire & Rescue Service, and the Medicines and Healthcare Products Regulatory Agency
- The media who inform and influence public opinion by reporting and commenting on the services provided and the changes proposed to the delivery of healthcare.

4.26 To ensure meaningful engagement with their stakeholders, NHS Boards should ensure that:

- Key stakeholders are identified and the approach to engagement adopted takes into account the stakeholders' interest and influence on the work of the NHS Board
- Appropriate stakeholders are involved in the development of the Board's strategic and commissioning plans, policies and the setting of corporate objectives and operational priorities
- The organisation's purpose, aims, values, corporate objectives, operational priorities and targets are clear, well communicated and understood by all stakeholders, including patients, service users, the public, managers and staff
- The views of the relevant stakeholders are taken into account when designing services and patient pathways.

4.27 Engagement that takes place routinely helps to develop trust between communities and public bodies, fosters mutual understanding and makes it easier to identify sustainable service improvements. Effective stakeholder engagement also assists Boards to create and exploit opportunities to contribute to the Scottish Government's policies on healthcare.

4.28 The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland. **The Charter of Patient Rights and**

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Responsibilities[7] summarises what people are entitled to when they use NHS services and receive NHS care in Scotland, and what they can do if they feel their rights have not been respected.

4.29   The Scottish Health Council, which operates as **Healthcare Improvement Scotland - Community Engagement**[8], has a key role in supporting NHS Boards and Integration Authorities to meaningfully engage with people and communities to shape national policies and health and social care services. NHS Boards should make use of the resources available to the Community Engagement Directorate to provide assurance that people and communities have been involved in any major service change.

4.30   Therefore, NHS Boards are required to collaborate with Community Engagement to ensure appropriate engagement with local communities throughout changes to services. This is a statutory duty that includes reviewing existing services and planning new services and patient pathways. Guidance on the planning and commissioning of health and social care services is included in the **Planning with People**[9] document published by the Scottish Government and the Convention of Scottish Local Authorities.

4.31   The criticality and potential of community planning in Scotland should be recognised by all NHS Boards. Scotland's community planning mechanisms are particularly relevant to the NHS's wider ambitions to address population health and the underlying causes of inequalities. For this reason, all Boards should take steps to seek assurance that the strongest possible contribution is consistently made to local community planning activities.

4.32   When engaging in community planning activities NHS Boards must also consider their role in promoting community empowerment. In Scotland public service reform and legislation has underpinned community empowerment. **The Community Empowerment (Scotland) Act 2015**[10] included measures which strengthened community planning and community right-to-buy arrangements, and introduced participation requests and asset transfer requests. In July 2019 Audit Scotland published a briefing on **Principles of Community Empowerment**[11]. Empowering communities remains a national priority for the Scottish Government, and all public bodies should be continually developing their systems to facilitate community empowerment. Therefore, NHS Boards should consider how their systems of governance enable and provide assurance on the effectiveness of their approach to community empowerment.

4.33   Delivering this aspect of governance is explored further in the supplementary guidance on strategic planning and commissioning.

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7 **https://www.gov.scot/publications/charter-patient-rights-responsibilities-2/documents/**
8 **www.hisengage.scot**
9 **www.gov.scot/publications/planning-people**
10 **www.legislation.gov.uk/asp/2015/6/contents/enacted**
11 **www.audit-scotland.gov.uk/publications/principles-for-community-empowerment**

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Influencing Culture

4.34 An organisation's culture comprises its shared values, norms, beliefs, emotions and assumptions about "**how things are and should be done around here**". These 'things' include how decisions are made, how people interact and how work is carried out.

4.35 NHS Boards have a critical role in shaping and influencing organisational culture in healthcare settings. To do this the Board should determine and promote shared values that underpin policy and behaviours throughout the organisation. Board Members must demonstrate the organisation's values and exemplify good governance through their individual behaviours.

4.36 **To ensure the delivery of the organisation's values the Board should encourage and support an organisational culture that reflects the NHS Scotland Staff Governance Standard[12]. These apply to all staff employed by NHS Boards and the Standard requires NHS Boards to demonstrate that staff are:**
   i. Well informed
   ii. Appropriately trained and developed
   iii. Involved in decisions
   iv. Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
   v. Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

4.37 **The Staff Governance Standard also requires all NHS staff to:**
   i. Keep themselves up to date with developments relevant to their job within the organisation
   ii. Commit to continuous personal and professional development
   iii. Adhere to the standards set by their regulatory bodies
   iv. Actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation
   v. Treat all staff and patients with dignity and respect while valuing diversity
   vi. Ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

4.38 The Staff Governance Standard should influence and feature in the design and application of all policies and procedures for the management of people by NHS Boards. The ethos of the Staff Governance Standard should also be reflected in the arrangements with private and independent contractors and partner agencies working with the NHS.

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12 **www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard**

4.39   Boards must also ensure that the organisation successfully adopts all policies and other best practice in human resource management that is require by the Scottish Government. This includes initiatives such as the **iMatter**[13] staff experience continuous improvement tool and the **National Whistleblowing Standards**[14].

4.40   The Scottish Public Services Ombudsman has taken up the role of the Independent National Whistleblowing Officer. The aim of the role is to make sure everyone delivering NHS services in Scotland is able to speak out to raise concerns, ultimately contributing to ensuring that the NHS in Scotland is as well run as possible. The Independent National Whistleblowing Officer is the final stage of the process for those raising whistleblowing concerns about the NHS in Scotland.

4.41   To support the delivery of this organisational culture, the leadership of the organisation has to be seen as competent and credible, act in the best interest of stakeholders, act at all times with integrity and are reliable in their decisions and actions, in other words they are trustworthy.

4.42   **Therefore the Board must play its part in creating this outcome by recruiting a Chief Executive and Executive Leadership Team who have the ability, ambition, insight and values to deliver a leadership approach that delivers the Staff Governance Standard. This includes ensuring that:**
   i.   Leaders at all levels are sufficiently visible and give a clear sense of purpose and ambition for the organisation
   ii.   Leaders help people understand how they contribute to achieving the Board's purpose, aims, values, corporate objectives, operational priorities and targets
   iii. Leaders set standards, recognise good performance and deal with poor performance when it arises
   iv.   Leaders encourage people to challenge and look for ways to improve performance and the quality of the services provided
   v.   Leaders help people identify and make best use of development and career opportunities.

4.43   Having this organisational culture will ensure that NHS Scotland is widely recognised as a great place to work and will generate high level of employee engagement. This will ensure the workforce is focussed on delivering high quality services that are subject to continuous improvement and quality management.

4.44   The next section of the guide considers the enablers to the successful delivery of the functions of good governance.

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13 **www.staffgovernance.scot.nhs.uk/monitoring-employee-experience/imatter**
14 **www.inwo.spso.org.uk/national-whistleblowing-standards**

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The Enablers

4.45 **To facilitate the delivery of the five governance functions, the Blueprint defines the three key enablers for good governance as:**

   i. **Acquiring and retaining the necessary diversity, skills and experience** at Board level

   ii. **Defining clear roles, responsibilities and accountabilities** for the principal groups and individuals that participate in the governance of healthcare

   iii. **Creating relationships** and conducting business in line with agreed values and standards of behaviour.

4.46 The following paragraphs describe each of the enablers in more detail.

Diversity, Skills and Experience

4.47 The Blueprint for Good Governance highlights the importance of diversity and a range of skills and experience at Board level.

4.48 It is the responsibility of the Scottish Government, working with the NHS Board Chair, to ensure the necessary diversity, skills and experience are present across the Board. This includes determining the Board's requirements during the recruitment of new Members and the on-going development of the skills of existing Board Members.

4.49 The recruitment and appointment process is managed by the **Scottish Government Public Appointment Team**[15] who oversee the regulated public appointments process for Ministers.

4.50 The Public Appointments Team follow the Ethical Standards Commissioner's **Code of Practice for Ministerial Appointments to Public Bodies in Scotland**[16]. The Ethical Standards Commissioner and staff have a remit to encourage fairness, good conduct and transparency in public life in Scotland. The Commissioner regulates and monitors the system used to appoint Board Members and their staff play a key role in assuring that appointments are made on merit, using methods that are fair and open and reflect the diversity of Scottish society.

Diversity

4.51 Diversity is a core value at the heart of the day-to-day business of NHS Scotland. NHS Boards are required to hold their organisation to account for the inclusion and diversity strategies that must form part of their staff governance strategy. It is imperative that Boards demonstrate leadership and engagement to support anti-racist work across their organisation, ensuring improvements to equality, diversity and inclusion are continually monitored and challenged.

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15 **www.gov.scot/collections/public-appointments**
16 **www.ethicalstandards.org.uk/publication/revised-code-practice-ministerial-appointments-public-bodies-scotland**

4.52 To ensure the Board reflects the diversity of their community NHS Boards should support the appointment process by implementing an appropriate attraction strategy which enables the recruitment of a diverse group of Board Members with the skills and experience required to deliver good governance. This includes taking targeted action where appropriate, encouraging and supporting applications from people with protected characteristics that are underrepresented on the Boards of Public Bodies.

4.53 **The Equality Act 2010**[17] defines protected characteristics and the recruitment process must also take into account the **Gender Representation on Public Boards (Scotland) Act 2018**[18] which describes the gender representation objective for a public board as having 50% of non-executive members who are women.

4.54 In addition to reflecting the diversity of the communities they serve, Boards require diversity of thought not only to improve decision-making but also to avoid 'group think', enabling alternative views to be debated and evaluated. If a diverse Board can demonstrate the benefits that come from its expanded knowledge, experience and insight, this should ultimately lead to an improved organisational culture and increased public confidence and trust in the NHS.

4.55 Therefore, whilst it is important to recognise that Board Members are not appointed to represent any particular body or group, there is a clear and welcomed ambition in NHS Scotland to recruit a broad and diverse representation of the population on NHS Boards.

Skills

4.56 NHS Boards require a minimum core set of skills and experience in order to discharge their responsibilities. However, while collectively NHS Boards require certain skills and experience, not every member of the NHS Board will require every skill or experience and Members will bring different levels of skill to the Board.

4.57 The recruitment, training and development of Board Members needs to be focused and built around the skills and experience they require to make an effective contribution to the governance of the organisation.

4.58 In addition to acquiring insight into the organisation and an awareness of its operating environment, Board Members need to be able to deploy a variety of skills that include:

- The capacity to question, challenge constructively and influence decision making
- The capability to recognise, listen to and respect different perspectives
- The ability to analyse and review complex issues, weighing up conflicting opinions and making timely, evidence-based, well-informed and risk-assessed decisions
- The interpersonal skills to communicate and engage with a wide range of organisations and individuals, building relationships, influencing and working collaboratively

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17 **www.legislation.gov.uk/ukpga/2010/15/contents**
18 **www.legislation.gov.uk/asp/2018/4/contents**

- The confidence and self-awareness to chair, or participate as a member of, key committees that support good governance.

4.59   This definition of the skills required by NHS Boards assists NHS Education for Scotland to develop the induction training, targeted education and development activities required by Boards Members.

Experience

4.60   Board Members also bring a wide range of specialist experience and knowledge to the Board from the public, private, third or voluntary sectors. This can include lived experience of the services provided by the NHS as either a service user or provider. Experience gained in other settings or organisations can equally be of value to the delivery of good governance.

4.61   In addition to any previous experience in a governance role, the list of experience that Board Members can use to support the work of the Board is extensive and can include strategic planning, change management and operations management. Experience and training in financial management and risk management are also relevant to the governance of the NHS, as is human resource management and stakeholder management.

4.62   Board Members' experience also adds to the collective knowledge and understanding at Board level, and this is particularly welcomed around equality, diversity and inclusion, research and innovation, digital and information technology, media and communications, governance and legal issues.

4.63   Consideration should also be given to the extent to which clinicians are represented on the NHS Board. It is critical that Boards have appropriate skills and experience of clinical matters in order to be assured of the safety and quality of healthcare being delivered in both primary and secondary care settings. Having non-executive Board Members from a clinical background can assist in achieving that goal.

4.64   Given the integration of health and social care services in Scotland and the need for collaborative governance, it is also important that some experience of social care is available at Board level in the NHS.

4.65   To support succession planning and the deployment of Board Members to standing committees and other roles NHS Boards should maintain a record of the diversity, skills and experience present in the current Board. Any gaps in the diversity, skills, and experience of the Board should be reflected in the Board's succession planning, highlighted to the Cabinet Secretary when recruiting new Board Members and inform the promotion and advertising of vacancies. Boards may choose to have a Succession Planning Committee to oversee and support this activity.

4.66   The next section of the guide provides more information on 'who' is responsible and accountable for ensuring good governance by describing the various roles, involved in the governance arrangements for NHS Scotland.

Roles, Responsibilities and Accountabilities

4.67   To support and deliver the functions described in the Blueprint for Good Governance it is essential that there is a common understanding of the roles, responsibilities and accountabilities of the principal groups and individuals that participate in the governance of healthcare.

4.68   Therefore the definitions of roles, responsibilities and accountabilities included in the Blueprint are intended to help the Scottish Government, the NHS Board Members, the Executive Directors and the Board Secretaries identify and deliver their respective functions within healthcare governance.

4.69   Together with the descriptions of the values and standard of behaviours expected of Board members, the definitions of their roles facilitates the performance appraisal of Board Members.

Scottish Government

4.70   The Scottish Parliament is responsible for the legislation that governs the delivery of healthcare in Scotland. The Cabinet Secretary for Health and Social Care has ministerial responsibility in the Scottish Government for the NHS in Scotland.

4.71   The **National Health Service (Scotland) Act 1978**[19] places a duty on the Cabinet Secretary to promote a comprehensive and integrated health service, designed to secure improvement in the physical and mental health of the people of Scotland and the prevention, diagnosis and treatment of illness. The Cabinet Secretary may do anything which they consider is likely to assist in discharging that duty.

4.72   The Scottish Government Directorates for Health and Social Care have responsibility for health policy, the administration of the NHS, social care and public health. This includes setting the standards for governance in NHS Scotland and monitoring the adequacy and effectiveness of the governance arrangements throughout health and social care.

4.73   The Director General for Health and Social Care (who is also the Chief Executive of the NHS) leads the Directorates. With regard to the **Public Finance and Accountability (Scotland) Act 2000**[20] and the **Scottish Public Finance Manual**[21], the Director General is the designated Portfolio Accountable Officer for the Health and Social Care Directorates.

4.74   The Director of Health Finance and Governance has the responsibility for the oversight, development and support of governance arrangements across NHS Scotland and has approved the guidance contained in this document.

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19 **www.legislation.gov.uk/ukpga/1978/29/contents**
20 **www.legislation.gov.uk/asp/2000/1/contents**
21 **www.legislation.gov.uk/asp/2000/1/contents**

4.75   The Scottish Government Directorates for Health and Social Care are responsible for various activities within the overall system of governance for health and social care. This includes:

- Developing and implementing law which determines the shape of the public sector and defines the responsibilities and duties of the Scottish Government, public bodies and others for health and social care
- Developing and implementing national strategies and policies and providing support and information to maximise the likelihood of achieving whole-system success
- Recruiting, selecting, appointing and setting the level of remuneration for all members of NHS Boards
- Appointing individuals as Accountable Officers for their organisation (normally the Chief Executive) under the **Public Finance and Accountability (Scotland) Act 2000**[22]
- Developing and implementing a Code of Conduct for Board Members under the **Ethical Standard in Public Life etc. (Scotland) Act 2000**[23] and approving the Code which each body uses
- Developing and promoting good governance practice throughout the system of health and social care. This includes working with NHS Education for Scotland and others to develop and share good practice and provide support and advice on governance matters
- Developing and implementing the performance management framework for health and social care. This involves monitoring and overseeing the performance of public bodies which report directly to the Scottish Government and putting in place a framework of support to those bodies when required to improve and sustainably deliver the required outcomes
- Discharging the Scottish Government's responsibilities as set out in the **Scottish Public Finance Manual**[24]. This includes putting a framework document in place with each public body which sets out its sponsorship relationship with the body and its Accountable Officer.

NHS Boards

4.76   The NHS Boards are legal entities established by the **National Health Service (Scotland) Act 1978**[25] and are required by this legislation to promote the improvement of the physical and mental health and the prevention, diagnosis and treatment of illness of the people of Scotland. To ensure the delivery of this NHS Boards are delegated responsibilities by the Cabinet Secretary to plan, commission and deliver healthcare services and take overall responsibility for the health and wellbeing of the populations they serve.

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22 **www.legislation.gov.uk/asp/2000/1/contents**
23 **www.legislation.gov.uk/asp/2000/7/contents**
24 **www.gov.scot/publications/scottish-public-finance-manual**
25 **www.legislation.gov.uk/ukpga/1978/29/contents**

4.77 To discharge their responsibilities under the 1978 Act, and deliver the Scottish Government policies and strategies for the provision of healthcare, NHS Boards must deliver the functions described in the Blueprint for Good Governance to the standards set by the Scottish Government.

4.78 Therefore, NHS Boards are primarily responsible and accountable for setting strategic direction, holding executives to account for delivery, managing risk, engaging with stakeholders and influencing organisational culture.

4.79 NHS Boards are also held to account by the Scottish Government for:

- Encouraging innovation, driving change and transforming service delivery to better meet the expectations and needs of their key stakeholders
- Adopting an active approach to governance that anticipates and identifies the risks and opportunities facing the organisation, escalating significant issues to the Scottish Government when and where appropriate
- Encouraging a collaborative approach to governance by the key stakeholders in the healthcare system.

4.80 NHS Boards are also expected to actively seek and create opportunities to inform and contribute to the development of Scottish Government policies and strategies for healthcare in Scotland.

4.81 In recognition of the whole-system nature of Scotland's population health challenges, Public Health Scotland is jointly sponsored and has dual accountability lines to both the Scottish Government and to local government via the Convention of Scottish Local Authorities. This is a unique feature for a Scottish public body and requires a commitment to shared decision making, planning and performance management in relation to the work of Public Health Scotland.

4.82 It is important that the Board clearly differentiates its role from that of the Executive Leadership Team. The Chief Executive and Senior Leadership Team should be protected from individual Board Members becoming involved in operational matters. This separation of governance from day-to-day operational management is explored further in the section of the guide on the role, responsibilities and accountabilities of Board Members.

Standing Committees

4.83 To support the work of the NHS Boards a framework of appropriate standing committees should be put in place to support the delivery of good governance.

4.84 Standing committees are established on a permanent basis. They are responsible for the scrutiny of functions, services and matters delegated to them by the NHS Board, making decisions, recommendations and escalating issues to the Board, as appropriate. The standing committees make a significant contribution to the monitoring and evaluation of the progress towards achieving the Board's purpose, aims, values, corporate objectives, operational priorities and targets by providing the time, space and expertise to effectively scrutinise performance across the healthcare system.

4.85　The Board's framework of standing committees must include an Audit and Risk Committee, a Remuneration Committee and a Staff Governance Committee. The territorial Boards and some special Boards are also required to have a Clinical Governance Committee and a Research Ethics Committee. To provide the necessary governance around the regulatory framework for the award of licences for new pharmaceutical premises, territorial Boards must also have a Pharmacy Practices Committee.

4.86　In addition to these mandatory committees Boards may decide to set up additional standing committees to oversee other aspects of the organisation's operations, e.g. Acute Services, Finance and Performance and Population Health and Wellbeing Committees.

4.87　Membership of the standing committees can include non-executive and executive Board Members but the committee must be chaired by a non-executive and have a majority of non- executive members.

4.88　The agenda for the standing committees should be agreed by the committee chair and the lead executive for the committee. The agenda should include standing items to facilitate the work of the committee, including minutes and action logs, regular items as set out in the committee's Annual Cycle of business, e.g., performance and financial reports, risk registers and ad-hoc items that require attention by Board Members.

4.89　Items should be referred to a standing committee if they require input on an issue or risk that has been delegated to that committee. The standing committee members should be encouraged to add value by providing a different perspective on the issues, risks or opportunities faced by the organisation.

4.90　In addition to submitting minutes of their meetings to the NHS Board, the standing committee chairs should highlight to the Board any areas of concern or risks that require escalation to the Board for their further consideration or decision. Standing committees should also provide an annual report of their activity to the Board.

Advisory Committees

4.91　In addition to the standing committees, NHS Boards can also be supported by advisory committees to ensure that Board Members are well-informed on the issues, risks and opportunities facing the organisation.

4.92　To ensure that the views of the workforce are properly and fully considered by the NHS Board, an Area Partnership Forum must be put in place to inform and influence the Board and the Executive Leadership Team's thinking and decision-making on issues affecting the workforce. Membership of the Area Partnership Forum should include representatives of recognised Trade Unions and managers that represent the range of services provided by the organisation.

4.93　In order to harness the knowledge, skills and commitment of the clinical community across NHS Scotland and ensure that appropriate professional advice is available to NHS Boards and encourage clinicians to contribute to the planning and delivery of services, the territorial Boards must also have in place an Area Clinical Forum.

4.94   The Area Clinical Forum should be supported by a range of clinical professional advisory committees, i.e. an area medical committee, dental committee, nursing and midwifery committee, pharmaceutical committee and optical committee. The special Health Boards, Health Improvement Scotland and NHS National Services should develop appropriate arrangements for clinical engagement in accordance with the circumstances of their organisation.

4.95   To provide the NHS Board with advice on issues affecting clinical practice and employee relations the role of the advisory committees should include:

- Engaging with the Executive Leadership Team to provide insight, support and advice on the delivery of services and the implementation of change
- Supporting and advising the NHS Board in their governance of the organisation, including advice on the impact of any proposed changes that effect the employment of staff
- Identifying opportunities for the improvement of services and the wellbeing of the workforce.

4.96   Advisory committees, including the Area Partnership Forum and the Area Clinical Forum, can also play an important role in supporting the NHS Board in discussions with key stakeholders.

4.97   NHS Boards may also decide to set up additional advisory committees to focus on other aspects of the Board's business, such as equality, diversity and inclusion, or climate change and sustainability, where these issues are not already included in the remit of existing standing committees.

Networks

4.98   The NHS makes extensive use of networking to support the delivery and continuous improvement of services and the introduction of innovation and new ways of working. These also help to improve the flow of information across the NHS and establish closer working relationships between key members of the organisation.

4.99   The same approach is applied to the governance of healthcare and in addition to the Board standing committees and the advisory committees, the governance system in NHS Scotland is supported by a range of informal networks.

4.100 These networks provide regular opportunities for the leadership of the NHS to meet informally and consider any issues or risks that may be of concern, including those still to surface through the existing reporting systems. This is a valuable addition to the delivery of good governance through the formal governance arrangements.

4.101 Although the networks are separate from the decision-making bodies and the formal governance system, the benefits of networking to provide peer support, work collaboratively, share best practice, influence stakeholders and improve engagement and communications across the healthcare system is recognised, encouraged and supported by the Scottish Government.

4.102 Within NHS Scotland there are a number of such governance networks, notably the NHS Board Chairs Group and the NHS Chief Executives Group. A Vice Chairs Group, a Whistleblowing Champions Network and an Audit and Risk Committee Chairs Network have also been set up to support healthcare governance across Scotland.

4.103 A similar arrangement has been put in place for the Integration Joint Board Chairs and Vice Chairs. Introducing this network has provided an opportunity to brief and support the Integration Joint Board Members and encourage and facilitate collaborative leadership and the sharing of best practice across the Health and Social Care Partnerships. This has created another space where NHS Board Members can consider the wider context in which we operate and identify cross- system risks to the successful delivery of our services.

4.104 To promote the benefits of networking and improve the wider understanding of the purpose and remit of the networks, it is important that they publish their terms of reference. This helps communicate the work of the network and encourage other stakeholders to engage with them.

Board Chairs

4.105 The Chair of the NHS Board is responsible for:

- Leadership of the Board, ensuring that it effectively delivers its functions in accordance with the organisation's governance arrangements
- Keeping the organisation's governance arrangements and the Board's effectiveness under review
- Setting the agenda, format and tone of Board activities to promote effective decision making and constructive debate
- In the absence of a Succession Planning Committee, nominating Board Members to standing committees, Integration Joint Boards and other roles within the NHS Board and partner organisations. The allocation of roles to Board Members, including the Chair of standing committees, should be formally approved by the full Board
- Developing the capability and capacity of the Board by contributing to the appointment of Board Members; appraisal and reporting on their performance; identifying appropriate training and development opportunities; and ensuring effective succession planning is in place
- Providing performance management and identifying development opportunities for the Chief Executive
- Representing the organisation in discussions with Ministers, the Scottish Parliament, the Scottish Government, Local Authorities and other key stakeholders. This is a responsibility shared with the Chief Executive.

4.106 The Chair is appointed by the Cabinet Secretary following a recruitment exercise undertaken by the Scottish Government Public Appointments Team.

4.107 This description of the role of the Board Chair should be seen as indicative of the role and responsibilities of the Chairs of the standing committees.

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Board Vice Chairs

4.108   In addition to that of a NHS Board Member, the role of the Vice Chair includes:

- Deputising for the Chair as required in any of their duties, including representing the NHS Board in engaging with internal and external stakeholders
- Taking the lead on specific areas of the work on behalf of the Board Chair e.g. governance projects or reviews
- Providing advice, support and assistance to the Board Chair in carrying out their responsibilities
- Acting as a 'sounding board' and 'critical friend' to the Chair and the other Board Members.

4.109   The Vice Chair also provides an alternative route for Board Members to raise issues or concerns if they feel unable to do so with the Chair. This is an important part of the checks and balances within governance and accountability. If mediation by the Vice Chair does not resolve the situation, the issue or concern should be escalated to the Scottish Government.

4.110   Following an open selection process and confirmation of their suitability by the Cabinet Secretary, the appointment of the Vice Chair is made by the Board from the publicly appointed Board Members. The Board's Whistleblowing Champion and Board Members who are also employees of the organisation are excluded from this arrangement.

Board Members

4.111   All NHS Board Members are appointed by the Cabinet Secretary for Health and Social Care and the Cabinet Secretary has the authority to terminate their appointment if it is consider not in the interest of the health service that a member of a Board hold continue to hold that office.

4.112   The Board membership consists of non-executive and executive members. There are two broad categories of non-executive Board members: those appointed through the public appointment process after an open recruitment exercise, and those whom the Board's principal stakeholders have nominated for appointment by the Cabinet Secretary.

4.113   The stakeholder members are the Employee Director and, for territorial Boards, the Chair of the Area Clinical Forum and a representative from each of the Local Authorities in the area covered by the NHS Board.

4.114   NHS Grampian, NHS Greater Glasgow and Clyde, NHS Lothian and NHS Tayside also have a stakeholder member to represent the medical school of the Universities of Aberdeen, Glasgow, Edinburgh and Dundee. This reflects the contribution these Boards make to NHS Scotland as the principal teaching Boards in Scotland.

4.115   The executive members for territorial Boards are the Chief Executive, Director of Finance, Nurse Director, Medical Director, and the Director of Public Health. For the special Boards, Health Improvement Scotland and NHS National Services for Scotland the executive membership of the Board can vary to meet their particular circumstances.

4.116   Publicly appointed members can serve a maximum of eight years on the Board. This limitation also applies to the appointment of the Chair and Vice Chair. Stakeholder members are also appointed for specific time periods but can be re-appointed provided the stakeholder body continues to nominate them. Executive members are appointed for the duration of their role.

4.117   NHS Board Members are responsible for:

- Ensuring the Board focuses on developing and maintaining a strategic direction designed to deliver the Scottish Government's policies and priorities
- Providing effective scrutiny, challenge, support and advice to the Executive Leadership Team on the delivery of the organisation's purpose, aims, values, corporate objectives, operational priorities and targets
- Contributing to the identification and management of strategic and operational risks
- Bringing independence, external perspectives and impartial judgement to the business of the NHS Board to support timely, well-informed, evidence-based and risk-assessed decision making at Board level
- Upholding the highest standards of integrity and probity and acting in accordance with the principle of collective and corporate responsibility for Board decisions
- Understanding and promoting diversity, equality and inclusion
- Engaging with stakeholders, including patients, service users, the public, managers and staff
- Undertaking ongoing personal development activities.

4.118   Irrespective of the basis of their appointment, their letter of appointment from the Cabinet Secretary advises that, "No Member of the Board is appointed on a representative basis for any body or group."

4.119   While Board members must be ready to offer constructive challenge, they must also share collective responsibility for decisions taken by the Board as a whole. If they fundamentally disagree with the decision taken by the Board, they have the option of recording their concerns in the minutes. However, ultimately, they must either accept and support the collective decision of the Board – or resign. Board decisions should always comply with statute, Ministerial directions (where this is provided for in statute), Ministerial guidance and the objectives of the Scottish Government's Health & Social Care Directorates.[26]

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26 On Board: a guide for members of statutory boards - gov.scot **(www.gov.scot)**

4.120 To help them discharge their responsibilities, the Standards Commission for Scotland has issued a range of **Advice Notes**[27]. This includes guidance on a wide range of topics including:

- Use of social media
- Distinguishing between strategic and operational matters
- Bullying and harassment
- Declaration of interests
- Gifts and hospitality.

4.121 The role of Board Members is to provide governance, i.e., setting the direction for the organisation and overseeing the delivery of services. This primarily involves agreeing strategy and policy and holding the Executive Leadership Team to account for the delivery of the Board's purpose, aims, values, corporate objectives, operational priorities and targets. It includes managing risk, engaging with stakeholders and influencing the organisation's culture.

4.122 By comparison, the Executive Leadership Team has the primary responsibility for the implementation of change and the day-to-day management of operations. This involves the design and implementation of new ways of working that exploit research and innovation, and the planning, organising and execution involved in day to day activities and service delivery.

4.123 The line between strategic and operational matters is not always distinct, as strategic objective setting and policy setting is underpinned by operational work. In addition, some operational matters will have strategic ramifications for an organisation in terms of service delivery and risk management.

4.124 Therefore, if in doubt, Board Members should refer to the Standards Commission's advice to avoid becoming inappropriately involved in operational matters. The Board Chair should be consulted if the issue cannot be resolved following a Board Member's review of the Standards Commission's Advice Note.

4.125 It is also important to note that clinical decision making and the medical treatment of specific patients do not fall within the ambit of Board Members' governance duties.

4.126 In addition to discharging the above responsibilities, non-executive Board Members may also be required to support the business of the Board by chairing standing committees and other meetings relevant to the business of the NHS Board.

4.127 Publicly appointed members may also be appointed by the Board to represent the NHS as a voting member of the Integration Joint Boards. If it is not possible to fill the NHS positions from the publicly appointed members, Boards can nominate other members to act as voting members of the Integration Joint Boards. Stakeholder members who are councillors are excluded from this arrangement.

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27 **www.standardscommissionscotland.org.uk/education-and-resources/professional-briefings**

4.128　Many non-executive Board Members also play a part in supporting the Executive Leadership Team's management of the organisation that goes beyond their roles as standing committee members. This can include supporting HR appeals and whistleblowing investigations. Board members may also be asked to act as Chairs for other groups where the NHS is a member.

Board Champions

4.129　The members of the NHS Board and Standing Committees can be supported in their work by a variety of colleagues acting as 'Champions' for a wide range of issues and communities. This could include equality, diversity and inclusion, mental health, whistleblowing, sustainability, global citizenship, smoking cessation, organ donation, healthy working lives and veterans.

4.130　With the exception of the Whistleblowing Champions who are appointed by the Cabinet Secretary to that role, the Champions are appointed by the Board from the non-executive membership of the NHS Board.

4.131　The principal responsibility of the Champion is to take a lead in advocating the NHS Board's commitment to being a learning organisation that focuses on improvement and the implementation of best practice in their particular area of interest. This includes raising the profile of particular issues and supporting the Executive Leadership Team in the development of appropriate policies, strategies and action plans prior to consideration by the Board.

4.132　The Champions are also available to offer a Board Member's perspective to staff networks and management teams, using this as an opportunity to share information and communicate back to the Board.

4.133　The Champions are not responsible for making operational decisions on specific issues or cases. Neither are they expected to lobby the Board for specific outcomes, but rather to ensure that relevant issues are brought to the Board's attention.

4.134　The standing committee Chairs also act as 'Champions' for the remit and functions of their committees and it is important to note that all Board Members should have an interest in the issues being considered by Champions. For example, ensuring that equality, diversity and inclusion are reflected in the Board's thinking and decision making is the responsibility of all Board Members, not just those who have a role as Equality and Diversity Champions.

Chief Executives

4.135　The description of the role and responsibilities of the Chief Executive and the one that follows for the Executive Directors, are based on work commissioned by the Scottish Government to develop a Leadership Success Profile to support recruitment and succession planning at that level of NHS Scotland.

4.136 In addition to their responsibilities as a Board Member, the NHS Chief Executive is also responsible for:

- Overseeing the development of an integrated set of policies, strategies and plans that are designed to deliver the organisation's purpose, aims, values, corporate objectives, operational priorities and targets. This includes focusing globally and strategically on developments that will impact upon the provision of health and social care across Scotland, and working collaboratively with Ministers, the Scottish Parliament, the Scottish Government, Local Authorities, Health and Social Care Partnerships, and other key stakeholders to increase alignment and cohesion between government policy and the delivery of health and social care services to local communities.

- Acting as the Accountable Officer for the proper management of public funds and for ensuring the regularity, propriety and value for money in the management of the organisation. Accountability for this function is directly to the Scottish Parliament under **Section 15 of the Public Finance and Accountability (Scotland) Act 2000**[28].

- Providing leadership and day-to-day management of the organisation and its workforce, shaping desired cultural attributes within the NHS, and ensuring the organisation's policies, strategies and plans are delivered on time and within budgets. This includes building strategic and operational capability and accountability amongst the Executive Leadership Team, ensuring collective responsibility for delivering the organisation's purpose, aims, values, corporate objectives, operational priorities and targets.

- Contributing to the delivery of multiple system-wide interventions at regional and national levels, whilst overseeing local delivery of change initiatives by the Executive Leadership Team. This includes encouraging and supporting research and innovation into new ways of delivering healthcare.

- Managing relationships with NHS Board Members, Scottish Government Ministers, the Director General for Health and Social Care, Senior Civil Servants and other key stakeholders involved in the delivery of health and social care. This includes establishing and enabling inclusive and effective networks at local and national level, expanding these beyond NHS Scotland and a purely healthcare focus. This is a responsibility shared with the Board Chair.

Executive Directors

4.137 The NHS Executive Directors are responsible for:

- Providing professional and expert advice and support to the NHS Board and the Chief Executive to assist in the development of the policies, strategies and plans required to deliver the organisation's purpose, aims, values, corporate objectives, operational priorities and targets. This includes ensuring local policies, plans and strategies are aligned to national and regional priorities for healthcare by

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28 www.legislation.gov.uk/asp/2000/1/section/15

gathering insights and information from local, regional and national systems and keeping the NHS Board, executive colleagues and their directorate teams up to date with priorities and developments in the delivery of health and social care.

- Managing the integrated and collaborative delivery of services and the implementation of the organisation's plans, projects, programmes and processes within their own leadership teams and across the organisation, enabling leaders at all levels to take responsibility for delivering operational goals and performance. This includes providing collective leadership with executive colleagues for developing and sustaining the optimum culture throughout the organisation, and collaborating with system partners to empower, support and enable integrated frontline teams to operate flexibly towards the delivery of the organisation's purpose, aims, values, corporate objectives, operational priorities and targets.
- Monitoring progress towards corporate objectives, operational priorities and targets for service delivery and managing their relationship with other key stakeholders by providing appropriate information and assurance on performance, expenditure, issues, risks and successes.
- Overseeing the delivery of multiple, interconnected and organisation-wide change interventions. This includes supporting the transformation of services at national, regional and local levels by forging relationships and supporting networks, and by engaging key stakeholders in the long term and mutual benefits of system transformation.
- Supporting the wellbeing of the workforce by providing the necessary support, training, development, and management approach required to deliver the **NHS Scotland Staff Governance Standard**[29].

4.138 Where Executive Directors are also appointed to the Board they have the same accountabilities and responsibilities as the non-executive Board Members. The same level of training and support is available to executive Board Members as is provided for the non-executive Members.

Board Secretaries

4.139 The term 'Board Secretary' is commonly used across NHS Scotland but in some NHS Boards other job titles such as 'Head of Corporate Governance' has been adopted to better describe this role. The following guidance is intended to cover the post, irrespective of the job title.

4.140 The Board Secretary has the lead role in supporting the NHS Board's approach to delivering good governance. They have the primary responsibility for ensuring the smooth operation of the governance arrangements required by the NHS Board.

4.141 The Board Secretary is responsible for:

- Leading the continuous development and implementation of the Board's governance arrangements, including the facilitation of an integrated approach to the delivery

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29 **www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard**

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- of the governance systems and the provision of the operating guidance required to effectively manage these systems
- Providing expert advice and support to the Chair, Chief Executive, Board Members and other stakeholders on governance related issues
- Providing guidance to assist the Board in acting within its legal authority and statutory powers and its Members in complying with the Ethical Standards in Public Life etc. (Scotland) Act (2000) and the Code of Conduct for Members of Health Boards. This aspect of governance is explored further in the section of the guide on the behaviours expected of Board Members
- Ensuring that Board business is conducted in a spirit of openness and transparency and in accordance with any agreed Board protocol
- Communicating details of the Board's governance arrangements to ensure they are widely understood and effectively delivered by all the key players in the governance system.

4.142 Board Secretaries may also be responsible for managing the administrative and secretarial support to the Board and other governance and advisory committees.

4.143 The Board Secretaries have an informal network that facilitates the sharing of best practice and provides support to the creation and maintenance of the operating guidance for the Board and the standing committees.

Values, Behaviours and Relationships

4.144 All the members of the NHS Board should consider what is expected of them individually and collectively in terms of demonstrating the NHS Scotland values and displaying the behaviours expected of a Board Member of a public body. This includes conducting their relationships in a manner that reflects these standards.

Values

4.145 While everyone in NHS Scotland is expected to demonstrate these values, Board Members have an additional responsibility to act as role models for the rest of the workforce.

4.146 **Board Members are expected to demonstrate and uphold the core values of NHS Scotland, as published in the 2020 Workforce Vision 'Everyone Matters'[30]. These are defined as:**

   i.   Care and compassion
   ii. Dignity and respect
   iii. Openness, honesty and responsibility
   iv. Quality and teamwork.

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30 www.gov.scot/publications/everyone-matters-2020-workforce-vision/

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Behaviours

4.147 NHS Boards must act morally, ethically and fairly if they are to deliver good governance in healthcare. In common with all public bodies in Scotland, Boards are required to have in place a Code of Conduct that sets out the standards of behaviours expected of their Board Members.

4.148 To support the delivery of the requirements set out in the **Ethical Standards in Public Life etc. (Scotland) Act (2000)**[31], the Scottish Government's Public Bodies Unit has developed a Code of Conduct specifically designed for Members of Health Boards. This not only sets out how the provisions of the Code should be interpreted and applied in practice, it also gives guidance on the rules regarding remuneration, allowances, expenses, gifts and hospitality, lobbying, registration of interests and the confidentiality of information.

4.149 **The Code of Conduct for NHS Board Members is based on the Model Code of Conduct for Members of Devolved Public Bodies[32] approved by the Scottish Parliament on 7 December 2021. This has been developed in line with the Principles of Public Life in Scotland. These are:**

   i.   **Duty** – Members have a duty to uphold the law and act in accordance with the law and the public trust placed in them. They have a duty to act in the interests of the public body of which they are a member and in accordance with the core tasks of that body.

   ii. **Selflessness** – Members have a duty to take decisions solely in terms of public interest. They must not act in order to gain financial or other material benefit for themselves, family or friends.

   iii. **Integrity** – Members must not place themselves under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence them in the performance of their duties.

   iv. **Objectivity** – Members must make decisions solely on merit when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

   v.   **Accountability and Stewardship** – Members are accountable for their decisions and actions to the public. They have a duty to consider issues on their merits, taking account of the views of others and must ensure that the public body uses its resources prudently and in accordance with the law.

   vi. **Openness** – Members have a duty to be as open as possible about their decisions and actions, giving reasons for their decisions and restricting information only when the wider public interest clearly demands.

   vii. **Honesty** – Members have a duty to act honestly. They must declare any private interests relating to their public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

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31 **www.legislation.gov.uk/asp/2000/7/contents**
32 **www.standardscommissionscotland.org.uk/codes-of-conduct/members-model-code-of-conduct**

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> **viii.Leadership** – Members have a duty to promote and support the Principles of Public Life in Scotland by leadership and example, to maintain and strengthen the public's trust and confidence in the integrity of the public body and its members in conducting public business.
>
> **ix. Respect** – Members must respect fellow members of their public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly they must respect members of the public when performing duties as a member of your public body.

4.150 The Standards Commission has produced **Guidance on the Code of Conduct**[33] to help Board Members interpret and adhere to the provisions in the Code and to attain the highest possible standards of conduct.

4.151 NHS Boards must adopt the Code of Conduct, having first obtained Scottish Government's approval for any amendments to the draft proposed by the Public Bodies Unit. The Board should then formally record their acceptance of the Code of Conduct for Members of their Board. This should then be reflected in the Standing Orders required to support their governance arrangements.

Relationships

4.152 Building and maintaining effective working relationships are critical to the delivery of good governance. Board Members should consider and constantly review their own and the NHS Board's relationships with the other stakeholders in the health and social care system.

4.153 Board Members must apply the values of NHS Scotland and the principles of the Code of Conduct for Members of Health Boards in their dealings with fellow members of the Board, its employees and other stakeholders. The Board Chair has a responsibility to ensure that Members receive the necessary support to act in the appropriate manner at all times.

4.154 To support collaborative working relationships and assist in the conduct of Board business a Board Protocol may be introduced to ensure that best use is made of the time and the contribution of the Board Members. Highlighting the rules or etiquette for the conduct of meetings can assist Chairs to ensure the views of Members are heard and meetings are conducted in a manner consistent with the NHS Scotland values and the Code of Conduct for NHS Board Members.

4.155 The introduction of a Board Protocol should also help Members to make enquiry and challenge the executives in an appropriate manner, ensuring a healthy relationship exists between Board Members and the Executive Leadership Team.

4.156 Defining the functions and enablers of the governance approach is not enough to ensure good governance. To embed the Principles of Good Governance, NHS

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33 **www.standardscommissionsscotland.org.uk/guidance/guidance-notes**

Boards must also implement, maintain and continuously improve cohesive governance arrangements that are specifically designed to deliver this approach at Board level. The following sections of the guide describe how NHS Boards should go about delivering those aspects of the Blueprint for Good Governance.

The Delivery Approach

4.157 To support the delivery of good governance NHS Boards should construct an assurance framework and implement an integrated governance system that brings together the organisation's strategic planning, risk management and assurance information systems.

4.158 The assurance framework and integrated governance system must be supported by a suite of operating guidance and it is critical to the delivery of good governance that these arrangements are widely communicated across the organisation.

The Assurance Framework

4.159 Promoting and delivering good governance starts with the development of an assurance framework. This simple model brings together the organisation's purpose, aims, values, corporate objectives and risks with the strategic plans, change projects and operating plans necessary to deliver the desired outcomes.

Figure Two – The Assurance Framework
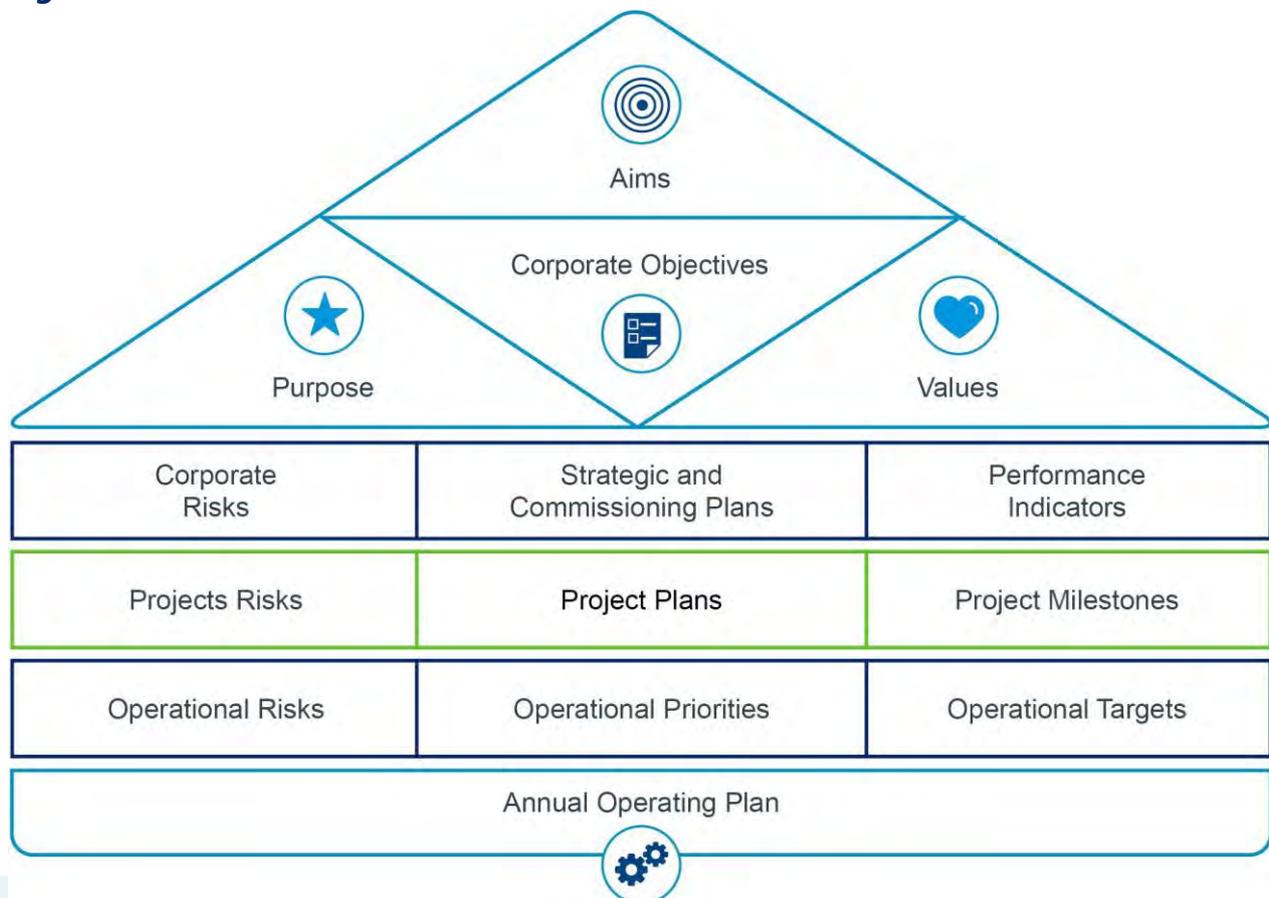
4.160   The assurance framework is primarily used to identify and resolve any gaps in control and assurance and helps identify any areas where assurance is not present, insufficient or disproportionate in relation to the delivery of the NHS Board's corporate objectives or operational priorities.

4.161   The construction of the assurance framework also ensures the systems introduced for strategic planning and commissioning, implementing change, managing risk and providing assurance information are all aligned and focused on the corporate objectives and operational priorities.

4.162   The assurance framework also describes the performance indicators, change project milestones and targets linked to each of the corporate objectives and forms the foundations for the assurance information system that provides the accountability reports to the NHS Board and standing committees.

4.163   Once completed, the framework provides a clear picture of the links between the outcomes expected by the Board and the strategic plans, transformational change projects and operational plans developed by the Executive Leadership Team to deliver those outcomes. It describes which objectives and what risks are delegated (in the Scheme of Delegation) to each of the standing committees. This ensures that both the delivery of strategic and transformational change and the current operational outputs and outcomes are subject to appropriate scrutiny, at the appropriate level and in the appropriate place within the governance system.

4.164   In practice, the application of the assurance framework means that longer-term strategic issues and risks are considered in a holistic fashion by the Board, with the standing committees focusing on the delivery of delegated, specific corporate objectives, operational priorities and the more immediate annual operating plans.

4.165   To further enhance this approach and support collaborative governance, it is important that the territorial Boards also take account of the strategic and commissioning plans and the annual accountability reports produced by the local Integration Authorities when developing their assurance frameworks.

4.166   Introducing an assurance framework also helps executives, managers and staff better understand how the organisation is governed and their role and accountabilities within the governance system. It emphasises the division of responsibilities between the Board and the Executive Leadership Team.

4.167   NHS Boards should go beyond simply constructing an assurance framework to deliver good governance. The framework has to be implemented effectively for it to be of value. This is explored further in the next sections of the guide that relates to the integrated governance system.

The Integrated Governance System

4.168   Integrated governance requires an all-encompassing approach to the delivery of the services provided by the organisation. It brings together the distinct governance systems required to direct and control the management of operations and the leadership of change, and the effective integration of these systems is critical to the delivery of the active and collaborative approaches to governance.

4.169   In NHS Scotland there are five discrete but linked assurance systems that can be considered as the integrated governance system that supports the delivery of good governance.

Figure Three – The Integrated Governance System
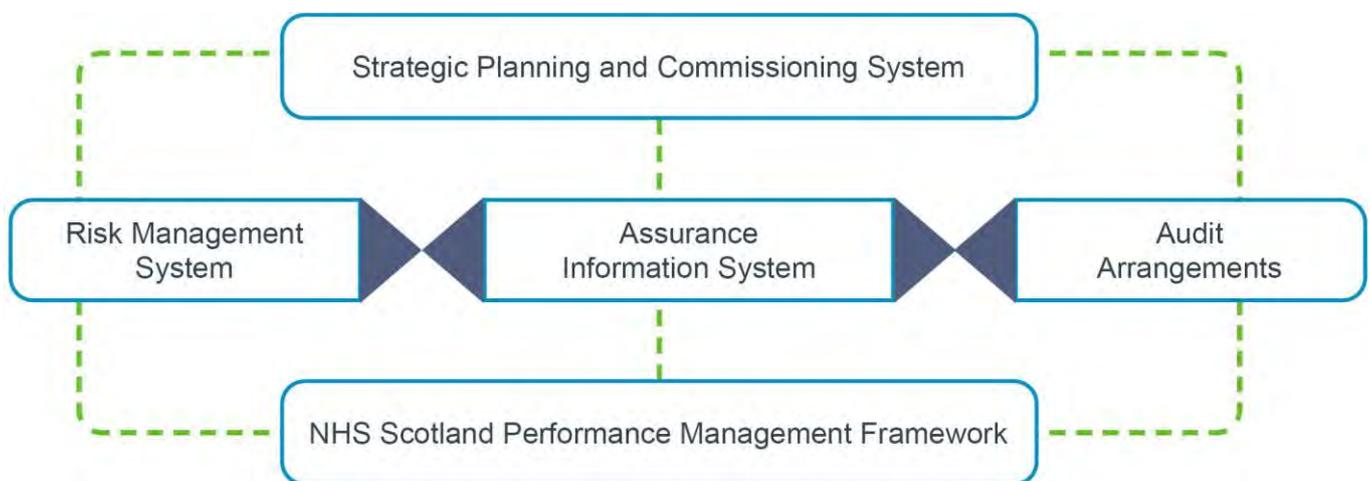
4.170   These systems primarily assist the NHS Board in setting the direction, holding the Executive Leadership Team to account and managing risk. They can also play an important part in delivering the assurance required in relation to the stakeholder engagement and influencing culture functions of the Board.

4.171   The Board shares ownership of the strategic planning and commissioning system with the Integration Authorities and has accountability for the risk management system, the assurance information system and the audit arrangements. The Scottish Government owns the NHS Scotland Performance Management System.

4.172   Collectively, these systems provide the Scottish Government, the NHS Board, the standing committees and the Integration Authorities with important information that helps them to be assured that good governance is in place across the healthcare system.

4.173   A more in-depth description of the component parts of the integrated governance system is included in the supplementary guidance attached as an appendix to the guide.

4.174   While the introduction of an assurance framework and the development of an integrated governance system will contribute significantly to the delivery of the active and collaborative approaches to governance, the delivery of good governance also relies on efficient operating arrangements being implemented throughout the organisation. How NHS Boards should achieve this outcome is described in a suite of documents described in the Blueprint for Good Governance as operating guidance.

The Operating Guidance

4.175   The detailed description of the NHS Board's governance arrangements and the guidance on implementing these arrangements are contained in a portfolio of documents that is developed, maintained and communicated by the Board Secretary. It includes Standing Orders, Standing Financial Instructions and the Schemes of Delegation that provide the senior leadership and management of the NHS with their principal operating guidance.

Figure Four – The Operating Guidance

4.176   Additional guidance is available from the Board Secretaries Group to support the efficient delivery of the NHS Board's proceedings and business, including terms of reference for committees and templates for agendas and minutes of meetings.

4.177   Board Secretaries can also provide guidance on how Boards should develop their Annual Cycle of Business for the Board and the standing committees that delivers an integrated work programme and coordinated timetable for Board meetings, Board seminars and standing committee meetings.

4.178   Guidance on the drafting of papers and reports, including security classification and setting the requirements for financial, risk and equality assessments of the impact of options presented to the Board is also required to ensure the smooth operation of Board and committee meetings.

4.179   To supplement the guidance in the Code of Conduct for NHS Board Members, the suite of operating instructions available to Board Members may also include a locally agreed Board Protocol for the chairing, conduct and reporting of meetings.

4.180   In the territorial Boards the operating requirements for those functions delegated to the Integration Authorities are described in the Integration Schemes agreed between the NHS Boards and the Local Authorities. This document also provides Board Members with guidance on the delivery of the collaborative governance arrangements for the healthcare functions delegated to the Integration Joint Board. As such, they should be seen as an important component of the NHS Board's operating guidance.

4.181   With the exception of the Integration Scheme(s), the documents that make up the Operating Guidance should be reviewed annually by the Boards to coincide with the preparation of governance statement that forms part of the Annual Report.

4.182   **The Public Bodies (Joint Working) (Scotland) Act 2014**[34] requires Local Authorities and Health Boards to review their Integration Schemes before the expiry date, which is five years after the scheme was approved in the Scottish Parliament. The Scottish Government is responsible for facilitating parliamentary approval of any revisions to the Integration Schemes.

4.183   In addition to the standard portfolio of operating guidance described above, some Boards may also have other material that describes how the system of governance works within their particular organisation. Board Members should be aware of these local instructions and take them into account when carrying out their role.

4.184   Further information on best practice in healthcare governance can be found at the websites provided by **NHS Scotland**[35] and **NHS Education for Scotland**[36].

4.185   Having considered what needs to be done to ensure good governance, it is important to consider how the NHS Boards and the Scottish Government will determine whether or not this approach has been successful. Therefore, the next

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34 www.legislation.gov.uk/asp/2014/9/contents
35 www.nhs.scot
36 www.nes.scot.nhs.uk

section of the guide describes the evaluation process for the governance of NHS Scotland.

The Evaluation Approach

4.186 In order to assess the effectiveness of the healthcare governance system and whether or not it is continuously improving, it is important to have a consistent and systematic approach to assessing and evaluating the NHS Boards' governance arrangements against the Principles of Good Governance.

4.187 The approach to evaluation must provide assurance to the Board, the Scottish Government and the other stakeholders in healthcare that good governance is being delivered across all the categories of governance in healthcare.

4.188 For NHS Scotland the preferred approach to evaluation involves three levels of assessment:

- Appraisal of the Board Members' individual performance
- Self-assessment of the Board's effectiveness
- External review of the organisation's governance arrangements.

These activities should be viewed as a means of supporting personal and Board development, rather than a punitive process.

4.189 The following paragraphs describe each level of the evaluation approach and how they are brought together to inform and drive a programme of improvement activities.

Individual Performance Appraisal

4.190 The Scottish Government is responsible for developing and implementing the performance appraisal system for Chairs and other NHS Board Members.

4.191 The Director General for Health and Social Care carries out the appraisal of NHS Board Chairs on behalf of the Cabinet Secretary. This process includes a self-assessment by the Chair and a 360 degree feedback exercise involving Board Members, executives and other stakeholders.

4.192 The Board Chair reports to the Scottish Government on the contribution made to the work of the Board by its Members. The format of these reports is set by the Government and includes discussions on personal development opportunities that might be used to enhance the individual's effectiveness as a Board Member.

4.193 The NHS Board Chair should consider how any weaknesses in the governance arrangements identified through the individual performance appraisal systems can be addressed by the Board.

Board Self-Assessment

4.194 NHS Boards should regularly review their governance arrangements and annually conduct a structured self-assessment to review their effectiveness, identifying any new and emerging issues or concerns.

4.195 The Principles of Good Governance form the basis of the Board's self-assessment and this exercise should provide a view of the extent to which the Blueprint for Good Governance has been implemented across the organisation. This should include an evaluation of the current status of the systems that support the organisation's governance arrangements.

4.196 To ensure that the criteria against which the Board's assessment is valid, reliable and transparent and reflects best practice in governance, the Scottish Government provide NHS Boards with advice and guidance on how to conduct the self-assessment exercise.

4.197 After critically examining the findings of the self-assessment exercise, the Board should use this information as the baseline and driver for its improvement and development activities.

External Review

4.198 To enhance and validate the Boards' self-assessments, a systematic evaluation of the governance arrangements across the NHS Boards should be undertaken by an external specialist in governance.

4.199 The Scottish Government are responsible for commissioning and managing a programme of structured governance reviews that includes a work plan to evaluate the NHS Boards' governance arrangements at least every three years.

4.200 In undertaking these reviews the external specialist will bring together a range of evidence from a number of sources and include benchmarking the NHS Board's governance with comparative healthcare organisations and the latest thinking on best practice in governance.

4.201 NHS Boards and the Scottish Government can also commission ad hoc thematic reviews of specific areas of governance, e.g., clinical governance or risk management.

4.202 The Board should compare the findings of the external reviews, with the output of the Board's self-assessment exercise and the view of the governance arrangements gained from the individual performance reviews. This combination of information should then be used to inform and support the continuous improvement approach to governance described in the final section of the guide.

The Improvement Approach

4.203 For the governance of healthcare to continuously improve, the approach adopted by NHS Scotland has to be an evolving, iterative and integrated process that is widely understood and adopted by the NHS Boards.

4.204 The following paragraphs describe the quality improvement approach required by the NHS Boards, NHS Education for Scotland and the Scottish Government to ensure that the governance arrangements in NHS Scotland remain relevant and continue to be fit for purpose as the health and social care system evolves over time.

NHS Boards

4.205 Having assessed the effectiveness of the organisations governance arrangements by triangulating information from individual performance reviews, the Board self-assessment and external reviews, the NHS Boards must design and implement a bespoke programme of activities to address the issues and concerns raised by the evaluation process.

4.206 The activities included in the Board's improvement programme should focus on the delivery of the Principles of Good Governance and be described in terms of enhancements to the enablers and delivery systems in the Blueprint for Good Governance.

4.207 The improvement programme must include actions to address any shortcomings in the recruitment, induction, training and development of Board Members that surfaced at individual performance reviews. It must respond to the findings of the self-assessment of Board effectiveness by including work to overcome any weaknesses identified by the Board Members. Any recommendations for improvement in the governance arrangements from external reviews or other sources should also be added to the programme plan.

4.208 The Board's improvement programme plan should be published and details of the progress made to implement the actions outlined in the plan should be regularly reported to the NHS Board and discussed at the NHS Board's Annual Review with the Scottish Government.

NHS Education for Scotland

4.209 NHS Education for Scotland has a significant role in improving the delivery of good governance in the NHS by supporting NHS Boards to respond positively to the findings of the internal and external evaluation of their governance arrangements.

4.210 This support is primarily delivered through a comprehensive programme of development activities that includes a range of support material, training courses, seminars and workshops designed to support NHS Boards in improving their governance arrangements. This includes induction training and broader development opportunities tailored to individual Boards and Board Members' needs, a mentoring scheme for Board members and a development programme for aspiring Chairs and Vice Chairs.

4.211 The training and development material offered by NHS Education for Scotland is regularly updated to reflect best practice in healthcare governance and is supported by a digital portal which offers practical resources to support Board Members' continuous personal development. This is accessed through the TURAS Learn system on the **NHS Scotland Board Development**[37] website and all Board Members are expected to register on the TURAS Learn system and take advantage of the opportunities for developing their skills as Board Members.

4.212 The support provided by NHS Education for Scotland to NHS Boards and individual Board Members is a valuable resource and should be incorporated as appropriate into the Board's improvement programme.

Scottish Government

4.213 To ensure that good governance is being delivered across NHS Scotland in a consistent manner, the Directorate for Finance and Governance works with NHS Boards to achieve continuous improvement in their governance arrangements. This includes commissioning and approving the national induction and the other training and development material on governance in healthcare that is delivered by NHS Education for Scotland and other training providers.

4.214 The Scottish Government also supports the continuous improvement approach by providing advice and guidance to NHS Boards on specific governance issues and its website contains valuable information to support Board Members in delivering their roles and responsibilities.

4.215 To guide and support the improvement of governance in NHS Scotland, the Director of Health Finance and Governance has put in place a Healthcare Governance Advisory Board. This replaces the NHS Scotland Corporate Governance Steering Group.

4.216 The purpose of the Healthcare Governance Advisory Board is to provide leadership, support and guidance to key stakeholders by advising on the development and implementation of the delivery of good governance in healthcare across NHS Scotland. The remit of the Advisory Board includes providing input to the development of the policies and initiatives required to ensure a continuous improvement approach is adopted to governance in NHS Scotland.

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37 **https://learn.nes.nhs.scot/17367/board-development**

4.217 The Advisory Board reports to the Director of Health Finance and Governance and its membership includes a Chair appointed by the Scottish Government and representatives from the key stakeholders in healthcare governance. This may include independent advisors to bring an external perspective to the work of the Board and other members of NHS Scotland may be invited to join as and when specific expertise is required on the Advisory Board.

4.218 The description of the support for a continuous improvement approach to governance in healthcare in the previous paragraphs completes the guide to the Blueprint for Good Governance.

4.219 The publication of this document should ensure that Board Members, Executive Leadership Teams and other stakeholders in the governance of NHS Scotland have a shared understanding of the importance and definition of good governance and appreciate the role that active, collaborative and continuous improvement approaches play in the delivery of the Blueprint.

4.220 Although the guide describes the functions, enablers, delivery, evaluation and improvement approaches that make up the Blueprint for Good Governance, supplementary guidance has been appended to this document to provide further, more detailed guidance on the delivery of the Integrated Governance System require to implement and sustain good governance across the NHS.

Supplementary Guidance

A. The Strategic Planning and Commissioning System

A.1   In setting the direction for the healthcare system, strategic and commissioning plans should clearly set out the drivers for change, the consultation and engagement undertaken, and the vision of the future that should result from implementing the strategies and services described in the plans.

A.2   Strategic and commissioning plans must be aligned to the NHS Board's purpose, aims and values. The corporate objectives being supported and the outcomes expected from the delivery of these plans should be clearly stated.

A.3   The development of strategies and changes to service delivery models should include appropriate stakeholder engagement, particularly when a proposed service change will have a major impact. NHS Boards must ensure that when necessary, stakeholder engagement is carried out at the outset of the planning and commissioning process and this engagement is inclusive, proportionate and robust. Advice from **Healthcare Improvement Scotland Community Engagement**[38] is available to NHS Boards to ensure that they have met the national standards for engagement.

A.4   In addition to describing the need for change and the expected outcomes, strategic and commissioning plans should also include details of the business case behind this approach. A cost- benefit analysis of proposed changes gives Board Members one of the key pieces of information required to approve the plans.

A.5   Board Members also require assurance around the implementation of the strategic and commissioning plans. As these will usually require a degree of transformational change, Boards should ensure that the organisation has the capability and capacity to support the delivery of the change projects and programmes. This is necessary to not only deliver the planned changes, but also to ensure the realisation of the benefits expected from the strategic and commissioning plans.

A.6   The Board should seek assurance that implementation plans and change projects and programmes include comprehensive risk assessments, equality impact assessments and communication plans that will support the delivery of strategic plans and change projects and programmes.

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[38] **www.hisengage.scot**

A.7   The implementation plans should also be clear about how success will be measured and the governance arrangements for oversight of delivery, including details of the information flows to the Board Members on the progress being made with implementation. This should include any arrangements for evaluation of the effectiveness of new approaches during and at the end of the period covered by the plan.

A.8   It is also important that Board Members consider the extent to which corporate strategies and change projects and programmes take advantage of research and innovation in science and technology.

A.9   Who has the overall accountability for the delivery of the strategy and who are the individuals responsible for delivering specific change projects and programmes should also be considered by Board Members. It will be important that the Board is assured that the organisation has the personnel in place with both the capability and the capacity to meet these requirements.

A.10   NHS Boards should put in place a strategic planning cycle that clearly indicates where and when the Board is involved in considering options, debating risk, giving approval and thereafter in monitoring delivery of the Board's strategic plans. To facilitate this approach, a strategic planning framework should be maintained.

A.11   For each of the strategic and commissioning plans, the strategic planning framework should describe the period covered and the corporate objectives addressed by the plan. It should also identify the stakeholders consulted, the author, the approver and the date approved. Details of the reporting arrangements and the expected date of the next review by Board Members should also form part of the framework.

A.12   Given the close relationship between healthcare and social care services and the integrated approach to delivering these services required by NHS Boards and Local Authorities in Scotland, it is critical to the effective planning and commissioning of primary and secondary healthcare that the plans developed by the Integration Authorities align with the strategic plans approved by the NHS Board.

A.13   **The Public Bodies (Joint Working) (Scotland) Act 2014**[39] introduced a statutory duty for NHS Boards and Local Authorities to integrate the planning and delivery of delegated health and social care functions across Scotland. Therefore, it is essential that NHS Boards play their part in the development of the Integration Authorities strategic commissioning plans as set out in the 2014 Act. This requires Integration Authorities to establish a Strategic Planning Group, and the NHS Board must nominate a minimum of one person to join that group. That requirement should feature in the Integration Scheme agreed between the NHS Board and the Local Authority.

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39 **www.legislation.gov.uk/asp/2014/9/contents**

A.14   The NHS Boards should include details of the Integration Authorities strategic commissioning planning process in their strategic planning framework. This should highlight the dependencies between plans that need to be managed by the NHS Chief Executive and the Health and Social Care Partnership's Chief Officer(s).

A.15   NHS Boards also have responsibilities under the **Community Empowerment (Scotland) Act 2015**[40] for working together with local communities to plan and deliver better services that make a real difference to people's lives.

A.16   The NHS Boards' involvement in the Community Planning Partnerships across Scotland is intended to ensure that service planning is co-ordinated at a local level. Therefore, Boards should take into account the views, ambitions and priorities of the Community Planning Partnership when developing their strategic and commissioning plans.

A.17   This inclusive and collaborative approach to designing and maintaining an overview of strategic planning and commissioning should ensure that the NHS Board can be assured that the organisation's aims are being pursued and the full range of corporate objectives are being addressed by those responsible for the delivery of healthcare in their area.

A.18   The NHS Board's strategic and commissioning plans should be aligned with any relevant operational policies in place to support the delivery of healthcare services. Boards should ensure that operational policies are subject to approval and regular review by the Board and the standing committees. To manage this in a co-ordinated manner a policy framework should be established and maintained for all significant healthcare policies. The policy framework should provide Board Members with the same information on policy development that the strategic planning framework does on strategic and commissioning plans.

A.19   Effective strategic planning and policy development must include assessment of the risks existing in the healthcare system and the next section of the supplementary guidance focuses on that aspect of the integrated governance system.

B. The Risk Management System

B.1   Risk management is an integral part of the active and collaborative approaches to delivering good governance. It enhances strategic planning and prioritisation, assists in achieving corporate objectives and strengthens the Board's ability to be agile in response to the challenges faced by the NHS.

B.2   NHS Boards cannot be entirely risk averse, and having an effective and meaningful risk management system that systematically anticipates and prepares successful responses to the uncertainties faced by NHS Boards is critical to delivering the organisation's purpose, aims, values, corporate objectives, operational priorities and targets.

B.3   When considering their approach to risk management, NHS Boards should recognise that it is often not possible to manage all risks at any point in time to the desirable tolerance level. Very often it is also not possible, and not financially affordable, to fully remove uncertainty from decisions. Therefore, Boards should encourage and support a risk culture that embraces openness, supports transparency, welcomes constructive challenge and promotes collaboration, consultation and co-operation.

B.4   The principles and concepts that support effective risk management are outlined in **HM Government's Orange Book**[41] and the **Scottish Public Finance Manual**[42] provides guidance on best practice for risk management in the Scottish public sector.

B.5   Almost all processes, procedures and activities carried out by the NHS carry with them a degree of risk. So, it is necessary for the NHS Board to agree the level of risk with which it aims to operate, based on what it considers to be justifiable and proportionate to the impact on patients, service users, the public, the workforce and the Board. Consequently, understanding and communicating the Board's risk appetite is the first step in constructing an effective risk management system.

B.6   Guidance on the development and use of a risk appetite statement is contained in **HM Government's Risk Appetite Guidance Notes**[43]. Having agreed their risk appetite, NHS Boards must then develop, maintain and continuously improve a risk management system that supports the achievement of the Board's corporate objectives and operational priorities while remaining within its risk appetite.

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41 **www.gov.uk/government/publications/orange-book**
42 **www.gov.scot/publications/scottish-public-finance-manual**
43 **assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1012891/20210805_-_Risk_Appetite_Guidance_Note_v2.0.pdf**

51

B.7 The risk management approach adopted by the organisation must include activities and processes that facilitate the identification of corporate and operational risks and supports the assessment, mitigation, monitoring and reporting of these risks.

B.8 The risk management system should be utilised in a way that assists the NHS Board and the Executive Leadership Team to prioritise available resources to minimise risk to best effect and to provide assurance that progress is being made. This must include the maintenance of a tiered set of operational and corporate risk registers to quantify and prioritise risks which threaten the achievement of the organisation's objectives and priorities.

B.9 The purpose of the risk registers is to achieve greater visibility of exposure to risk across the categories identified in the risk appetite statement and as a result reduce the likelihood that risks will occur or evoke an effective response when risks occur. Therefore, it is important that the risk registers are constantly updated to reflect the dynamic nature of delivering healthcare.

B.10 For the risk registers to be an effective tool for the management of risk it is important that they include an articulation of the risk event itself, details of the underlying causes (including internal and external factors), and the range of consequences should the risk event occur.

B.11 The risk registers should include an assessment of the combination of the consequences of the event (impact) and its probability (likelihood). The impact should be the estimated effect of the risk on the objectives in question. This assessment is focused on scale, scope and resource implications. Likelihood is the estimated chance of the risk occurring. This is focussed on probability.

B.12 Having assessed the risk, the response should be to either treat, tolerate, or terminate the risk. The mitigation actions already taken or proposed to respond to the risks to be treated, should also be described in the registers. This should include the owner of the action, the timescales involved and where the oversight and scrutiny of the delivery and outcome of the mitigation sits within the organisation's hierarchy.

B.13 To highlight the expected changes to the impact and likelihood of the risk materialising, the assessment scores should be included pre and post the mitigation actions.

B.14 The development of business continuity plans are often used to mitigate some corporate risks, including those around the loss of IT systems, disruption to water, gas and electricity supplies, and other failures in the physical infrastructure. These plans are designed to ensure that the organisation can continue to operate and recover should a significant risk materialise. They aim to increase resilience across the healthcare system by responding to identified risks with an impact assessment and contingency plans that have been implemented and tested across the organisation.

B.15 Therefore, NHS Boards must ensure that appropriate business continuity plans are in place, regularly tested and reviewed, and widely communicated with the appropriate stakeholders.

B.16   Where the delivery of services provided by organisations outside of the NHS Board can introduce risk to the delivery of healthcare, it is important that the NHS approach to risk management and business continuity planning recognises this and responds appropriately. This is particularly important in the delivery of integrated health and social care systems and requires Board Members who also sit on the Integration Joint Boards to pay particular attention to the impact mitigating healthcare risks can have on social care services and vice versa.

B.17   The information presented in the risk registers and the business continuity plans should improve decision making and assist the NHS Board to assess whether or not management controls and resources deployed are adequate to effectively manage corporate and operational risks in healthcare.

B.18   Responsibility and accountability for the operation and the oversight of the risk management system should be clearly defined and responsibility for contributing to the management of risks should be included in the job descriptions of staff, the terms of reference of the governance committees and the Board's Scheme of Delegation.

B.19   Not only do NHS Boards require assurance on the effectiveness of their approach to strategic planning and risk management, they need to commission an assurance information system that provides them with the necessary information to give Board Members assurance on the progress being made towards the delivery of the organisation's strategic, operational and financial plans.

C. The Assurance Information System

C.1   The assurance information system should be designed to provide frequent and informative performance and financial reports to assure the Board that it is delivering safe, effective, patient- centred, affordable and sustainable services. This system should deliver relevant, accurate and timely information on a wide range of activities, including:

- Service delivery
- Safety and quality standards
- Innovation and transformational change
- Workforce
- Education, training and development
- Finance.

C.2   NHS Boards should agree with the NHS Chief Executive the contents of the assurance information system required by the Board and the standing committees. This should include information on both the management of current operations and the progress being made to deliver change across the healthcare system.

C.3   How data should be presented in order to assist those preparing papers for Board Members' scrutiny should also be agreed with the NHS Chief Executive and in the case of territorial NHS Boards, with the Health and Social Care Partnership's Chief Officer(s).

C.4   Board papers should show data in a clear, consistent and effective way to ensure that Board Members are able to understand and interpret its significance and receive the level of assurance required. Best practice in presenting data includes:

- Presenting statistical information in charts or tables, rather than in a narrative format
- Including actual numbers rather than percentages, although there will be times where both are appropriate
- Limiting the volume of information shown as charts and tables that have too much information can mean that key messages are lost or difficult to see
- Ensuring units of time are consistent for comparative purposes, e.g., months have variable number of days but weeks always have the same number of days
- Using line charts to measure change or performance over time and if variation is a potential concern, add a target line or convert to a control chart
- Favouring control charts to show if variation is within normal limits and therefore not necessarily a concern
- Describing a position at a point in time by allocating RAG status but these should be used with caution as RAG charts could focus attention on lower priorities
- Benchmarking results using pareto charts which are preferable to pie charts

- Comparing results using funnel charts helps to identify special cause variation, i.e. one not typically expected
- Compiling a whole system view by presenting a series of charts showing different aspects of performance within the same area, giving a more comprehensive and thorough overview
- Including forecasts in tables and charts to describe what results are predicted with the resources available and in the circumstances expected
- Adding trajectories when a changing level of performance over time is required, often by the body commissioning the work.

C.5   Further guidance on the presentation of data to Board Members can be obtained from NHS Education for Scotland's material on the implementation of the active approach to delivering good governance.

C.6   While data and management information provides Board Members with a particular view of the organisation, to deliver good governance this has to be triangulated with other reports and the more qualitative information available on service delivery.

C.7   Therefore, the assurance information system should incorporate other regular internal reports on the operation of the healthcare system, particularly those that reflect patient, service user and staff experience. Examples of this category of assurance information sources would include the following:

- Healthcare Acquired Infection Report
- Complaints Report
- Duty of Candour Annual Report
- Public Health Screening Programme Annual Report
- Vaccination Programme Annual Report
- Child Poverty Action Plans Progress Report
- Research and Development Annual Report
- iMatter Reports
- Whistleblowing Annual Report.

C.8   It is important that this list is seen as simply an example and the majority of reports included are relevant to territorial Boards. Consideration of these reports by the Board or the appropriate standing committee should form part of the Annual Cycle of Business or in the case of the ad hoc reports, be reviewed at the earliest opportunity.

C.9   The Assurance Information System should also incorporate the wide range of external reports available to Boards. These include one-off Audit Scotland reports on various aspects of the health and social care system, Health Improvement Scotland reviews, Care Opinion feedback, Mental Welfare Commission reports, Scottish Public Services Ombudsman's reports, NHS Education for Scotland Deanery Reports and the General Medical Council's reports on the training of junior doctors.

C.10   Board Members should be aware that the specific issues raised in these reports may signal wider concerns. For example, GMC reports on the training of junior doctors can potentially highlight wider issues concerning patient safety and the standard of care, thus providing an opportunity for early intervention and remedial action.

C.11   NHS Boards should also closely scrutinise the reports prepared for the Board's Annual and Mid- Year Reviews with the Scottish Government and pay particular attention to the Annual Reports submitted to the Scottish Government by the Health and Social Care Partnerships. These documents combine to give a comprehensive account of the progress made by the organisation across both Primary and Secondary Care and should provide Board Members with assurance on the progress being made to deliver the organisation's purpose, aims, values, corporate objectives, operational priorities and targets.

C.12   In additional to scrutiny of internal and external reports NHS Boards should also pay attention to the feedback to NHS Boards from the **Sharing Intelligence for Health and Care Group**[44]. This group is responsible for supporting improvement in the quality of care provided for the people of Scotland and its main objective is to ensure that any potentially serious concerns about a care system are shared and acted upon appropriately. The feedback from the group also highlights examples of where things are working well.

C.13   Feedback from a structured visiting programme by Board Members to frontline services and online discussions with patients, service users and staff should also feature in the assurance information system, enabling the quantitative data and the external perspective to be considered against the Board Members' impression of the patient and staff's views of the organisation.

C.14   In addition to having effective strategic planning, risk management and flows of assurance information to the NHS Board, an integrated approach to delivering good governance also relies on having effective internal and external audit arrangements.

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44 **www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence.aspx**

D. The Audit Arrangements

D.1   The integrated governance system includes the audit arrangements required to provide the Board and key stakeholders with assurance that the system of internal controls is functioning as intended.

D.2   The main contributors to the audit arrangements are the NHS Board, the Internal Auditors, the External Auditors and the Audit and Risk Committee.

D.3   NHS Boards have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity. This includes ensuring that accurate accounting records are maintained and financial statements are prepared that give a true and fair view.

D.4   **The Code of Audit Practice (2021)**[45] prepared by Audit Scotland sets out the respective functions and responsibilities of the internal and external auditors.

D.5   Internal audit is a function of management and it operates under the **Public Sector Internal Audit Standards**[46]. This defines internal auditing as an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. To deliver these outcomes the role the internal audit team should include:

- Reviewing accounting and internal control systems
- Reviewing the economy efficiency and effectiveness of operations
- Assisting with the identification of significant risks
- Examining financial and operating information
- Special investigations
- Reviewing compliance with legislation and other external regulations.

D.6   To ensure that internal audit is an independent and objective assurance activity, the Board should seek assurance that the internal auditors are independent of executive management and should not have any involvement in the operations or systems they audit. The Head of Internal Audit should report to the Chief Executive or one of their direct reports. They also should report functionally to the audit committee and have right of access to the Chair of the Audit and Risk Committee, the Chief Executive and the NHS Board Chair. These arrangements should be clearly set out in the Board's Standing Financial Instructions and the terms of reference for its Audit and Risk Committee.

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45 www.audit-scotland.gov.uk/publications/code-of-audit-practice-2021
46 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

D.7 External audit provides independent challenge and assurance on the Board's annual accounts and provide a view on matters relating to regularity, propriety, performance and the use of resources. NHS Boards are assigned external auditors by the Auditor General for Scotland who is a Crown appointment and is independent of Government. The responsibilities of independent auditors are established by the **Public Finance and Accountability (Scotland) Act 2000**[47] and the **Code of Audit Practice**[48] and their work is guided by the **Financial Reporting Council's Ethical Standard**[49].

D.8 The key responsibilities of the external auditors can be summarised as follows:

- To give an independent opinion on the financial statements and other information within the annual report and accounts
- To review and report on the arrangements within the audited body to manage its performance, regularity and use of resources
- To support improvement and accountability.

D.9 To deliver the internal and external audit functions, an annual audit programme should be put in place to deliver a comprehensive portfolio of system audits that ensures the main contributors are all able to meet their statutory responsibilities and the NHS Board and the Scottish Government can be assured on the effectiveness of the management, leadership and governance of the organisation.

D.10 The audit plans included in the programme should document how the internal and external auditors intend to meet their responsibilities and it is important that these plans are joined-up, effective and proportionate. They should be linked to the delivery of corporate objectives and operational priorities and should focus on the areas identified as corporate and operational risks.

D.11 The Board's Audit and Risk Committee has a key role in ensuring the effectiveness of the internal audit functions including:

- Overseeing the selection process for new internal auditors
- Reviewing and agreeing the annual internal audit work plan
- Ensuring recommendations are actioned by the Executive Leadership Team
- Disseminating audit reports to the relevant Board committees
- Encouraging the use of audit reports as improvement tools
- Monitoring and assessing the effectiveness of the audit team
- Making recommendations to the Board for the award of the internal audit contract and the appointment and termination of the Head of Internal Audit
- Overseeing the Board's relations with the external auditors, including reviewing the scope of their annual audit plan.

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47 **www.legislation.gov.uk/asp/2000/1/contents**
48 **www.nao.org.uk/code-audit-practice**
49 **www.frc.org.uk/getattachment/0bd6ee4e-075c-4b55-a4ad-b8e5037b56c6/Revised-Ethical-Standard-2016-UK.pdf**

D.12 Guidance on the principles and best practice for the organisation and delivery of Audit and Risk Committees is available in the **Audit and Assurance Committee Handbook**[50] published by the Scottish Government.

D.13 It is important that the Audit and Risk Committee adopt a robust approach to the oversight of the completion of actions identified in the audit reports. Where possible, actions should be dealt with in the current financial year rather than being carried forward from one financial year to the next. Any exceptions to this should be closely scrutinised by the Audit and Risk Committee who should seek assurance that the timeline proposed for addressing the risks or issues identified by the auditors is both reasonable and achievable.

D.14 The final component of the integrated governance system is the NHS Scotland Performance Management Framework. The following section of the supplementary guidance describes this arrangement in more detail.

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50 **www.gov.scot/publications/audit-assurance-committee-handbook**

E. The NHS Scotland Performance Management Framework

E.1   As the sponsor of the NHS Boards, the Director General for Health and Social Care has put in place a performance management framework to assist the Scottish Government in ensuring that the NHS Boards are delivering services and targets to the required standards, within budgets and with the appropriate governance.

E.2   The NHS Scotland Performance Management Framework provides five stages of a Ladder of Escalation that provides a model for intervention by the Scottish Government when there are concerns about a NHS Board's ability to deliver the expected standards, targets and governance.

E.3   The model not only describes the stages of performance but also the level of support that would be provided by the Scottish Government Directorates for Health and Social Care at each stage.

Stage	Description	Response
1	Steady state 'on-plan' and normal reporting	Surveillance through published statistics and scheduled engagement of Annual Review and Mid-Year Reviews.
2	Some variation from plan; possible delivery risk if no action.	Local Recovery Plan – advice and support tailored if necessary. Increased surveillance and monitoring by Scottish Government. SG Directors aware.
3	Significant variation from plan; risks materialising; tailored support required.	Formal Recovery Plan agreed with Scottish Government. Milestones and responsibilities clear. External expert support. Relevant SG Directors engaged with CEO and top team. DG aware.
4	Significant risks to delivery, quality, financial performance or safety; senior level external support required.	Transformation team reporting to Director General and CEO NHS Scotland.
5	Organisational structure/ configuration unable to deliver effective care.	Ministerial powers of Intervention.

E.4   The Ladder of Escalation's use is not limited to specific performance measures and may be triggered by concerns about specific services or broader organisational issues.

E.5   The Performance Management Framework is overseen by the National Planning and Performance Oversight Group, a sub-group of the Health and Social Care Management Board. The Oversight Group considers various forms of intelligence and makes subsequent recommendations to the Health and Social Care Management Board on escalation, de-escalation and/or the provision of enhanced support for NHS Boards.

NHS Fife

Meeting:	Fife NHS Board
Meeting date:	28 March 2023
Title:	Clinical Governance Strategic Framework
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Shirley-Anne Savage, Associate Director for Quality and Clinical Governance

1 Purpose

This report is presented to the Board for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper and associated appendices provides an overview of the:

- Clinical Governance Strategic Framework; and
- Clinical Governance Strategic Framework Delivery Plan

2.2 Background

The Clinical Governance Strategic Framework is fundamental to set out our aim of delivering safe, effective, patient-centred care as an organisation which listens, learns and

improves. The Framework has been designed to ensure alignment with our 4 strategic priorities.

2.3   Assessment

Delivering Our Aim

The Clinical Governance Strategic Framework is set out in Appendix 2. The framework sets out how our aim will be achieved through (see framework summary in Appendix 1):

Our organisational values	Clinical Governance Activities	Enablers
- Care and compassion - Dignity and respect - Quality and Teamwork - Openness, honestly and responsibility	- Ensuring clinical guidelines and policies are up to dates - Clinical effectiveness and audit - Risk Management - Patient centredness - Quality Improvement - Reviewing and learning from incidents and legal claims - Organisational learning - Quality assurance - Quality performance indicators	- Clear governance structures - Clear roles and responsibilities - Our workforce - Digital an information - Research, Innovation and Knowledge - Annual delivery plan

Developing the Framework

The framework was developed with contribution from key stakeholders across NHS Fife. Early in 2022 the framework was shared in draft and key stakeholders asked to provide comments back by way of a Forms Questionnaire. Key themes identified through the 18 engagement returns were:

- The need to provide practical examples of clinical governance activities
- Summarising our quality performance indicators (QPIs)
- A requirement to make the document more accessible for ease of reading
- Clarity of reporting for key audits and QPIs

Further to this feedback the framework was updated to address the feedback provided.

One of the areas requiring further clarity was the newly established Clinical and Care Governance Structures within the Health and Social Care Partnership (HSCP). This has since been clarified and the Framework updated to reflect the structures and to include an Appendix within the Framework providing the structures in detail.

The document has also now undergone a final edit by the Digital and Graphic Design Team and a final proof read.

Annual Delivery Plan

Appendix 3 sets out the annual delivery plans for 2022/2023. Whist the framework has been under development key workstreams have been progressed to ensure delivery of our aim. The Clinical Governance Oversight Group will provide oversight of the delivery plan. The delivery plan will be refreshed for 2023/24.

2.3.1 Quality / Patient Care

Quality and patient care is at the heart of this framework- please refer to appendices.

2.3.2 Workforce

The wellbeing and contribution of workforce is a key to this framework – please refer to appendices.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

This framework aims to mitigate the Quality and Safety corporate risk.

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

N/A

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The Clinical Governance Strategic Framework has been developed through:

- The Clinical Governance Oversight Group
- Discussion with Executive Leads and Chair of the Clinical Governance Committee
- Feedback from key stakeholders

2.3.8 Route to the Meeting

- Executive Directors' Group on 6 October 2022
- Clinical Governance Oversight Group on 18 October 2022
- Clinical Governance Committee 4 November 2022
- Executive Directors' Group 5 January 2023
- Clinical Governance 13 January 2023
- Clinical Governance Oversight Group on 14 February 2023

2.4   Recommendation
- **For Assurance**

3   List of appendices
The following appendices are included with this report:
- Appendix 1, Clinical Governance Strategic Framework Overview
- Appendix 2, Clinical Governance Strategic Framework
- Appendix 3, Clinical Governance Strategic Framework Delivery Plan 2022/23
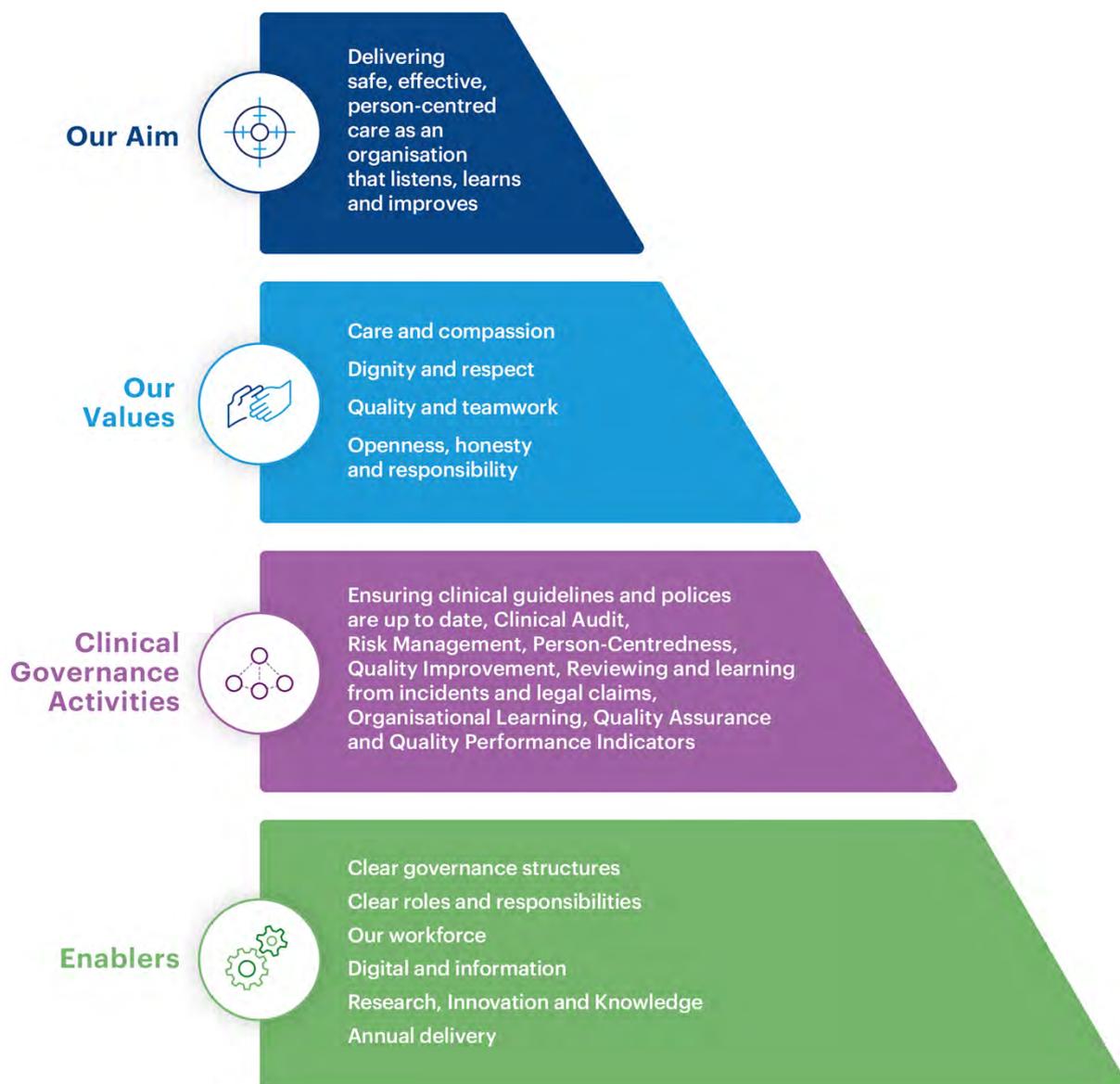
Report Contact
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Associate Director for Quality and Clinical Governance
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Clinical Governance Strategic Framework Overview

An enabling framework which aligns to our strategic framework priorities:

- 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

Our Aim
Delivering safe, effective, person-centred care as an organisation that listens, learns and improves

Our Values
Care and compassion

Dignity and respect

Quality and teamwork

Openness, honesty and responsibility

Clinical Governance Activities
Ensuring clinical guidelines and polices are up to date, Clinical Audit, Risk Management, Person-Centredness, Quality Improvement, Reviewing and learning from incidents and legal claims, Organisational Learning, Quality Assurance and Quality Performance Indicators

Enablers
Clear governance structures

Clear roles and responsibilities

Our workforce

Digital and information

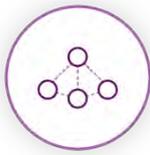Research, Innovation and Knowledge

Annual delivery

1

Our Values

We will:

- role model NHS Fife's organisational values to ensure staff always feel confident to report or escalate safety and quality concerns
- review and learn when things go wrong to reduce the chances of future harm
- lead with compassion
- maintain clear governance structures which align to the Whistleblowing Policy and core principles
- ensure that the wellbeing of our workforce is a priority
- ensure that Senior Managers and Leaders are visible and will overtly demonstrate their commitment to quality and safety thereby creating an environment which encourages and empowers staff to contribute
- ensure that good practice is shared, celebrated and learnt from
- ensure that learning is shared widely across the organisation
- adopt a systems approach to learning and continuous quality improvement which engages and is driven by our staff
- develop a human factors and safety culture approach

Clinical Governance Activities

We will:

- use the risk profile to inform the prioritisation of improvement activities
- ensure clearly defined quality performance indicators that are readily available from "ward to Board" to measure, monitor and evaluate the quality and safety of care and allow early action when we identify a concern
- use multiple sources of data and other intelligence (including external reports such as inspection reports) to identify the need for improvement, provide assurance of quality performance and inform any organisational learning opportunities
- use feedback and engage with our public, learning from people's care experience to inform change, improvement and assess the quality of assurance provided by our quality systems
- develop a programme of work in collaboration with Internal Audit to provide assurance that the system of internal controls is functioning as intended
- ensure that a programme of clinical audit helps us identify areas for improvement
- ensure our clinical policies and procedures reflect current best practice and are easily accessible
- create systems and processes which support effective organisational learning
- learn from adverse events and legal claims

2

Enablers

We will:

- ensure our systems and processes are digitally enabled to allow easy and efficient access to information
- provide training and education to equip staff with the appropriate knowledge and skill to contribute to the delivery of this framework
- develop quality improvement capacity across the organisation
- establish clearly defined system wide governance structures and processes to provide robust internal assurance supported by clear escalation routes from the point of delivering care to our patients to our Board
- present a clear vision of responsibility and accountability for clinical governance across NHS Fife including areas delegated to the Integration Joint Board (IJB)
- develop an annual delivery plan that will support the delivery of this framework
- ensure that clinical governance meetings are supported by focused agendas, workplans, monitoring of performance and focus on risks

3

Clinical Governance Strategic Framework

Delivering safe, effective, person-centred care in an organisation which listens, learns and improves

2022–2025

Contents

1. Executive Introduction

> "We want to ensure that the care our patients receive is of a standard that we would want for ourselves, our friends, family and loved ones. This framework sets out the fundamental principles that apply to us all every day no matter what role we play in the organisation. Actively listening, learning and improving from the experiences of our staff and patients is at the heart of delivering safe, effective and person-centred care. To achieve this aim we must ensure that every day our organisational values are at the heart of the way we treat one another, our patients and our population."

Dr Christopher McKenna
Medical Director, NHS Fife

Mrs Janette Keenan
Director of Nursing, NHS Fife

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2. Purpose

2.1   Our aim is to deliver safe, effective, person-centred care as an organisation which listens, learns and improves. This framework defines the objectives, expected outcomes, activities and measures required to achieve this aim across our healthcare system.

2.2   Our healthcare system is complex and we all have a role to play in delivering high quality care for our patients across their full care pathway and ensure service design is aligned to Realistic Medicine principles.

2.3   At the heart of this framework is people:

- the patients we care for, their families and carers;
- our staff who deliver care; and
- the population of Fife

2.4   Our aim is to empower, support and equip our staff by working as a team, providing the appropriate information and support to deliver excellent care. Underpinning this is the importance of openness and learning to ensure that we are continuously making improvements to the quality of care.

2.5   This framework aligns to NHS Fife's 4 strategic priorities:

Framework Review

2.6   Given the continual changing nature of our healthcare system, this framework will be reviewed on an annual basis with an update provided to the Clinical Governance Committee by March of every year. This will ensure that this fundamental framework remains contemporary and reflects any strategic changes decided by the Board along with changes in national priorities.

2.7   The framework will be fully refreshed and reviewed in 2025.

What is Clinical Governance?

2.8   Clinical governance is defined as "A framework through which NHS organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish." (Scally & Donaldson, 1998)[1]

2.9   Clinical Governance is a multifaceted concept which requires consideration of the following: alignment to strategy, structures, processes, leadership, roles and responsibilities, and activities underpinned by creating an environment which promotes openness, transparency, listening and learning in line with our organisational values.

2.10   Continually improving quality and safety is a fundamental priority for NHS Fife. The responsibility to deliver effective clinical governance spans our full organisation from the point of care delivery to our Health Board. How we will achieve this is set out in the framework overview (Page 6).

2.11   It is important to note that the ambitions of this framework will only be fully realised through the development and delivery of an annual delivery plan. This plan will set out practically how we will achieve our aim every year.

2.12   Some everyday examples of how you might participate in achieving the aim of this framework are set out below:

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[1] Scally G. and Donaldson, L., 1998. Clinical governance and the drive for quality improvement in the new NHS in England. British Medicine Journal, 4, 61-65.

Clinical Governance Strategic Framework

- Taking time to listen to a patient and their family to understand what matters to them.
- Ensure people receive evidence-based care by supporting audit in your area.
- Reporting adverse events and participate in improvement plans to enable learning.
- Be open and honest with patients, families and carers. Offering an apology if care has not gone to plan.
- Being familiar with policies and guidelines. Keep education and training required for your role up to date.
- Treating everyone you met with dignity and respect (patient, families and colleagues)

6

3. Framework Overview

An enabling framework which aligns to our strategic framework priorities:

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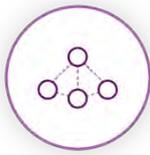- To deliver value and sustainability

Our Aim
Delivering safe, effective, person-centred care as an organisation that listens, learns and improves

Our Values
Care and compassion
Dignity and respect
Quality and teamwork
Openness, honesty and responsibility

Clinical Governance Activities
Ensuring clinical guidelines and polices are up to date, Clinical Audit, Risk Management, Person-Centredness, Quality Improvement, Reviewing and learning from incidents and legal claims, Organisational Learning, Quality Assurance and Quality Performance Indicators

Enablers
Clear governance structures
Clear roles and responsibilities
Our workforce
Digital and information
Research, Innovation and Knowledge
Annual delivery

We will:

- role model NHS Fife's organisational values to ensure staff always feel confident to report or escalate safety and quality concerns
- review and learn when things go wrong to reduce the chances of future harm
- lead with compassion
- maintain clear governance structures which align to the Whistleblowing Policy and core principles
- ensure that the wellbeing of our workforce is a priority
- ensure that Senior Managers and Leaders are visible and will overtly demonstrate their commitment to quality and safety thereby creating an environment which encourages and empowers staff to contribute
- ensure that good practice is shared, celebrated and learnt from
- ensure that learning is shared widely across the organisation
- adopt a systems approach to learning and continuous quality improvement which engages and is driven by our staff
- develop a human factors and safety culture approach

Our Values

Clinical Governance Activities

We will:

- use the risk profile to inform the prioritisation of improvement activities
- ensure clearly defined quality performance indicators that are readily available from "ward to Board" to measure, monitor and evaluate the quality and safety of care and allow early action when we identify a concern
- use multiple sources of data and other intelligence (including external reports such as inspection reports) to identify the need for improvement, provide assurance of quality performance and on quality systems and inform any organisational learning opportunities
- use feedback and engage with our public, learning from people's care experience to inform change, improvement and assess the quality of assurance provided by our quality systems
- develop a programme of work in collaboration with Internal Audit to provide assurance that the system of internal controls is functioning as intended
- ensure that a programme of clinical audit helps us identify areas for improvement
- ensure our clinical policies and procedures reflect current best practice and are easily accessible
- create systems and processes which support effective organisational learning
- learn from adverse events and legal claims

Enablers

We will:

- ensure our systems and processes are digitally enabled to allow easy and efficient access to information
- provide training and education to equip staff with the appropriate knowledge and skill to contribute to the delivery of this framework
- develop quality improvement capacity across the organisation
- establish clearly defined system wide governance structures and processes to provide robust internal assurance supported by clear escalation routes from the point of delivering care to our patients to our Board
- present a clear vision of responsibility and accountability for clinical governance across NHS Fife including areas delegated to the Integration Joint Board (IJB)
- develop an annual delivery plan that will support the delivery of this framework
- ensure that clinical governance meetings are supported by focused agendas, workplans, monitoring of performance and focus on risks

Quality and Safety is everyone's business and we all have a role to play in delivering our aim.

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4. Scope

4.1   This Framework applies to all aspects of health delivery across NHS Fife as shown in the diagram below.
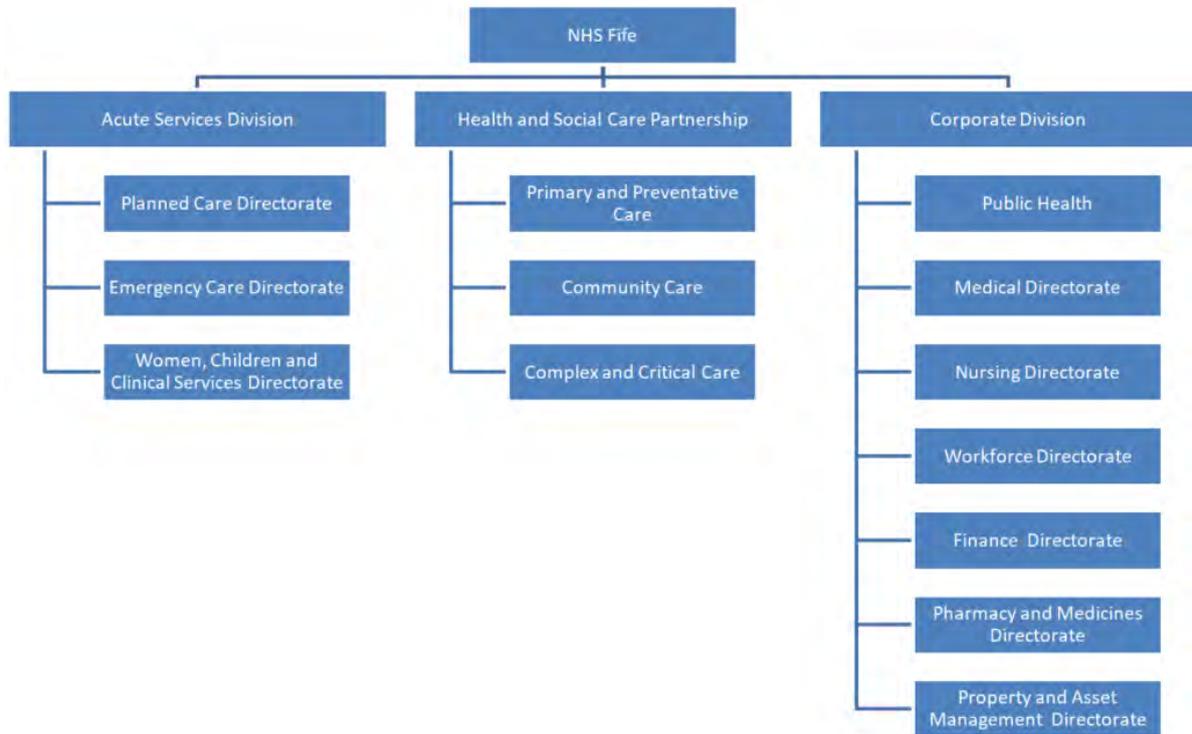
5. Strategic Context

5.1 The diagram below summarises:

- The national documents which influence our approach to clinical governance in providing the historical and contemporary context;
- NHS Fife strategies which this framework and the actions taken to implement must align with; and
- Local policies and procedures which must align to this Framework

6. Governance Structures

6.1   This section sets out the oversight, assurance and monitoring from the point of service delivery to NHS Fife Board.

6.2   NHS Fife Board is responsible for the quality of clinical care delivered in NHS Fife. There are a number of structures below the Board which have delegated responsibility to monitor and assess the clinical governance systems and processes and initiate action and improvements when required.

6.3   The Corporate Governance Structure within NHS Fife includes the NHS Fife Clinical Governance Committee (CGC) (Figure 1), a key standing Committee of the Board. This committee has a direct reporting line to the Board.

**Figure 1:** NHS Fife Governance Structure

6.4   The Committee's responsibility is to oversee the delivery of Clinical Governance agenda and will seek to assure the Board and the public of Fife that appropriate systems of control are in place to continuously improve and safeguard the quality and safety of care. The role and remit of this Committee is detailed within the NHS Fife Code of Corporate Governance. There are a number of groups which report directly to the NHS Fife CGC. These groups have an overseeing role in the specific area of responsibility on behalf of the NHS Fife CGC (shown in Figure 2). The remit of the groups which report into the CGC are summarised in Appendix 1.

6.5   Operationally, the Executive Directors' Group (EDG) also acts as a point of escalation for clinical-governance related matters as required through the internal management structure.

6.6   The Chief Executive, as Accountable Officer of NHS Fife, and both the Medical Director and Director of Nursing hold various professional responsibilities for ensuring quality, safety and standards of care, as well as efficient and effective use of resources. EDG is the forum for broader discussion and decision-making within the NHS Fife Executive Team, in relation to the delivery of the Board's strategic priorities and key operational, clinical and performance issues, and is a key component in overall assurance reporting to the governance committees and the Board itself.

6.7 The purpose of the CGC and how the framework supports the Committee is summarised below:

	Purpose	How this framework supports delivery
1	To oversee clinical governance mechanisms in NHS Fife	Clinical governance structures are clearly defined within the framework
2	To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable	Clinical governance quality performance indicators (QPIs) are clearly defined within the framework and reported on through Integrated Quality and Performance Report (IPQR) and are presented to the Committee for assurance. In addition the CGC workplan is designed to capture all key clinical governance planning and activity with reports scheduled
3	To oversee the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy	The Committee has ownership and responsibility for corporate risks aligned to NHS Fife strategic priorities which sit within the remit of the committee
4	To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including health improvement activities	As set out in the framework: • Clarity of governance structures and associated terms of reference • Overview of clinical governance activities and how these support effective escalation and early identification of improvement opportunities
5	To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board (IJB) are working effectively	Appendix 5 (Health & Social Care Partnership Assurance Arrangements including Clinical and Care Governance) describes the arrangements in place within the H&SCP which aim to assure that there are the correct connections and reporting into the appropriate structures of NHS Fife, Fife Council and the IJB
6	To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the IJB	Agendas contain items for escalation with concerns flagged as appropriate

**Figure 2:** Sub Structure of the Clinical Governance Committee
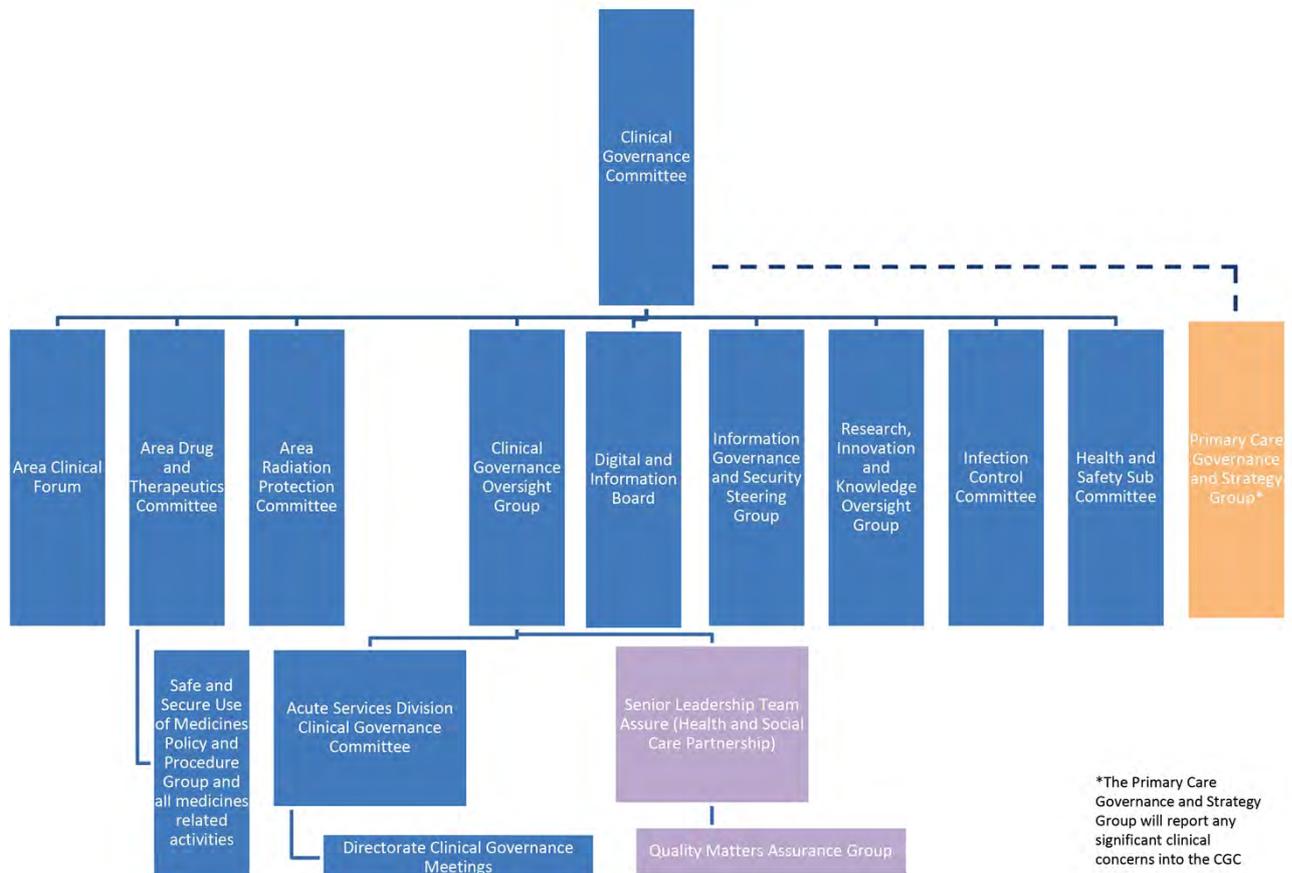
6.8 The Clinical Governance Oversight Group (CGOG) is the group responsible for the operational delivery of this framework. This group has responsibility to take an overview of the quality and safety of care across NHS Fife. The NHS Fife Medical Director chairs this group with members of the group comprising of leadership from across NHS Fife. A number of groups report into the CGOG (Figure 3). The purpose of the group is to use sources of information to provide assurance to the CGC by:

- identifying issues relating to quality of care; either through escalation or review of information scrutinised by the group
- reviewing and identifying risks with escalation to the CGC as required, with the Committee retaining responsibility for aligned corporate risks
- recommending and influencing organisational improvement activities
- monitoring outcomes and the actions implemented to improve key clinical governance outcome indicators
- receiving annual organisational Duty of Candour Reports in advance of submission to the CGC with responsibility for the oversight of the application of the Duty of Candour Regulations (Scotland) 2018

6.9   On an annual basis the CGOG will provide an Annual Assurance Report and statement based on the delivery of an agreed workplan.

Figure 3: Clinical Governance Oversight Group Sub-Structure
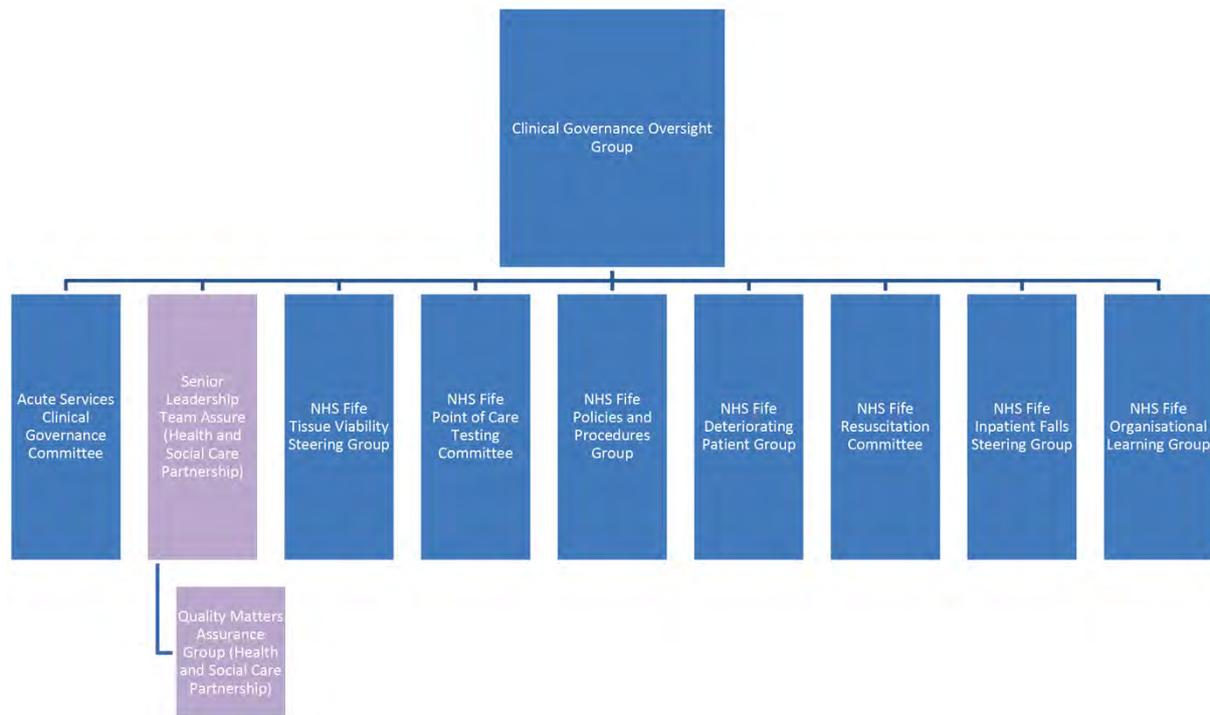

6.10   Committee assurance principles (Appendix 2) are applied to the Board and Standing Committees. Effective scrutiny, governance and assurance is achieved through clear focus on strategic direction and agreed outcomes. Practically this is underpinned by having a clear set of priorities and supported by:

- Focused agendas
- Workplans
- Monitoring of performance
- Focus on risks

6.11   Sub-committees and sub-groups of Standing Committees have oversight for operational matters; principles will be applied to ensure robust assurance is provided.

Figure 4 and 5 show the clinical governance structures within the Acute Services Division, Health and Social Care Partnership and Medicines Directorate (proposed). These structures demonstrate the linkages between operational clinical governance structures and Fife wide clinical governance structures.

Figure 4: Clinical Governance Structures within the Acute Services Division, Health and Social Care Partnership
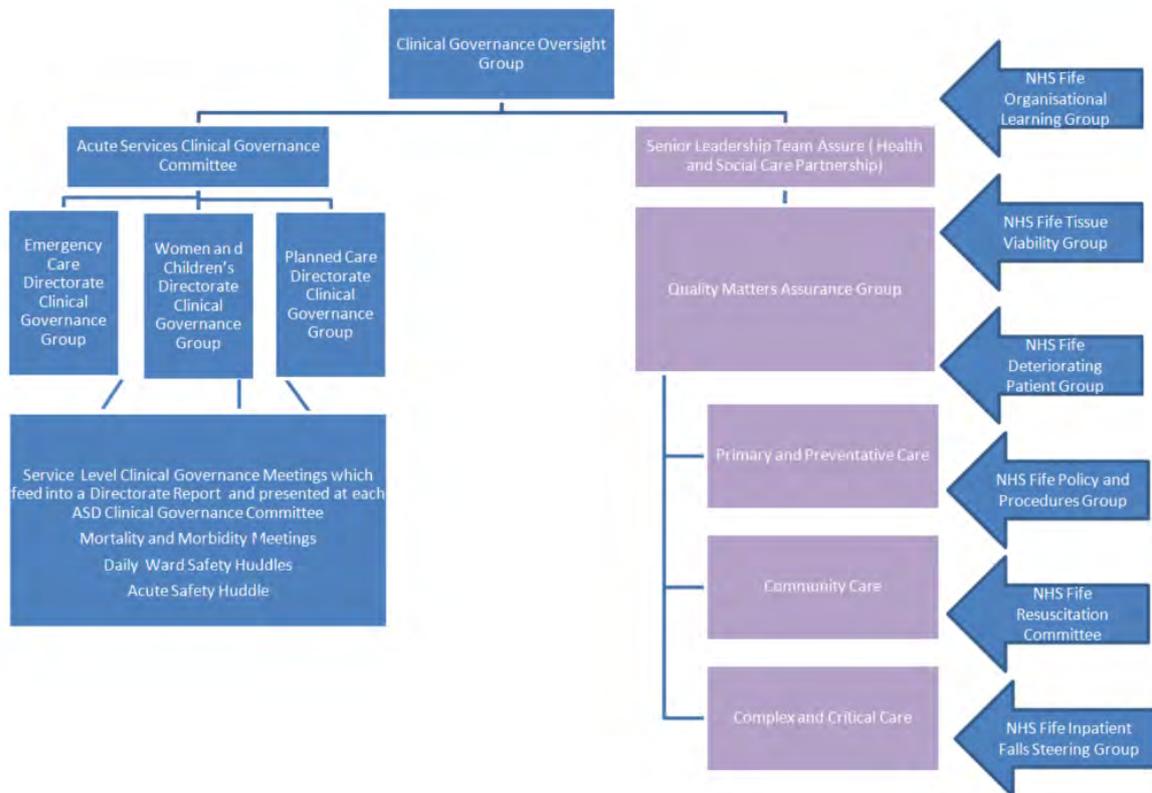
Figure 5: Medicines Governance Structure: Under Review -Proposed Core Groups and Structure shown
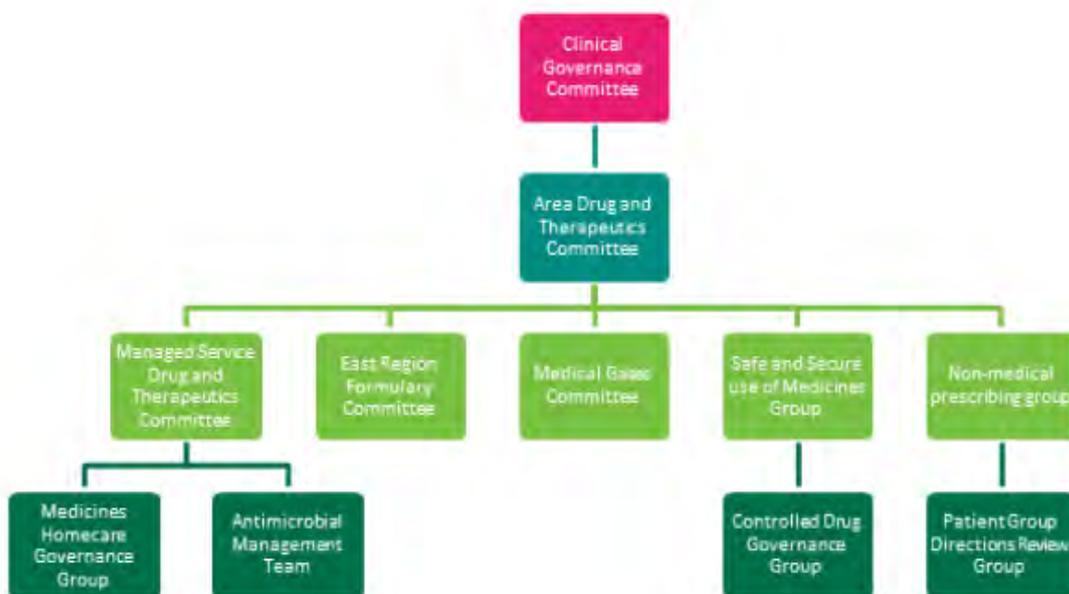
Integration Framework and Services Delegated to the Integration Joint Board

6.12 To ensure clarity of governance it is important that this framework sets out arrangements for services which are delegated to the Integration Joint Board (IJB). The clinical governance arrangements for delegated services are included in the Fife Health and Social Care Integration Scheme between Fife Council and NHS Fife (Clinical Governance Section, Appendix 3).

6.13 Ultimate management of operational clinical risks associated with services delegated to the IJB rests with NHS Fife Board and as such systems and processes through the stated governance structure support effective oversight and assurance of these risks.

6.14 As stated in section 5.8 of the Integration Scheme the IJB will develop a joint Clinical and Care Governance Framework defining governance arrangements and professional advice for delegated services and at the interface between services (Health & Social Care Partnership Assurance Arrangements including Clinical and Care Governance, Appendix 5).

7. Leadership and Our Values into Action

We all have a responsibility to role model NHS Fife's Values. This is fundamental to creating a safe and just culture. A safe and just culture is comprised of many things including openness, honesty, fairness and accountability. It requires and encourages the reporting of safety and quality concerns, promotes understanding, learning and improvement. Culture cannot be implemented solely based on policy or procedure; rather, it needs to be consistently fostered over time, and by example, at all levels in the organisation. Ultimately, everyone in the organisation has a role in helping to build and maintain a safe and just culture.

7.1   Our leadership commitments to help deliver this aim are:

Leadership	Our leaders will be visible and role model our organisational values, in doing so they will create an environment where safety and quality is a focus and staff are encouraged to share their insights and talk openly about their successes, concerns, and improvement ideas.
	We will make sure that training and education is available to support delivery of this framework.
Psychological Safety and Compassionate Conversations	We will ensure that staff feel supported to raise a concern about safety or quality in a way that is free from blame and focuses on making improvements.
	Kindness will be at the centre of how we approach delivery and design of our services.
Valuing the Experiences of People	We will actively engage with our patients, staff and population. Listening and learning from people is fundamental for ensuring we continually improve the quality and safety of our services.
We all have a role to play in delivering our Clinical Governance Agenda	We will all embrace and be clear about the role we each have to play in delivering our Clinical Governance aim.
Sharing and Celebrating Success and Learning	Success and good practice will be shared and celebrated.
	When things do go wrong, we will review and ensure that the learning is used to inform improvement to reduce the chances of future harm.

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7.2   Psychological safety plays a role in wellbeing by creating an environment in which change can be embraced. It is about candour and whether we feel able and supported to be direct, take risks, and be willing to admit mistakes. It supports learning from those times care doesn't turn out as expected, allowing space for reflection without the fear of blame. Psychological safety for staff will be built into policy and procedures through development of support for staff following an adverse event. This includes in the immediate aftermath, considering the structure of debriefs, the inclusion of staff in the adverse events reviews, being open honest and transparent, treating staff fairly and recognising the important role they play and in the staff support system for example spiritual care, peer support, staff health and wellbeing hubs.

Being Empowered to Raise a Safety or Quality Concern

7.3   It is important that all of our staff feel able to and are supported to escalate a safety or quality concern/ issue. This can happen at any level in our organisation. The table below sets out some examples of concerns that might be identified and how to escalate these.

Example of a Safety or Quality Concern/Issue	Example Action and Escalation
When delivering care to patients or delivering a service which supports patient care you see risky or unsafe behaviour by a colleague	• You should raise your concern directly with your colleague before escalating the matter immediately to your line manager or supervisor
In a clinical service it is identified that there is an emerging theme of clinical incidents relating to medication errors	• Each incident which has been recorded on Datix is reviewed and investigated • Timely feedback is provided to those who have recorded the incidents • A multi professional improvement group is convened to understand the issue and identify appropriate improvement actions • The group monitor and evaluate the impact of improvements • The concern is escalated to the Directorate or Divisional Clinical Governance Group to set out the improvement action agreed

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Accountability

7.4 The NHS Fife Executive Leads have delegated responsibility for their respective functions from our Chief Executive. Appendix 4 sets out Executive responsibility and accountability for clinical governance.

7.5 Independent contractors provide services to NHS Fife. The principles of this framework are applicable to the work delivered by independent contractors. Links are currently by way of their Sub-Committees, the Primary Care Department and the Associate Medical Director, for the Health and Social Care Partnership to the Board Medical Director. Any links with Independent Private Providers is managed through regular meetings and quality reports as part of the Clinical Governance work plan with oversight provided by the Primary Care Strategy and Governance Group.

8. Clinical Governance Activities: Ensuring Our Care is Safe and Effective

8.1 This section articulates the activities which help to maintain and improve standards of care:

- Reviewing and Learning from Adverse Events
- Effective Risk Management
- Clinical Effectiveness
- Quality Performance Data
- Quality Improvement
- Quality Assurance

Using Quality Performance Indicators to Ensure Our Care is Safe and Effective

- It is important that we have a clearly defined set of quality measures known as quality performance indicators (QPIs) that allow us to monitor and evaluate quality and safety over time. This will ensure that we can take proactive measures to make improvements where required and prevent future harm. This data must be readily available and used at all levels of our organisation from ward to Board.

- QPIs combined with the output from adverse events, complaints, legal claims, feedback from inspections, workforce and patient/service user/public feedback must all be monitored and reviewed to identify any safety or quality concerns. The table below sets out where these QPIs are reported and reviewed.

- Data and information will be presented in a way that is meaningful and highlights areas of good practice, areas of concern and any associated improvement actions. There will be consistency in how this is presented from clinical areas through governance structures to the Board.

- When we receive feedback from internal or external inspections, we will seek to understand why our own systems did not identify areas for improvement. This will be used as a learning opportunity and appropriate improvement implemented.

- Our governance structures provide a systematic means to ensure the review of data and to identify areas for action.

- Actions taken as a result of assessment of the data will be documented, with any learning shared as appropriate.

- The impact of actions taken to improve will be monitored, measured and reported.

- There will be an evaluation of the impact reported against key priorities.

QPI	Standard	How the data is used
Major and Extreme Adverse Events	N/A Variation in numbers reviewed	An adverse event is an incident that did or could have resulted in harm to a person or to a group of people. The grade and number of adverse events are reviewed on a monthly basis.
Adverse Events Themes	N/A	We need to ensure that we understand trends and themes of clinical incidents so that we can identify improvements to prevent future harm. It is important that we talk openly about incidents and identify good practice as well as areas for improvement.
Adverse Events Improvement Actions	70% closure of actions within timescales	It is important that we can demonstrate implementation of improvement actions following an adverse event. Reviewing this data helps to identify where organisational support might be required to help implement a change or improvement.
Organisational Duty of Candour	Annual report generated in January reviewing compliance with standards for previous year	The purpose of the duty of candour is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.
Hospital Standardised Mortality Ratio (HSMR)	N/A	HSMR provides an adjusted mortality data that takes into consideration existing factors which might affect the risk of death. This data can then be used to make comparisons with other healthcare providers. This data is used locally to monitor mortality rates and to identify improvements to care.
Inpatient Falls	6.91/ 1000 occupied bed days	This data helps to identify proactive response to falls prevention in the hospital setting. There is a national aim to reduce inpatient falls by 20% by 2023. This data is reviewed nationally by the Scottish Patient Safety Programme - Adult Falls.
Inpatient Falls with Harm	1.65/ 1000 occupied bed days	As above There is a national aim to reduce inpatient falls by 30% by 2023.
Pressure Ulcers	0.89/ 1000 occupied bed days	Pressure ulcers are an unwanted complication of illness, disability or increased frailty. This data is important to ensure that improvement activities can be identified e.g. education, training, compliance with SSKIN bundle.

QPI	Standard	How the data is used
Staphylococcus Aureus Bacteraemia (SAB)	18.8/100,000 occupied bed days	Hospital associated infections are monitored through the Infection Control Committee and reported in the Hospital Associated Infection Report (HAIRT)
Clostridium Difficile (C. Diff)	6.5/100,000 occupied bed days	
Escherichia Coli Bacteraemia (ECB)	40/100,000 occupied bed days	
Surgical Site Infections	Various standards	
Complaint Closed- Stage 1	80%	Ensuring timely response to concerns raised and ensuring any actions are progressed to address concerns.
Complaints Closed- Stage 2	50%	Providing a timely and quality response to concerns that are raised by patients, families and carers.
Up to Date Policies and Procedures	95%	Our policies and procedures need to be updated to ensure that they reflect current best practice.

8.2   NHS Fife will ensure a focus on making improvements in the quality and use of data to monitor performance. This will enable early identification where improvement is required or provide an opportunity for sharing of good practice. Underpinning this is the importance of staff being empowered and supported.

8.3   National priorities such the Scottish Patient Safety Programme will be included in NHS Fife's approach to delivering this framework.

Reviewing and Learning from Adverse Events

When an adverse event occurs it can have a significant impact on the person and staff involved. It is important that we use these events as an opportunity to learn in order to improve the quality and safety of care across the system and reduce the risk of future harm.

How will we manage adverse events	• Adverse events and near misses will be reviewed at an appropriate level to ensure continual learning and improvement for our services • We will ensure that people receiving care, and their families, are informed where there is an unintended event where they are harmed as a result of the care provided. This ensures compliance with the Duty of Candour Procedure (Scotland) Regulations 2018 • Events will be reviewed in a consistent and timely manner, aligning to the Adverse Event Policy and Procedure • We will also scrutinise themes of events which result in no harm or minor harm to proactively identify opportunities for improvement
Enablers	• Training and education will be provided by the Clinical Governance Team to ensure that staff are confident to participate in and lead adverse event reviews • We will ensure effective structures and mechanisms are in place for the sharing of learning across our healthcare system • We will use the Datix system to capture and report adverse event activity
Our Values	• We will promote a culture of reporting where staff feel supported to report safety concerns • Reflective practice will be encouraged in a way that supports staff to learn and is free of blame • Staff and teams involved in adverse events will be supported • A systems approach to learning will be adopted with the learning from adverse event reviews shared widely- this will include sharing of good practice identified as well as areas for improvement • We will be open and honest with patients and families and include them in adverse event reviews
Assurance	• Executive oversight of adverse events will be provided by the Medical Director and the Director of Nursing • The Clinical Governance Team will provide oversight and monitoring of adverse event reviews at an organisational level, monitoring the completion and themes of events • We will monitor and evaluate the improvement actions identified from reviews to ensure that the intended improvements are delivered • Adverse event reviews will be monitored through our governance structures and reported to the Clinical Governance Oversight Group with assurance provided to the Clinical Governance Committee

A Human Factors Approach

A Human Factors approach is the application of scientific knowledge concerned with understanding and managing the capabilities and limitations of people. It recognises that humans will make mistakes and that we need to design our systems to mitigate the risk of human errors occurring. A human factors approach is important for adverse events as it allows reflection on system weaknesses, or in the case of near misses, the strengths, and prevention of future events. The embedding of Human Factors principles to adverse events management in policy and education will strengthen safety culture.

Risk Management

An effective Risk Management Framework will be implemented to ensure proactive management of risks across our organisation from ward to Board.

Objectives	• The safety of patients, staff and others coming into our services is protected • Risks to the delivery of our organisational objectives- quality, delivery and sustainability of services - are identified and mitigated through proactive action planning. • Risk management supports organisational change and service development when considering opportunities and risks to improve services. • We will adopt a proactive approach to risk management as an effective mechanism for proactively managing risks through effective action plans • Organisational risk appetite will be agreed and communicated at least annually
Enablers	• Ensure visibility of the organisation's risk profile, to enable effective and informed decision making. • Ensure a structured and consistent approach to managing risk from ward to board. • The Datix system facilitates the consistent recording, management and escalation of risk, across the organisation • Clear systems and processes will be in place for the escalation or risks • Effective risk management will be used to support decision making, planning and performance arrangements, by providing appropriate information for assurance to the respective management and governance structures • Risks will be aligned as appropriate to groups & standing committees and will feature on agendas The Risk Management Team will: • provide organisational support to ensure effective risk management practice • deliver training, education and development to support staff to fulfil their roles & responsibilities • communicate how risk is managed from ward to board
Our Values	• Create a forward looking, proactive culture which improves our ability to avoid or manage existing or emerging risks, minimise shocks, be resilient to unwanted events or crisis, and capitalise on opportunities

How do I escalate a risk?	• All staff have a responsibility for identifying risk. To ensure that risks are managed effectively, they must be escalated to the appropriate levels in the organisation and to external stakeholders where necessary. If you identify a risk that you think may require escalation, raise this with your line manager to allow them to decide on the appropriate action following their consideration of factors including:
	
	   • the risk likelihood and consequence scores
	
	   • the effectiveness or otherwise of current management actions / mitigations
	
	   • the threat presented by the risk e.g. to organisational objectives, national standards
	
	   • who needs to be made aware

Assurance and Strategic Oversight	• Executive leadership will be provided by the Director of Finance and Strategy • The Board will set a strong risk management culture; and gain assurance on the risk management approach in accordance with Committee Assurance Principles • Standing Committees will be clear about their responsibilities and priorities, have focused agendas and workplans and rigorously monitor their performance in line with Committee Assurance Principles • The Audit and Risk Committee (A&RC) will support the Board by: Reviewing and advising the Board on the effectiveness of the risk identification, management and reporting processes

Delivering Effective Care

Clinical Effectiveness ensures that people receive evidence based care which is supported by agreed outcome measures and established programmes of clinical audit. Development of audit programmes will be aligned to areas of national priority and to local priority areas identified through e.g. risk management, adverse events, complaints and legal claims.

Objectives	• We will ensure that our clinical practice is based on current evidence • Involvement in local and national clinical audit • Clinical audit will be used to monitor against standards and used to drive improvement opportunities and provide assurance • Clinical audit programmes will be aligned to areas of risk or identified through national guidelines, compliance with best practice and national reports • Research, innovation and knowledge will contribute to the development of new practices and ways of delivering care
Enablers	• Staff will have access to training on audit methodology. This will be provided by the Clinical Governance Team • We will ensure that our policies and procedures are up to date and easily accessible to staff • Staff will be supported to ensure they have the knowledge and skill to deliver best practice • Our audit programme will consist of national priorities, key programmes determined by specialities as aligned to the risk profile
Our Values	• We will focus on learning and improvement from clinical audits and ensure that recommendations were relevant are implemented
Assurance and Strategic Oversight	• Executive Leadership is provided by the Medical Director and Director of Nursing • The outcomes of audits and associated improvement actions will be presented through our Clinical Governance Structures

Clinical Audit Programmes

Audit	Audit Programme	Where is Audit Reported?
Scottish Stroke Care Standards	To improve the care of patients who have suffered a stroke by the use of systematic, comprehensive audit of their management and outcome providing feedback through regular reporting and annual review of performance against national stroke care standards.	Acute Services Division Clinical Governance Committee
Medicines Audit Programme	11 audits have been agreed and the frequency of each determined using an audit risk/ ranking system informed by internal audit planning methodology. Audits include: System Anti Cancer Therapy• Prescribing (Medical and Non-Medical) • Pharmacy Controlled Drug Check• Medicines Administration Observational Audit: Controlled Drugs• Medicines Administration Observational Audit: Non-Controlled Drugs• Return and Destruction of Medicines• Movement of Medicines • Medicines Requiring Refrigeration • Medical Gases and Safe Handling & Security of Medicines	NHS Fife Safe and Secure Use of Medicines Policy and Procedure Group
Adult Mental Health Standards	The National Adult Mental Health Quality Indicators for Scotland were developed in 2018 with the intention of providing a core data set to provide a summary of the adult mental health profile at a local and national level. The indicator set consists of 21 indicators. Currently all mental health services across Scotland are required to report monthly on: % people who commenced psychological based therapy treatment within 18 weeks of referral • Suicide rates per 100,000 population • % of all discharged psychiatric inpatients followed up by community mental health services within 7 calendar days • Incidents of physical violence per 1000 occupied psychiatric bed days • Number of days people spend in hospital when they are ready to be discharged per 1000 population • Total psychiatric inpatient beds per 100000 population • % of did not attend appointments for community based services of people with mental health problems The reporting of the remaining indicators will be rolled out over the next couple of years. Scottish Patient Safety Programme has recommenced with work in 2 adult admission wards (Ravenscraig, WBH and Ward 2 QMH) – focusing upon Reducing Restrictive Intervention.	MH/LD and Addictions Quality and Care Governance Meeting Complex and Critical Care Clinical and Care Governance Committee QMAG Scottish Government – Public Health Scotland MH/LD/Addictions Clinical and Care Governance Meeting SPSP

Audit	Audit Programme	Where is Audit Reported?
Children and Young People Mental Health Standards	Monthly reports are submitted to the Scottish Government and quarterly local reports focusing on the Scottish Government CAMHS National Referral to Treatment Standard (RTT): 90% of all children and young referred to Child & Adolescent Mental Health Services should start treatment within 18 weeks of referral. In addition, Fife CAMHS will continue to measure the effectiveness of the service aligned to the Scottish Government's CAMHS National Service Specification which requires all CAMH services to provide: High Quality Care and Support (experience of service standards) • Collaborative care planning (GIRFEC) • High Quality Interventions (Assessment & Treatment) • A commitment to deliver a rights based approach • Full involvement with young people in planning and agreeing transitions • Opportunities for Children, Young People and Families to contribute to service development A workforce that has capacity to meet demand and competence to deliver high quality care	SG RTT SG CAMHS Directorate MH/LD/Addictions Clinical and Care Governance Meeting
National Neonatal Audit Programme	1 in 8 babies born will be admitted to a neonatal unit. The aim of this audit to improve the standard of care provided to babies. Examples of audit measures considered include: Temperature on admission • Antenatal steroids • Retinopathy of Prematurity (ROP) screening • Mother's milk at discharge • Consultation with parents • Neonatal unit transfers • Clinical follow-up at 2 years of age • Bronchopulmonary Dysplasia (BPD) • Recording of blood stream and cerebrospinal fluid cultures • Prevalence of Central Line-associated Bloodstream Infections (CLABSI)	Women and Children's Directorate Clinical Governance Meeting Acute Services Division Clinical Governance Committee
Deteriorating Patient Audit	Cumulative reports are produced quarterly (based on the financial year) for cardiac arrest, cardiac arrest review outcomes and peri arrest. Data are collected for any resuscitation event commencing in-hospital where an individual (excluding neonates) receives chest compression(s) and/or defibrillation and is attended by the hospital-based cardiac arrest team in response to a 2222 call. All individuals in eligible clinical areas receiving chest compressions and/or defibrillation and attended by the hospital-based resuscitation team (or equivalent) in	Reported to Deteriorating Patient Group and Clinical Governance Oversight Group on a quarterly basis

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Audit	Audit Programme	Where is Audit Reported?
	response to the 2222 call. NHS Fife is participating in the Scottish Patient Safety Programme (SPSP) Acute Adult Collaborative which is centred around the deteriorating patient and patient falls. Data collected for SPSP will also be reported in this report. It should be noted that the criteria for SPSP is different from the data collected in the audit as this is based on the National Cardiac Arrest Audit (NCAA). Every cardiac arrest is reviewed by the CPR SBAR Review Group. Decisions are then made as to whether a further investigation into the cardiac arrest is required either at an Emergency Bleep Meeting (EBM) or at a Significant Adverse Event Review (SAER).	
Falls Audit	Monthly report generated on all falls and falls with harm within NHS Fife.	Inpatient Falls Steering Group
Pressure Ulcer Audit	Monthly report generated on all pressure ulcer incidents within NHS Fife.	Tissue Viability Steering Group
National Hub for the Review and Learning from the Deaths of Children and Young People	Healthcare Improvement Scotland is responsible for overseeing death review activity through the National Hub. The National Hub will ensure that the death of every child and young person is reviewed to a minimum standard; defined within a national data core data set. Within scope are all deaths of babies and children up to their 18th birthday and also to include those up to their 26th birthday if they continue to receive aftercare or continuing care at the time of their death. NHS Fife Review of Children & Young People Deaths Commissioning Group was established in October 2021. The commissioning groups core membership is multi-disciplinary and multi- agency, this collaborative approach is central to achieving the requirements of the national guidance in delivering a high quality review which supports learning and improvement (both locally and nationally) from every child or young person's death in Scotland.	Annual Report generated for Clinical Governance Committee

Person Centredness

Clinical governance activities relating to person centredness cover the following domains:

- Learning from people's care experience through complaints, compliments, care opinion or through active patient engagement, provides valuable information for improving quality of services delivered and assess our systems of assurance and quality
- Active public participation and engagement to gather value information for improving the quality of care and services delivered
- Volunteering
- Equality and Human Rights

Objectives	- Learning from all forms of Feedback (complaints, Care Opinion, compliments) through identifying key themes and trends. This will provide opportunities for shared learning and the sharing of good practice - Improving accessibility to processes, open, transparency, barriers – inequalities, barriers in accessing complaints processes and services - Ensure compliance with Equality Act - Involve the public through Participation and Engagement
Enablers	- The Patient Relations Team will provide training, information, data and oversight. The service will provide organisational support to ensure that the requirements of complaint handling are met, data is accurately and sufficiently recorded and that reporting on complaints key themes and learning outcomes can be used to inform change and to share good practice. The same can be said for Care Opinion and Equality & Human Rights data **Public Directory** Through Participation and Engagement, public and staff will be involved in shaping service change to ensure healthcare services meet the needs of the individual **Equality and Human Rights** Ensure consideration given to the individual, protected characteristics, EQIA process re meeting legal requirements and engagement **Volunteering** Working with volunteers to support delivery safe care, enhancing patient experience and care journey
Our Values	We will focus on learning from all forms of feedback to improve the care and services delivered, ensuring a person-centred approach
Assurance and Strategic Oversight	Executive leadership is provided by the Director of Nursing

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Quality Improvement

Quality improvement is a core activity that needs to be aligned to all of the other clinical governance activities described above to enable a systems approach to quality and safety management.

Objectives	• Continuous quality improvement will be a priority to ensure the best services and outcomes for our patients
Enablers	• We will ensure that staff have access to quality improvement training and education, this will include human factors training • Development of the NHS Fife Quality Network to create a collaborative network of staff trained in quality improvement methodology. The aim of this is to inspire a social movement towards the realisation of quality and improvement as a core part of professionalism for all
Our Values	We will: • ensure that those involved in delivering care are involved and engaged to lead quality improvement • provide visible and active leadership for improvement • develop a community of practice by providing a structure where strong relationships can be built which foster discussion, support, advice, activities and learning. The community of practice would become a wider coaching / mentoring resource that works to share knowledge, skills and experience to deliver improvement projects
Assurance and Strategic Oversight	• Leadership is provided by Associate Director of Planning and Performance Projects

Appendix 1

Responsibility of Groups Reporting into the Clinical Governance Committee

Name of group	Purpose
Clinical Governance Oversight Group	The Clinical Governance Oversight Group is the group responsible for the operational delivery of this framework. This group has responsibility to take an overview of the quality and safety of care. The NHS Fife Medical Director chairs this group with members of the group comprising of leadership from across NHS Fife. A number of groups report into the Clinical Governance Oversight Group. The purpose of the group is to use sources of information to provide assurance to the Clinical Governance Committee: • Identify issues relating to quality of care; either through escalation or review of information scrutinised by the group • Review and identify risks • Recommend and influence organisational improvement activities • Monitor outcomes and the actions implemented to improve key clinical governance outcome indicators
Acute Services Division Clinical Governance Committee	The Acute Services Division Clinical Governance Committee oversees the delivery of the Clinical Governance agenda within the Division and assures the Acute Services Division Committee and the NHS Fife Clinical Governance Committee about the quality of services provided.
Area Drugs and Therapeutics Committee	This Committee is chaired by the Medical Director and reports to the Clinical Governance Committee and the Executive Directors' Group. The Committee provides clinical and professional advice and leadership to NHS Fife Board and the Integration Joint Board to ensure patient-centred, safe, clinically effective and cost-effective medicines use and medicines governance, in all care settings.
Area Clinical Forum	The purpose of the Area Clinical Forum is to ensure that efficient and effective systems are in place which promotes the active involvement of all clinicians from across NHS Fife in the decision-making process. The Area Clinical Forum supports the work of Fife NHS Board; and specifically part of the remit is to take forward particular issues on which clinical input is required on behalf of the Board, taking into account the evidence base, best practice, clinical governance and make proposals for their resolution.
Area Radiation Protection Committee	The purpose of the committee is to provide an overview of the management of radiation protection in NHS Fife. The Committee will be concerned with radiation protection requirements for all uses of ionising and non-ionising radiations within NHS Fife and for potential exposures to staff or patients from other sources of ionising radiations.

Name of group	Purpose
Health and Safety Sub Committee	This sub-committee purpose is to ensure that NHS Fife Board provide a safe and secure environment for patients, members of the public, and staff whilst fulfilling all statutory obligations. This sub-committee reports to the Clinical Governance Committee and reports on an exception basis on any particular issues.
Quality Matters Assurance Group	This is a clinically/professionally led forum. This forum covers all delegated services. The work of the forum adheres to the policies and procedures of NHS Fife and Fife Council. The QMAG enables clinical & care governance within the HSCP and provides assurance to the Senior Leadership Team Assurance Group that clinical and care governance is discharged effectively within the partnership whilst meeting the statutory duty for the quality of care delivered specifically in relation to patient/client safety, clinical effectiveness and patient/ client experience using a person centred, rights based approach and which can be evidenced using Integration Governance Principles: "How Do You Know"? It covers all delegated services including clinical issues, care issues and integrated issues and there are strong connections through membership to other CCG forums.
Digital and Information Board	This Board is chaired by the Executive Lead for Digital and Information and reports to the NHS Fife Clinical Governance Committee. A separate Annual Report and Strategy with detailed objectives for Digital and information are reported to the Committee.
Information Governance and Security Steering Group (IG&S)	This Group is chaired by the Executive Lead for Information Governance and Security and reports to the NHS Fife Clinical Governance Committee. It is responsible for overseeing the Information Governance agenda. It is the key purpose of the IG&S Group to act as a Steering Group providing, whole system leadership, oversight and assurance to the organisation and will ensure that all IG&S risks have effective and appropriate mitigations. Accountable to the Clinical Governance Committee but also provide assurance reporting to relevant governance committees as appropriate.

Name of group	Purpose
Research, Innovation and Knowledge Oversight Group	This Group is chaired by the Executive Lead for Research, Innovation and Knowledge and oversees this agenda within NHS Fife. It reports to the NHS Fife Clinical Governance Committee. A separate Annual Report and Strategy with detailed objectives for Research, Innovation and Knowledge is available.

The purpose of the Research, Innovation and Knowledge Oversight Group (RIK-OvG) is to:

• Oversee, monitor and advise on the development and delivery of the NHS Fife RIK Strategy, which will be supported by an annual delivery plan
• Oversee and monitor RIK performance targets (including; number of clinical research studies, number of participants recruited, commercial and non-commercial income, number of users of RIK services)
• Assure the Clinical Governance Committee, via the Executive Directors Group, that appropriate governance mechanisms and structures are in place for RIK services
• Escalate any issues to the Clinical Governance Committee, via the Executive Directors Group, where concerns are identified |
| **Infection Control Committee** | This Committee is chaired by the NHS Fife Executive Lead for Infection Control and reports to the NHS Fife Clinical Governance Committee. This Committee is responsible for overseeing the Infection Control agenda and quarterly and annual reports are produced. |

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Appendix 2

Committee Assurance Principles

Purpose and Remit

The overall purpose of the Board is to ensure efficient, effective and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes. Detailed scrutiny should take place at committee level, with each committee providing assurance and escalating key issues as required. For this to be achieved successfully, Standing Committees must be clear about their priorities, have focused agendas and workplans and must monitor their own performance rigorously. Standing Committee remits are approved by the Board with input from Committees and increasingly from national governance initiatives. However, Standing Committees must ensure that they are focused on Board priorities and on the risks delegated to them.

Sub-committees and groups will frequently have an operational focus but must ensure that they are in a position to provide the required assurances on their operations and on any risks, actions and controls for which they are responsible.

Board or Standing Committee Agenda

In general, for an item to be included on the agenda it should meet the following criteria unless the Committee Chair and Lead Officer agree there are good reasons for its inclusion:

a) It is a decision delegated to that Committee

b) It relates to and/or provides assurance upon a risk delegated to that Committee. In this context, performance reports etc should be overtly related to the specific risk and should contain a conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended

c) It is a statutory or regulatory requirement or required by SG guidance

d) The Committee can add value to a decision or issue by providing a different perspective, setting boundaries or generating ideas.

Assurance

At the start of the year, the Committee should consider its remit and determine its assurance requirements together with how these will be met, using assurance mapping principles.

This should be set out in the Committee assurance plan or clearly identified within the Committee work plan. The 'three lines of assurance' are often used to help categorise assurances:

- First line: management assurance from "front line" or business operational areas;
- Second line: oversight of management activity, including effective management information, separate from those responsible for delivery, but not independent of the organisation's management chain;
- Third line: independent and more objective assurance, including the role of Internal Audit and from external bodies

Assurances should be:

a) Overtly linked to the relevant risk with an overt conclusion from the responsible director or officer
b) Streamlined so that there is no omission, no unnecessary duplication
c) Relevant: data should not be presented just because it is readily available
d) Reliable: assurances should be evaluated so that it is clear how much weight should be placed on any piece of evidence and how they fit in with other relevant evidence
e) Sufficient: there should be sufficient evidence in total to allow a reasonable conclusion to be reached

The Board has delegated responsibility for most strategic risks to Standing Committees. Following a discussion of an agenda item, the committee should formally assess the level of assurance received. This is reported to the Board via the Chair's assurance report (see below). The following criteria (based on work undertaken by the Good Governance Institute) can help in assessing the level of assurance:

a) Independent assurance (such as an auditor's opinion) carries more weight than internal evidence produced by management
b) The best assurance is commissioned specifically to assure that a control is effective: reams of evidence with only indirect relevance does not provide good assurance
c) Assurances are time-limited and should only be relied upon if current
d) Differentiate between positive, negative and neutral opinion when using independent assurance
e) Ensure that assurance is consistent: triangulate different sources and use independent evidence to assess the accuracy of internal assurance sources

Chair's Report/Assurance Report

Minutes are valuable for the group itself but are not normally an efficient and effective source of assurance. An assurance report allows issues to be collated and presented in a way that gives readers a quick and comprehensive summary of the key issues, without considering unnecessary detail or having to decode or investigate areas of interest.
The following questions should be considered at the end of every Standing Committee and sub-group meeting and areas for recording agreed. These should then be included in the Chair's summary/assurance report and taken forward by the Responsible Director:

a) Are there any issues which could be a disclosure in the Governance Statement (see below) or should be included within the Committee year-end report

b) Are there any new risks emerging which require escalation to the Board or recording in the Strategic or operational risk registers

c) Is the Committee fulfilling its workplan and if not, would any omissions have an impact on its ability to provide assurance at year-end

d) For the risks delegated to the Committee:

   - Are the scores correct?

   - Have there been any significant movements?

   - Has the committee received assurances that internal controls intended to mitigate the risk are working as intended and are effective?

   - Does performance reporting support this?

   - Has the committee received assurances that actions intended to reduce the risk to its target level are working as intended and will be effective?

Year-end Reports

At the end of the financial year, Standing Committees provide their annual report to the A&RC (and Board). Standing Committee annual reports are an opportunity to reflect on the year just gone and should be used to consider overall progress and key issues going forward. The annual report should be focused on the most important issues and should include, as a minimum:

a) A clear description of movement in strategic risks aligned to the committee and areas where actions were not effective

b) Overt identification of areas of non-compliance and explanation of the impact on the control environment

c) Clear performance information and highlighting of areas of poor performance

d) Inclusion of Key Performance Indicators where possible

e) Rather than stating that a report was presented, providing a broad conclusion on whether the level of assurance provided was acceptable (noting that the new process for assessing assurance will aid this recommendation)

f) Any specific requirements for that Committee based on its remit or duties such as an overt opinion by the Staff Governance Committee (SGC) on whistle-blowing

arrangements based on an appropriate annual report or the Finance, Performance & Resources Committee (FP&RC) opinion on whether value for money was achieved

g) Consideration of key risks and concerns and how these will be reflected in the workplan for the year ahead.

The Audit and Risk Committee must decide whether an item is of sufficient significance to be included in the narrative of, or disclosed within, the Governance statement. By extension Standing Committees should consider, whether an item should be brought to the attention of the Audit Committee within their annual report/assurance statement.
Useful considerations in deciding whether an item should be disclosed include:

a) Is it material? The HIS risk management 'impact' criteria provide a helpful guide

b) Does it represent a control weakness? Some issues could not reasonably have been prevented

c) Was the control weakness in place in the year in question? A weakness in place throughout most of the year should be mentioned, even if resolved after or at year-end. However, if the issue was discovered in year but related to a weakness in previous years now rectified then it need not be disclosed

Assessing Risks

Questions for Risk Owners:

- Would you know if your controls are working effectively as intended or failing?
- Can you evidence the effectiveness of the controls?
- Can you assure your Governance Committee of the effectiveness of controls?
- Do you have assurance for all three lines of defence?
    - 1st line - management / performance / data trends
    - 2nd line – oversight / compliance / audits
    - 3rd line – internal audit and/or external audit reports / external assessments

- If Yes - why above appetite?
- If No – How are the mitigating controls reflecting improvement or is there an action plan?
- Do you understand both the criticality and effectiveness of controls
    - Criticality: How important to the mitigation of the risk? The higher the importance of the control in mitigating the risk, the more assurance is required. If the control is of low importance is it a valid control to attach resource / effort
    - Effectiveness: This should measure if the controls are well designed / appropriate as well as how effectively they are implemented

Risk Questions for Committees

General questions:

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

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

- History of the risk (when was risk opened)- has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
    - In line with appetite
    - Realistic/achievable or does the risk require to be tolerated at a higher level?
    - Sensible/worthwhile

- Is there an appropriate split between:
    - Controls – processes already in place which take the score down from its initial/inherent position to where it is now
    - Actions – planned initiatives which should take it from its current to target
    - Assurances which monitor the application of controls/actions
    - Ensuring there is clarity over what the listed controls etc. actually do e.g. if there is a group, what is it for (noting a group might be all three or actually none)?

- Assessing controls
    - Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)
    - Overall, do the controls look as if they are applying the level of risk mitigation stated
    - Is their adequacy assessed by the risk owner– if so , is it reasonable based on the evidence provided

- Assessing Actions – as controls but accepting that there is necessarily more uncertainty :
    - are they are on track to be delivered

- are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
- are they likely to be sufficient to bring the risk down to the target score

- Assess Assurances:
    - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
    - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
    - Do the assurance sources listed actually provide a conclusion on whether:
        o the control is working
        o action is being implemented
        o the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
    - What level of assurance is given or can be concluded and how does this compare to the required level of assurance (commensurate with the nature or scale of the risk):
        o 1st line - management / performance / data trends
        o 2nd line – oversight / compliance / audits/
        o 3rd line – internal audit and/or external audit reports / external assessments

Appendix 3

Integration Framework and Services Delegated to the Integration Joint Board, July 2021

Section 5 of the Fife Health and Social Care Integration Scheme between Fife Council and NHS Fife (March 2022) clearly defines the clinical governance arrangements for delegated services:

The arrangements for clinical and care governance agreed by the Parties are:

5.1 The Executive Medical Director, Director of Public Health and Executive Nurse Director, NHS Fife are accountable to the NHS Fife Clinical Governance Committee for quality of care delivery and professional governance in relation to the delegated NHS Fife functions.

5.2 The Chief Social Work Officer, Fife Council is accountable for ensuring proper standards and values are maintained in respect of the delivery of Social Work Services delegated to this Integration Joint Board. The Chief Social Work Officer provides specific reports including the annual report and assurance to the relevant committee of Fife Council.

5.3 The Chief Officer as Director of Health and Social Care has delegated operational responsibility for integrated services. The Chief Officer, Medical Director, Nurse Director, Director of Public Health and Chief Social Work Officer will work together to ensure appropriate standards and leadership to assure quality including at transitions of care.

5.4 The Parties will continue to monitor and report on clinical, care and professional governance matters to comply with legislative and policy requirements.

5.5 The Executive Medical Director, the Director of Public Health and the Executive Nurse Director continue to attend the NHS Fife Clinical Governance Committee which oversees the clinical governance arrangements of all NHS Fife service delivery divisions.

5.6 Professional oversight, advice and accountability in respect of care and clinical governance are provided throughout the Partnership by the Executive Medical Director Executive Nurse Director, and Professional Lead Social Worker.

5.7 Professional advice is provided to this Integration Joint Board through named professional advisors in line with section 12 of the Act. Advice is also provided through the Strategic Planning Group, Localities and an Integrated Professional Advisory Group comprising of health and social care professionals. The existing advisory groups will be linked to the Integrated Professional Advisory Group and will provide advice, as required, and be fully involved in Strategic Planning processes.

5.8　Assurance will be given through arrangements which will come together in an integrated way. The IJB will agree a clinical and care governance framework setting out efficient and effective arrangements for clinical and care governance, supported by the appropriate professional advice, covering all delegated services and at the interface between services. This framework will be developed in partnership with both Parties and the arrangements will clearly set out assurances to the IJB and its partners as well as those for the escalation and resolution of clinical and care risks (Appendix 5).

5.9　The Parties will ensure clinical and/or care governance arrangements are congruent with those of the IJB. Any changes to these arrangements will be agreed between the Parties and implemented through a minute of variation signed on behalf of both Parties and the IJB.

5.10　This Integration Joint Board will, through the Chief Officer, establish a framework and mechanisms as appropriate to receive assurance on the systems in place to discharge their statutory responsibilities for the requirements of the Act. This relates to the delivery of integrated health and social care arrangements including the Principles of Integration (Section 4), Health and Wellbeing Outcomes (Section 5), the Quality Aspects of Integrated Functions for Strategic Planning and Public Involvement (Sections 29-39), delivery of Integration through Localities, Directions and the Annual Performance Report (Sections 40-43).

5.11 The Strategic Planning Group has medical, nursing, social work, Allied Health Professionals and other key stakeholders and professional staff in its membership to ensure appropriate advice is provided throughout the process of strategy development, implementation and review.

Appendix 4

Executive Director Clinical Governance Responsibilities

NHS Fife Chief Executive

The Chief Executive has a responsibility for the organisation as a whole. In particular the Chief Executive has a responsibility for the quality of all clinical services provided within NHS Fife.

NHS Fife Medical Director

The Medical Director is the identified Executive responsible for leading the development and implementation of the Clinical Governance systems, including Clinical Effectiveness, within the organisation. The Medical Director as Caldicott Guardian is responsible for ensuring that NHS Fife complies with the guidance in the Caldicott Reports and for the development of Clinical Governance within Public Health.

Director of Nursing

The Director of Nursing is the Executive Lead as well as for participation and engagement, and Infection control.

Director of Finance and Strategy

The Director of Finance and Strategy is the executive lead for risk management.

Director of Health and Social Care

The Director of Health and Social Care is the Chief Officer for Health and Social Care to the Integration Joint Board. In particular this officer reports to the Chief Executive of Fife Council, and the Chief Executive of NHS Fife, and has responsibility to ensure the partnership reports clinical and care governance performance to the IJB Clinical and Care Governance Committee and the NHS Fife Clinical Governance Committee when appropriate (Appendix 5).

Director of Pharmacy and Medicines

The Director of Pharmacy and Medicines is the Executive lead for pharmaceutical care and medicines governance within the organisation. This ensures that pharmaceutical care services and multidisciplinary systems function to assure the safe and effective use of medicines in NHS Fife. The Director of Pharmacy and Medicines also serves as the Board's Controlled Drugs Accountable Officer.

Appendix 5

Describing the HSCP Assurance Arrangements Including Clinical and Care Governance

This document describes the arrangements in place within the HSCP which aims to assure that there are the correct connections and reporting into the appropriate structures of NHS Fife, Fife Council and IJB.

Legal Position

How is Clinical and Care Governance Supported by the Integration Scheme?

Public Bodies (Joint Working) (Scotland) Act 2014 define National Health and Wellbeing Outcomes Integration Planning and Delivery Principles with statutory responsibilities clinical and care governance. This is a required section within the Integration Scheme which is a legal document setting out the arrangements adopted by NHS Fife and Fife Council as required by Section 7 of the Act. The full act and what is defined regarding to clinical and Care governance can be read via this link Microsoft Word - Fife Integration Scheme_FINAL_19.08.15 (fifehealthandsocialcare.org)

In Summary in relation to Clinical and Care Governance the Integration Scheme defines

- The Roles of Executive Medical Director, Director of Public Health and Executive Nurse Director, including role for professional oversight and accountability to the NHS Fife Clinical Governance Committee for quality of care delivery in relation to the delegated NHS Fife functions and the accountability of the Chief Social Work Officer to Fife Council in respect of standards and value for social work and social care.

- There is a requirement for Parties (NHS Fife & Fife Council) to monitor and report on clinical, care and professional governance matters to comply with legislative and policy requirements.

- The Chief Officer as Director of Health and Social Care has delegated operational responsibility for integrated services. The Chief Officer, Medical Director, Nurse Director, Director of Public Health and Chief Social Work Officer will work together to ensure appropriate standards and leadership to assure quality including at transitions of care.

- The Integration Joint Board will, through the Chief Officer, establish a framework and mechanisms as appropriate to receive assurance on the systems in place to discharge their statutory responsibilities for the requirements of the Act. This relates to the delivery of integrated health and social care arrangements including the Principles of Integration (Section 4), Health and Wellbeing Outcomes (Section 5), the Quality Aspects of Integrated Functions for Strategic Planning and Public Involvement (Sections 29-39), delivery of Integration through Localities, Directions and the Annual Performance Report (Sections 40-43). Assurance will be given through arrangements which will come

together in an integrated way. The IJB will agree a clinical and care governance framework setting out efficient and effective arrangements for clinical and care governance, supported by the appropriate professional advice, covering all delegated services and at the interface between services. This framework will be developed in partnership with both Parties and the arrangements will clearly set out assurances to the IJB and its partners as well as those for the escalation and resolution of clinical and care risks.
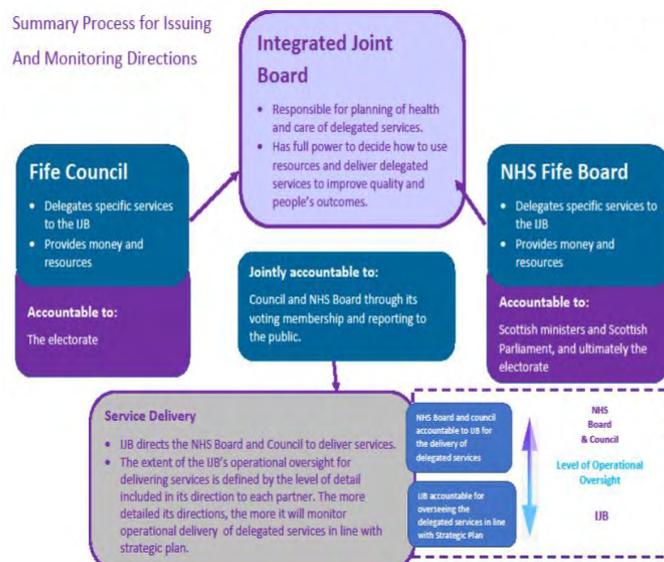
- Professional advice is provided to this Integration Joint Board through named professional advisors in line with section 12 of the Act. Advice is also provided through the Strategic Planning Group, Localities and an Integrated Professional Advisory Group comprising of health and social care professionals. The Strategic Planning Group has medical, nursing, social work, Allied Health Professionals and other key stakeholders and professional staff in its membership to ensure appropriate advice is provided throughout the process of strategy development, implementation and review.

What is the Role of Directions?

A policy on Directions has been approved by the IJB having being widely consulted with partners.

In line with Policy - Any direction issued by the IJB must meet all clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance. Every IJB has senior professional, clinical and financial advisors as part of their core membership to provide scrutiny of these aspects and to provide assurance. This does not require to be remitted for additional checking through Local Authority of Health Board systems: Local Authorities and Health Boards should ensure that the professional and clinical advisors tasked to provide advice to IJBs are appropriately experienced and supported in their role. All direction to the IJB will come through IJB Quality and Community and IJB Finance, Performance and Scrutiny.

Policy Position

Summary Process for Issuing And Monitoring Directions

Integrated Joint Board
- Responsible for planning of health and care of delegated services.
- Has full power to decide how to use resources and deliver delegated services to improve quality and people's outcomes.

Fife Council
- Delegates specific services to the IJB
- Provides money and resources

Accountable to:
The electorate

NHS Fife Board
- Delegates specific services to the IJB
- Provides money and resources

Accountable to:
Scottish ministers and Scottish Parliament, and ultimately the electorate

Jointly accountable to:
Council and NHS Board through its voting membership and reporting to the public.

Service Delivery
- IJB directs the NHS Board and Council to deliver services.
- The extent of the IJB's operational oversight for delivering services is defined by the level of detail included in its direction to each partner. The more detailed its directions, the more it will monitor operational delivery of delegated services in line with strategic plan.

NHS Board and council accountable to IJB for the delivery of delegated services

IJB accountable for overseeing the delegated services in line with Strategic Plan

NHS Board & Council

Level of Operational Oversight

IJB

Where Do Services Within the HSCP Connect With and Report To?

The Senior Leadership Team Connects with a wide range of Partners and this is reflected in our Reporting arrangements beyond SLT into: Fife Integration Joint Board, NHS Fife, Fife Council and Fife Partnership Board.
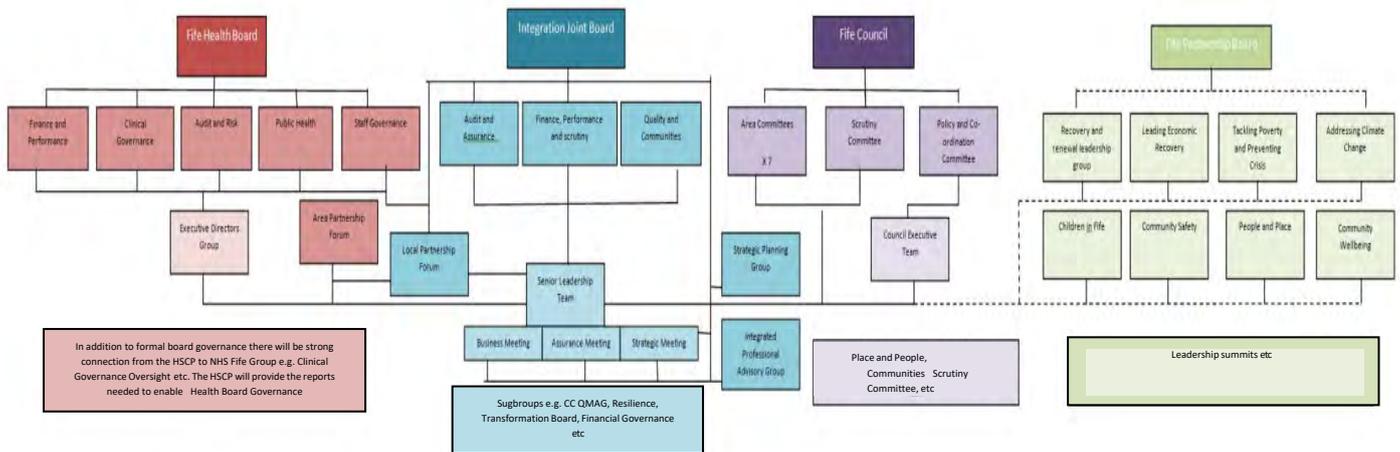
The key purpose of the Quality and Communities Committee is to provide assurance to the IJB in relation to its statutory duty, policy requirement and strategic approach around clinical and care governance, quality, safe and effective services, transformation, localities, communities and participation & engagement.

HSCP Position

How is the Chief Officer Establishing a Framework of Assurance to Aid Good Operational Governance?

A mechanism has been established in the Health and Social Care Partnership to support assurance. This includes huddles reviewing data, to clinically led portfolio groups which enables focused discussion on service specific quality matters e.g. mental health, community hospitals, children's services, this then feeds into an overarching Clinical and Care Quality Assurance Group (QMAG) which receives reports from portfolio groups and this then feeds into Senior Leadership Assurance which receives assurance, reassurance and escalation on a range of issues e.g. quality, health and safety. This then reports into the organisational governance structures and all appropriate clinical matters will be reported to the Clinical Governance Oversight Group.

Senior Leadership Assurance Group: Chaired by the Director of Health and Social Care. Clinical and Professional Membership includes Deputy Medical Director, Associate Director of Nursing, Deputy Director of Pharmacy, Director of Psychology, Associate Director AHPs and Principal Social Work Officer. Subject matter experts attend according to the agenda. The group receives reports from the topic specific subgroups including Clinical and Care Quality Assurance Matters Group; Health and Safety Forum; Resilience Forum; Risk

Management; Localities Participation & Engagement on the basis of assurance, reassurance or escalation. The value of this forum is that it enables cross- fertilisation, provides senior leadership oversight and supports good governance across the structures recognising the system complexity.
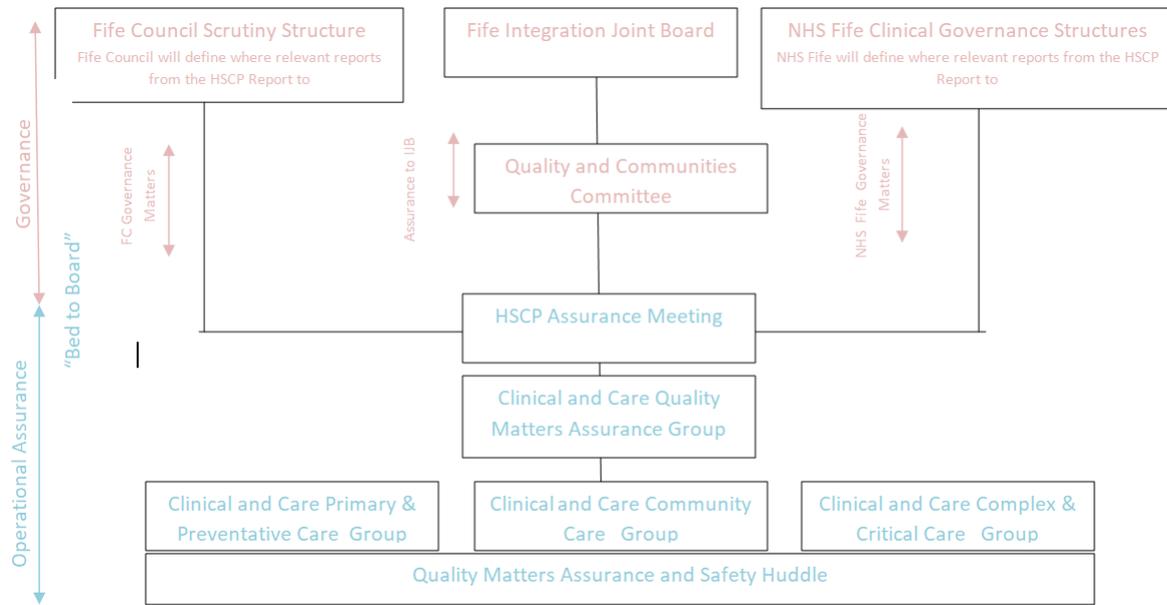
Clinical and Care Quality Matters Assurance Group (QMAG): This is a clinically/professionally led forum. This forum covers all delegated services. The work of the forum adheres to the policies and procedures of NHS Fife and Fife Council. The QMAG enables clinical & Care governance within the HSCP and provides assurance to the Senior Leadership Team Assurance Group that clinical and care governance is discharged effectively within the partnership whilst meeting the statutory duty for the quality of care delivered specifically in relation to patient/client safety, clinical effectiveness and patient/ client experience using a person centred, rights based approach and which can be evidenced using Integration Governance Principles: "How Do You Know"? It covers all delegated services including clinical issues, care issues and integrated issues and there are strong connections through membership to other CCG forums.

Portfolio Clinical and Care Assurance Groups: Each of the three operational portfolios have clinical and care groups. These are clinically and professionally led and reports into CG QMAG. The groups will provide multi professional oversight of all quality data outcomes including adverse incident data, LAER, SAER, External and Internal Inspections, learning from audit and data, feedback and compliments / complaint information, Quality Improvement projects and development of new services as they relate to the specific portfolio of Services e.g. Primary and Preventative Care, Community Care and Complex and Critical Care.

Huddle: There is a fortnightly clinically and professionally led huddle. This enables a review of data including incidents e.g. falls, medication, violence and aggression, tissue viability. Integrated data sources are in development.

In Addition: The above arrangements continue to evolve given the restructure was during a pandemic. There are reporting lines from the professional leads direct to Executive Director Clinical Leads. There is Senior Clinical Representation from HSCP on all of the key NHS Fife clinical related groups e.g. infection control, clinical governance oversight group etc. A report will be provided to the Clinical Governance Oversight which details what is being actively discussed in the HSCP and provide assurance, reassurance or escalation and to enable further scrutiny and this can be managed to ensure appropriate reporting e.g. NHS Fife Business to NHS Fife and Fife Council Business to Fife Council and Integrated Business to IJB through Quality and Communities. The diagram on the next page aims to describe this system connection. The recent inspection has recognised QMAG as a good example of integrated arrangements.

System Connection

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

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

To find out more about accessible formats contact:
fife.equalityandhumanrights@nhs.scot or phone 01592 729130

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ⓘ linkedin.com/company/nhsfife

Clinical Governance Strategic Framework Annual Delivery Plan 2022/2023

1.1 The principles and intentions set out in the Clinical Governance Strategic Framework will only be fully realised through the support of an annual delivery plan.

1.2 Assurance and oversight of the delivery plan will be provided through the Clinical Governance Oversight Group supported by a midyear and end of year report to the Clinical Governance Committee. Any matters that require escalation will be escalated to these groups as appropriate.

1.3 The annual delivery plan for 2022/2023 is set out below:

		Workstream	Description/ Objectives	Lead(s)	Timescale	Status
Our Values	1.1	Organisational Learning	Embed the Organisational Learning Group Identify opportunity for organisational thematic learning (along with facilitating action to support improvement) and develop a means for sharing learning from clinical events and good practice more widely across the organisation	Associate Director for Quality and Clinical Governance (Q&CG) and Associate Director for Nursing (Corporate)	Mar 2023	Delivered Group established April 2022
	1.2	Safety and Just Culture	Work with Workforce Directorate to develop a programme of work to ensure that staff are supported to engage in safe, open and transparent way with clinical governance activities Roll out of trauma informed workforce	Lead for Adverse Events	Mar 2023	On Track
	1.3	Patient Representation on the Clinical Governance Committee	Recruit a Patient Representative on the Clinical Governance Committee to ensure that we are valuing and making a connection between the oversight of quality and safety with the direct experiences of our patients Recruit member of public to join the Clinical Governance Committee	Associate Director for Quality and Clinical Governance	Mar 2023	Work required
	1.4	A focus on quality and safety	Work with clinical teams to co-produce a refreshed approach to safety and quality visits	Director of Nursing Medical Director Associate Director for Q&CG	Mar 2023	Work required
Clinical Governance Activities	2.1	Organizational learning communication QI project	Scope programme of work in collaboration with realistic medicine to develop quality improvement actions to address the theme of patient communication identified in patient complaints and adverse events	Associate Director of Nursing for Corporate and Associate Director for Q&CG	Feb 2023	On track
	2.2	Risk Management	Programme of work to refresh the Risk Management Framework	Director of Finance	Mar 2023	On track

		Framework	including: Clearly defined strategic risks Development of a corporate risk register Reviewed escalation processes Development of a risk dashboard Establishing a Risk and Opportunity Group	and Strategic Planning, Risk Manager and Associate Director for CG and Q		
	2.3	Scottish Patient Safety Programme	Participation in SPSP Adult Acute Collaborative	Clinical Effectiveness Manager	Ongoing	Ongoing
	2.4	Medicines Safety Programmes	Ensure NHS Fife has a programme of continued improvement with medications safety, including learning from incidents, education improvements, ensuring safe and effective prescribing	Director of Pharmacy	2023/2024	TBC
	2.5	Excellent in Care	Development of Care Assurance Framework for NHS Fife	Director of Nursing	TBC	TBC
	2.6	Quality Network	Collaborate with the Planning and Performance team to contribute to the shape of the quality network particularly in respect of the Organisational Learning Group	Associate Director of Q&CG	TBC	TBC
	2.7	Review of Adverse Events Policy and Procedure	Full review of Adverse Events Policy and Procedure to deliver: Updated training and education Revised process Increase capacity to support adverse reviews Increased focus on improvement plans and learning Staff support Policy update Procedural update	Lead for Adverse Events	 Mar 23 Jun 23	On track
Enablers	3.1	Review of Clinical Governance Oversight Group	Clinical Governance Oversight Group and Adverse Event (AE) & Duty of Candour (DoC) Group to amalgamate to provide overall picture of AE/DoC in the context of the wider clinical governance picture Development of workplan for the group		Apr 22	Delivered
	3.2	Review of HSCP clinical governance structures	Review and embed new clinical and care governance structures including services delegated to the IJB			TBC
	3.3	Review of core quality data and development of	Development of quality report for Acute Services division to ensure clinical governance key quality indicator data is readily available at Divisional, Directorate, Service and Ward levels.	Associate Director of Q and CG and Associate Nurse Director for ASD	May 22	Delivered

		Quality Reports				
	3.4	Upgrade to Datix Cloud IQ	Develop business case for Datix Cloud IQ providing improved functionality for clinical governance activities such as Morbidity and Mortality meetings	Associate Director of Q and CG	Mar 23	Paused due to national tender discussion
	3.5	Embed our systems and processes for the reviews of deaths of children and young people	Embed the required infrastructure for the delivery of the national guidance and embed local processes	Lead for Adverse Events	Sept 22	Delivered
	3.6	Development of a Quality Management System (QMS) for NHS Fife	Develop business case in partnership with Digital and Information for a QMS for NHS Fife which enables NHS Fife to achieve its quality objectives whilst enabling patient focussed quality monitoring and process improvements. The solution should enable a controlled and formalised record of relevant documentation including policies, processes, procedures and responsibilities. The solution should facilitate the key activities (Quality planning, assurance, control & improvement) required to meet quality objectives and regulatory requirements.	Associate Director for Q and CG	Apr 24	Requires work – scoping exercise complete
	3.7	NEWS2	Work in partnership with Digital and Information to deliver NEWS2 to deliver benefits to the Deteriorating Patient work including	Associate Director for Q and CG, Head of Programmes for D&I	Dec 23	Requires work- Business Case and being finalised for EDG submission

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**28 March 2023**
Title:	**Draft NHS Board Workplan 2023/24**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Gillian MacIntosh, Board Secretary**

1 Purpose

This report is presented to the Board for:

- Decision

This report relates to:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

The NHS Fife Code of Corporate Governance states that the Board and all its Committees "will draw up and approve, before the start of each year, an annual workplan for ... planned work during the forthcoming year". This paper therefore outlines the draft schedule of items for the Board for Financial Year 2023/24.

2.2 Background

This workplan is largely derived from the role, responsibilities and functions of the NHS Board as defined in the Code of Corporate Governance, particularly around strategy development, and from the schedule of issues to be considered annually by the NHS Board.

2.3 Assessment

The attached workplan is the draft forward plan for the new Financial Year 2023/24, detailing proposed topics and timings for each.

This workplan also builds on the individual governance committee workplans, each of which were considered and approved by the respective committee at their March 2023 meetings.

A complementary schedule for Board Development topics is also being developed, with planned agendas for these sessions over the next few months

2.3.1 Quality/Patient Care

There are no quality or patient care implications arising from this paper.

2.3.2 Workforce

There are no workforce implications arising from this paper.

2.3.3 Financial

There are no financial implications arising from this paper.

2.3.4 Risk Assessment/Management

There are no specific risk implications arising from this paper. The review and approval of an annual workplan for NHS Board business, however, ensures appropriate governance across all areas and that effective assurances are provided

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

There are no equality or diversity implications arising from this paper.

2.3.6 Climate Emergency & Sustainability Impact
N/A.

2.3.7 Communication, involvement, engagement and consultation
N/A.

2.3.8 Route to the Meeting

This workplan builds on the governance committee workplans, each of which were considered and approved by the respective committees at their March 2023 meetings. The paper has also been considered by the Chair, Chief Executive and Deputy Chief Executive.

2.4 Recommendation

The paper is presented for decision. The Board is asked to **approve** the draft workplan for 2023/24 as attached.

3 List of appendices

The following appendices are included with this report:
- Appendix 1 – Draft Board Workplan 2023/24

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

DRAFT FIFE NHS BOARD – ANNUAL WORKPLAN 2023/24

	Lead	May	June	July	September	November	January	March
Regular Items								
Annual Board Workplan	**Board Secretary**							✓
Annual Review of Code of Corporate Governance	**Board Secretary**	✓						
Corporate Calendar – Board and Committee Dates to March 2025	**Board Secretary**				✓			
Integrated Performance & Quality Report	**CEO / Directors**	✓		✓	✓	✓	✓	✓
Minutes of Previous Meetings	**Chair**	✓		✓	✓	✓	✓	✓
Note of Board Development Sessions	**Chair**	✓		✓	✓	✓	✓	✓
Statutory and Other Committee Minutes	**Committee Chairs**	✓		✓	✓	✓	✓	✓
Governance								
NHS Fife Corporate Objectives	**CEO**	✓						
Internal Audit Annual Plan 2023/24	**DoFS**			✓				
Ministerial Review Response (*time dependent following Annual Review*)	**CEO**							
Performance / Delivery								
Annual Delivery Plan 2023-24	**DoFS**			✓				
Annual Procurement Report 2022/23	**DoFS**					✓		
Capital Investment Programme (included in ADP above)	**DoFS**							
Medium Term Financial Plan 2023 - 28	**DoFS**	✓						
Three Year Workforce Plan 2022-25 Update	**DoW**				✓			
Whistleblowing Annual Performance Report 2022/23	**DoW**				✓			
Whistleblowing Quarterly Report 2022-23 and 2023-24	**DoW**	✓ (Q4)			✓ (Q1)	✓ (Q2)		✓ (Q3)
Risk								
Corporate Risk Register	**DoFS**	✓				✓		

	Lead	May	June	July	September	November	January	March
Strategy								
Mental Health Strategy Implementation / Fife Mental Health Redesign IAD	**DoHSC**	?IAD				✓		
Population Health & Wellbeing Strategy: Six-Monthly Review	**CEO / DoFS**				✓			✓
Prevention & Early Intervention Strategy	**DoHSC**				✓			
Property and Asset Management Strategy	**DoPAM**				✓			
Primary Care Strategy	**DoHSC**	✓						
Primary Care Premises Strategy	**DoPAM**			✓				
Annual Accounts								
Committee Annual Assurance Statements	**DoFS**		✓					
Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland	**External Auditor**		✓					
Letter of Representation	**External Auditor**		✓					
Annual Assurance Statement from the Audit & Risk Committee	**Chair A&R Committee**		✓					
Annual Accounts & Financial Statements	**DoFS**		✓					
Patients' Private Funds Accounts	**DoFS / External Auditor**		✓					
Other/Adhoc								
Annual Return of Health Promoting Health Service	**DoPH**				✓			
Climate Emergency and Sustainability Annual Report	**DoPAM**						✓	
Director of Public Health Annual Report	**DoPH**			✓				
In-patient/End of Life Care	**DoHSC**					✓		
Joint Health Protection Plan (every two years, therefore March 2024)	**DoPH**							✓
Laboratory Information Management System Update – (Private Session)	**ADD&I**				✓			
Medicines Automation Programme	**MD / DoP**							✓
Annual Duty of Candour Report	**MD**						✓	

	Lead	May	June	July	September	November	January	March
Palliative Care	**DoHSC**			✓				
Public Sector Duty Update – Equality & Human Rights	**DoN**							✓

	Lead
Beyond 2023-24	
Property & Asset Management Strategy (every two years, therefore 2025, with interim report in between)	**DoPAM**
Workforce Strategy (every three years, therefore March 2025)	**DoW**
Kincardine & Lochgelly Business Case	**DoFS**

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**28 March 2023**
Title:	**Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021 – 2025**
Responsible Executive:	**Janette Keenan, Director of Nursing**
Report Author:	**Isla Bumba, NHS Fife Equalities and Human Rights Lead**

1   Purpose

This report is presented to the Board for:

- Assurance
- Discussion
- Decision

This report relates to:

- Government policy / directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

This report aligns to the following Staff Governance Standard(s):

- Well informed
- Appropriately trained & developed
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2   Report summary

2.1   Situation

The Equality Act (2010) and the Public Sector Duty (2011) legally requires NHS Fife to devise, monitor and publish an Equality Outcomes and Mainstreaming plan every 4 years.

It also requires NHS Fife to publish an interim progress report after 2 years, and a final progress report at the end of the 4-year period. The Interim report is due to be published at the end of March 2023 with agreement of NHS Fife Board. The Commission for Equality and Human Rights regularly monitors authorities' including Health Boards compliance with the Equality Act 2010.

The attached document provided is:

An interim report giving information and detail of the work undertaken over the past two years to progress the outlined set of equality outcomes for the period 2021 – 2023. This report also details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years.

2.2 Background

The core areas of The Equality Act 2010 (Specific Duties) (Scotland) Regulations (2012) require NHS Fife to:

- Report on progress on mainstreaming the equality duty
- Publish equality outcomes and report on progress
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay including occupational segregation information

Additionally, the Public Sector General Duty 2011 of the Equality Act 2010 requires NHS Fife to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a relevant protected characteristic and those who do not.

The attached report will summarise and document how NHS Fife has complied with the above legislation.

2.3 Assessment

The Equality Outcomes and Mainstreaming report has been worked on for many months, working collaboratively with many services across NHS Fife and is now complete. This report covers a summary of NHS Fife and its workforce, the Fife population, how NHS Fife is mainstreaming equality work and details the progress on each equality outcome as set in the 2021 – 2025 plan, and the progress on each specific action.

Due to COVID-19 there have been challenges with achieving the outlined outcomes, and so this report acknowledges this and details how NHS Fife intends on addressing this challenge and any delays experienced, by meeting the outcomes over the years 2023 – 2025.

2.3.1 Quality / Patient Care

An update is provided in the report regarding the progress made towards each of the specified equality outcomes:

- Outcome 1 – Person-centered Care – To improve the mental health outcomes for patients over 65 years
- Outcome 2 – To improve the health of Black and/or Minority Ethnic Patients in our community
- Outcome 3 – To make senior management equality focussed by improving and embedding knowledge and skills through learning, mentoring and leadership
- Outcome 4 – To improve the health and wellbeing of our Black and Minority Ethnic staff

2.3.2 Workforce

It is recognised that there is work to be done in terms of improvements to equality, diversity and inclusion within NHS Fife in support of this strand of the NHS Scotland Staff Governance standard and the spotlight on the ethnic minority staff group generated by the pandemic. While we have achieved improvements in the uptake of Equality & Diversity training and 2021 saw the launch of our BAME Network, jointly chaired by members of staff, alongside the support for our new international recruits, there are other staff groups within the protected characteristics, where specific action has still to be taken, for example, for LGBTQ+ staff.

2.3.3 Financial

n/a

2.3.4 Risk Assessment / Management

NHS Fife carries out Equality Impact Assessments (EQIAs) and this is a key way to mainstream equality across the organisation. EQIA's are a way to ensure that NHS Fife, like all other Public sector organisations, is assessing the impact that all services, policies and changes has on equality. They involve using an evidence base (including public engagement work) to predict potential outcomes of changes on any of the Protected Characteristics, and then making appropriate adjustments to mitigate any negative impacts.

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

The attached report will summarise and document how NHS Fife has complied with:

- The Equality Act 2010 (Specific Duties) (Scotland) Regulations (2012).
- The Public Sector General Duty 2011

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Communication, involvement, engagement and consultation

- The report details communication, involvement and engagement work

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Equality and Human Rights Strategy Group over 2022
- EDG 05/01/2023
- Public Health & Wellbeing Committee 11/01/2023
- Clinical Governance Committee 13/01/2023
- Equality and Human Rights Strategy Group 03/02/2023

2.4 Recommendation

- **Assurance** – The report details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years.
- **Discussion** - Consider content of Report
- **Decision** – Agreement to publish the Interim Report by 31 March 2023

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 NHS Fife Equality Outcomes and Mainstreaming Interim Report

Report Contact
Isla Bumba
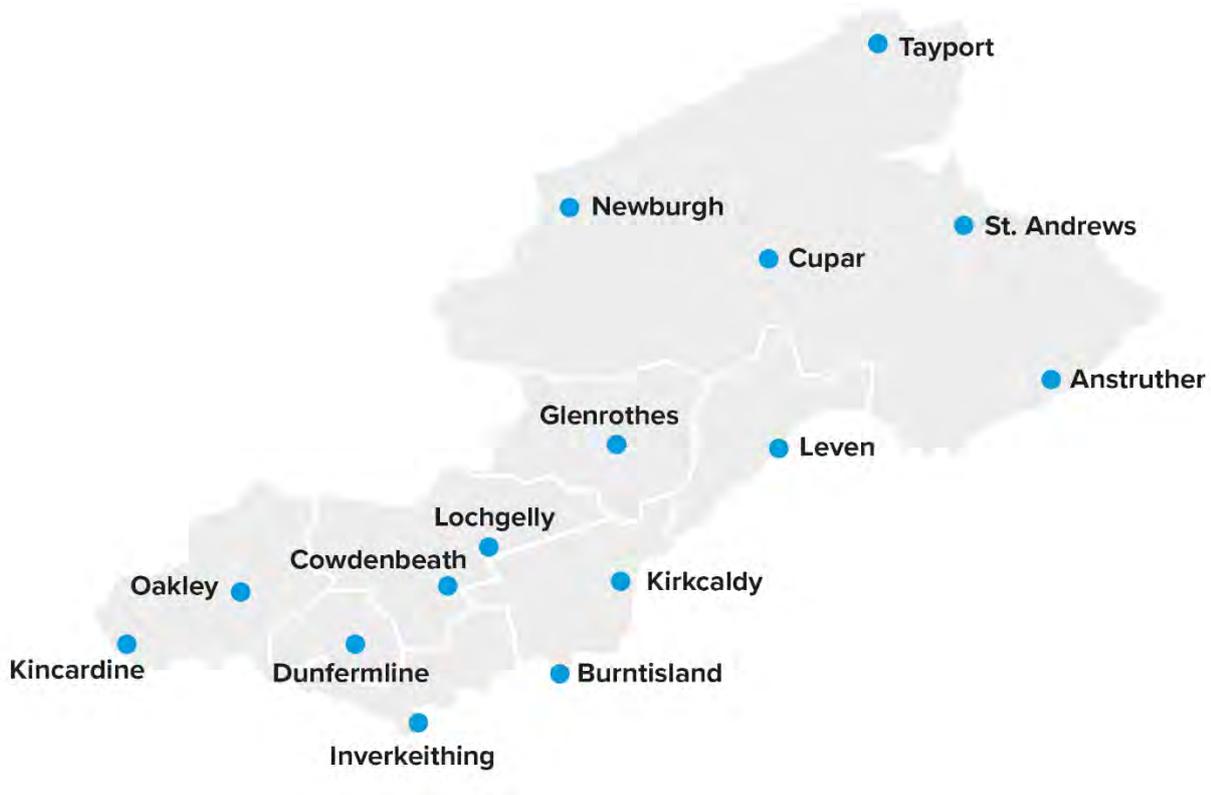NHS Fife Equalities and Human Rights Lead
Email isla.bumba@nhs.scot

Equality Outcomes and Mainstreaming Interim Report

This report aims to provide an update on progress
towards delivering our corporate
Equality Mainstreaming Plan (2021–2025).

NHS Fife

February 2023   nhsfife.org

We are committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.

Contents

1. Foreword by Janette Keenan, Director of Nursing and Executive Lead for Equality and Human Rights

As the Executive Lead for Equality and Human Rights, I am pleased to present NHS Fife's Equality Mainstreaming Plan (2021-2025) Interim Progress Report.

NHS Fife as a public authority must ensure that The General Equality Duty 2011 and the Specific Duties (Scotland) Regulations 2012 of the Equality Act 2010 are met and published as required. This report aims to provide an update on progress towards delivering our corporate Equality Mainstreaming Plan (2021-2025), highlighting what difference the plan is making to our patients and service users and, to provide examples of how equality is being embedded throughout our organisation. Co-production is used to drive that work, to help shape and inform the future of health and care across Fife by listening and acting upon the voices of those representative of protected characteristics. Using Human Rights - PANEL Principles (Participation, Accountability, Non-discrimination, Empowerment and Legality (reference only) we ensure that our work is person centred, safe and effective.

Our equality work will contribute significantly to NHS Fife Population Health and Well-being Strategy which will be published in 2023. The Equality and Human Rights Strategy Group (EHRSG) has been refreshed. The EHRSG holds responsibility for ensuring NHS Fife fulfils and complies with its Equality and Human Rights legal and ethical obligations, in line with local and national legislation and guidance. It will act to guide progress of mainstreaming Equalities and Human Rights throughout NHS Fife, and aid monitoring and reporting on NHS Fife's progress towards the Equality Outcomes and Mainstreaming Reports, including the Plans, Progress Reports and Final Reports. The Group will ensure participation and engagement structures are equitable and fair, and improve learning from trends in complaints, comments and case studies, and to provide a forum for sharing of current issues relating to Equality and Human Rights.

We have taken steps to incorporate the Fairer Scotland Duty 2018 into our Equality Impact Assessments (EQIA) and reviewed our EQIA Toolkit for the organisation. In addition to this we developed a new EQIA training programme for staff.

If you would like to know more about our work on Equality Mainstreaming, please email fife.equalityandhumanrights@nhs.scot.

2. Introduction

We are delivering NHS Fife's Equality Outcomes & Mainstreaming Plan 2021 - 2025 in partnership with the NHS Fife board, Senior Managers, staff, services, patients and local communities. This Equality Outcomes and Mainstreaming Interim Report will feedback on the progress made throughout 2021 and 2022 on the 2021 – 2025 Plan for Fife and provide a thorough update on future developments.

2.1 Aims of this report

This two-year interim progress report discusses the work we have carried out so far in the delivery of the four high-level equality outcomes that were outlined in 2021. This report aims to cover the revisions to our current mainstreaming plan created in 2021, what progress has been made with the plans up to March 2023, who has been involved in the co-delivery of these plans, and highlight how we have used patient engagement to ensure lived experiences and patient opinions are being heard and accounted for in all NHS Fife decisions. This report will also cover a general workforce update such as details of workforce networks, staff training and an employee satisfaction and wellbeing update. Additionally, we have also provided an update on our Board membership composition which has changed over the past two years.

This reports overarching aim is to document the progress we are making to ensure we are adhering to all equality legislation, ensure appropriate governance, and report back to the Scottish Government. Additionally, this report aims to enable us to remain open and transparent with our patients and members of the public about what work we are undertaking in relation to Equality.

2.2 Why we need to mainstream and have equality outcomes

Mainstreaming equality is a specific requirement for public bodies in Scotland, laid out by the Scottish Government. It is a means to ensure we are integrating equality into all aspects of NHS Fife, and by the development of specific equality outcomes every 4 years, we must continue specific areas of work aimed at addressing particular areas in need of improvement. The equality outcomes outlined in the 2021–2025 plan do not limit our actions but provide a specific focus for the organisation as identified from patient feedback and both local and national evidence, and allows us to adhere to the legislative responsibilities laid out by the Equality Act 2010.

       356/575

2.3 The legislation

The Equality Act 2010 is a means to legally protect people from discrimination in the workplace and in wider society, and it was introduced to the public sector (through the public sector Equality Duty), including health boards, to ensure they have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act
2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 works to protect individuals with 'Protected Characteristics' which are as follows: Age, Gender Reassignment, Marriage and Civil Partnership, Maternity and Pregnancy, Disability, Race and Ethnicity, Sex, Sexual Orientation and Religion and Beliefs.

In addition to the Equality Act 2010, NHS Fife strives to ensure that the Fairer Duty Scotland Act, the Human Rights Act 1998, the Patients Rights Act 2011, The BSL Scotland Act 2015, the United Nations Rights Convention on the Rights of the Child, Children and Young People (Scotland) Act 2014, the Breastfeeding Act (Scotland) 2005 and the Public Bodies (Joint Working) (Scotland) Act 2014 are all embedded in our Equality Impact Assessment (EQIA) process. This ensures that NHS Fife is not only mainstreaming the content of the Equality Act 2010, but of all of the above listed legislation.

Our previous mainstreaming reports have illustrated how NHS Fife is committed to embed equalities into all of our functions and our continued approach is outlined hereafter.

3. NHS Fife and the Mainstreaming Update

3.1 About NHS Fife

NHS Fife works collaboratively with the Fife Health and Social Care Partnership to ensure the health needs of around 37,000 people living in Fife are met by delivering safe, accessible and high quality health and social care services.

There are approximately 8,500 members of NHS Fife staff and we consist of a number of different facilities across the county which have varying roles within the health care service and these are supported by a network of GPs, dentists, opticians and pharmacies. These facilities are as follows:

- **The Victoria Hospital**, Kirkcaldy – The largest hospital in Fife and is the location of Accident and emergency services as well as minor injuries, specialist, acute and support health services. Additionally, there is an onsite Maggie's Centre

- **Queen Margaret Hospital**, Dunfermline – This is the second largest hospital in Fife and is home to a number of community and therapy services in addition to a minor injuries unit, outpatient and diagnostic clinics.

- **Adamson Hospital**, Cupar – A community hospital with a 24-bedded inpatient unit, a minor injuries unit, X-ray department and a range of outpatient clinics.

- **Cameron Hospital** – This community hospital delivers a wide range of inpatient services including stroke rehabilitation and outpatient services such as addiction services.

- **Glenrothes Hospital** – This community hospital provides outpatients services such as dietetics, occupational therapy, physiotherapy, podiatry and speech and language therapy.

- **Whyteman's Brae Hospital**, Kirkcaldy – It caters for psychiatry and elderly patients, including an inpatient ward, amongst other outpatient clinics.

- **Lynebank Hospital**, Dunfermline – A community hospital which has a range of services including an inpatient learning disabilities service providing care for adults aged 18 – 65, in addition to community learning disability services, dietetics, speech therapy, clinical psychology, addiction services, dental access and audiology, amongst others.

- **Stratheden Hospital**, Cupar – cares for patients with mental health issues and contains inpatient services for this.

- **St. Andrews Community Hospital** – contains a minor injuries unit in addition to offering outpatients services and inpatient wards for rehabilitation services.

- **Randolph Weymss Memorial Hospital** – contains one inpatient ward and also sexual health clinics, physiotherapy and children's services.

Further information is available on NHS Fife's website here.

3.2 Leadership and Governance

3.2.1 The Board

NHS Fife makes a clear and consistent commitment to Equality and Human Rights throughout the organisation by demonstrating equality and diversity at a senior level and amongst Board members.

The overall purpose of the NHS Fife Board is to ensure the efficient, effective and accountable governance and to provide strategic leadership for the overall system, focussing on agreed outcomes.

The role of the Board is specifically to:

1. Improve and protect the health of local people
2. Improve health services for local people
3. Focus clearly on health outcomes and people's experience of their local health system
4. Promote integrated health and community planning by working closely with other local organisations
5. Provide a single focus of accountability for the performance of the local NHS system.

The functions of the NHS Fife Board comprise:

- Strategy development
- Resource allocations
- Implementation of an annual delivery plan
- Performance review and management.

The Board comprises of 18 members:

- A Chairperson (female)
- Nine non-executive members, including the designated whistle blowing champion (5 male, 4 female)
- Two stakeholder members (2 female)
- A member of Fife Council (male)
- The Chief Executive of NHS Fife (female)
- Four Executive Directors (3 female, 1 male)

3.2.2 Governance statement

NHS Fife's Equality and Human Rights department is delegated to the Population Health & Wellbeing Committee and to the Staff Governance Committee for compliance relating to Equality and Human Rights legislation.

3.2.3 Equality and Human Rights Team and Strategy Group

NHS Fife's Equality and Human Rights Department has re-launched their [public website](#) to improve accessibility to resources and to make it more user-friendly. Additionally, the Equality and Human Rights Internal Intranet page has been updated and re-launched to allow for staff to easily navigate the resources and improve overall mainstreaming efforts.

We also have an Equality and Human Rights Strategy Group which is co-chaired by the Director of Nursing (the Executive lead for Equalities) and the Equality and Human Rights Lead Officer, and comprises of NHS staff, a staff-side representative, and members of the Fife Health and Social Care Partnership. The group supports NHS Fife to meet the legal requirements of the Equality Act 2010 and has a key role in ensuring that our mainstreaming plan and equality outcomes are delivered. As part of NHS Fife's goal to constantly review services and make improvements where possible, this group's remit and terms of reference were revised in 2022 in addition to updating and expanding the group's membership, in order to ensure the group aligns with NHS Fife's current equality outcomes and mainstreaming plan.

In winter of 2022, we also began an Equality and Human Rights Online Network which is available for all members of staff to join and aims to distribute useful and topical pieces of information/, training and updates relating to Equality and Human Rights in Fife. So far this network has 112 members and this will be used to monitor mainstreaming and general engagement of the organisation with Equalities. We endeavour to declare an update on this network, its progress and relevant statistics in the 2025 Equality Outcomes Report.

3.3 Equality Impact Assessments

NHS Fife carries out Equality Impact Assessments (EQIAs) and this is a key way to mainstream equality across the organisation. EQIA's are a way to ensure that we, like all other Public sector organisations, is assessing the impact that all services, policies and changes has on equality. They involve using an evidence base (including public engagement work) to predict potential outcomes of changes on any of the Protected Characteristics, and then making appropriate adjustments to mitigate any negative impacts.

Due to COVID-19, the volume of changes, new policies and procedures that were introduced was significantly reduced; therefore we have seen a reduction in the number of EQIA's being completed. This has also subsequently caused a slow in momentum and reduction of knowledge regarding EQIA's and their importance. As this issue has been successfully identified, significant efforts have been made to review, update and re-launch all EQIA-related materials including both EQIA forms (Stage 1 and 2), and also the EQIA toolkit to aid staff in completion of EQIAs. All new and improved EQIA materials have been launched on the new NHS Fife Equality and Human Rights public website, and also the staff Intranet.

Additionally, a robust and detailed training programme has been developed and began in 2023 to ensure staff learning and promote the use of EQIA's in all aspects of the organisation. This training schedule aims to educate a minimum of 60 members of staff per year, and the numbers of attendees to these sessions will be utilised as a performance indicator to allow for year-by-year comparisons and this will be reported on in the 2025 Equality Mainstreaming review.

We will continue to monitor and audit our EQIA process and seek to make regular changes and improvements as and when they are identified.

Published EQIA's in 2021–2022:

Stage 2 EQIAs:

There have been no Stage 2 EQIA's published over the 2021-2023 period so far.

Stage 1 EQIAs:

Title	Publication Date
Newborn BCG Vaccination Pathway	January 2023
GPA1 Asbestos	January 2023
Inpatient Psychology Service Proposal	November 2022
Mental Health Inpatients Redesign	November 2022
Child and Young Persons Death Review	November 2022
Buddy Healthcare Pre-Operative Assessment App	November 2022
Heel Prick Blood Sampling Teaching Pack	June 2022
High Risk Pain Medicines Patient Safety Program	May 2022
Hospital Electronic Prescribing Medicines Administration (HEPMA)	October 2021
Parent - Patient Continence Information Leaflets and Documents	September 2021
Service Now Project Team	August 2021
Mental Health Inpatient Intensive Rehabilitation	July 2021

All EQIA's produced by NHS Fife are published within 2 weeks of completion onto the Equality and Human Rights website here.

3.4 Workforce Update

We recognise that there is work to be done in terms of improvements to equality, diversity and inclusion within NHS Fife in support of this strand of the NHS Scotland Staff Governance standard and the spotlight on the ethnic minority staff group generated by the pandemic. While we have achieved improvements in the uptake of Equality & Diversity training and 2021 saw the launch of our BAME Network, jointly chaired by members of staff, alongside the support for our new international recruits, there are other staff groups within the protected characteristics, where specific action has still to be taken, for example, for LGBTQ+ staff.

We will also seek to improve data collection on protected characteristics of the workforce, leading in turn to improvements in the workforce data we publish and supporting continued compliance with the Public Sector Equality Duty, Disability Confident, Pride campaign and the newly established BAME network. The Board has recently appointed a new Equality & Human Rights Lead, who will support this work, in collaboration with H&SCP colleagues.

Other activities that we have been able to commence during the previous two years as the NHS comes out of its emergency response footing due to the COVID-19 pandemic include a participation in the Kickstart Programme in 2022. This is a scheme aimed at attracting 12 – 24 year olds at risk of long-term unemployment into work through offering paid-work opportunities.

We are also refreshing our previous commitments to introduce an increasing number of modern apprenticeship opportunities through a range of job families across the health board, providing participants an alternative to further or higher education by offering the opportunity to work, learn and earn whilst gathering a recognised qualification.

3.4.1 Staff Wellbeing Update

NHS Fife does all it can to support employees to stay well, to support employees in the most appropriate way when they are unwell, and to create a culture of kindness, where employees look after each other. We have held the Healthy Working Lives Gold Award since 2016 until its cessation in 2022. Our new employee Health and Wellbeing programme is 'Well@Work'.

The most recent NHS Fife Workforce Plan (2022-2025) outlines our approach to staff wellbeing as focussed on the Four Pillars of Wellbeing as detailed in the diagram below, with each area of wellbeing being supported by:

- Workplace policies, processes and guidance
- Internal wellbeing initiatives
- Resources available to those employees who need them
- Communications for all employees on wellbeing and how to access support.

For full details of how NHS Fife is supporting staff wellness, please refer to the NHS Fife Workforce Plan 2022 -2025.

3.4.2 Equality Profiling

NHS Fife will publish data regarding equality profiling and a gender pay gap statement in their end of year report which will be published on the NHS Fife website after April 2023.

3.4.3 Staff Training

We have two mandatory training modules relating to Equality and Human Rights which are 'Equality and Diversity: Equality and Human Rights' and 'Human Trafficking' and a range of additional non-compulsory Equality-related training modules. We offer staff equality training in a range of formats, including online training modules (see below), training seminars both digital and in-person, and 1-1 or personalised training sessions where appropriate.

In this report, we aim to document the number of staff who have completed each specific Equality-related training module available on Turas (the online training site) and the overall percentage of staff that are compliant with up-to-date equality training (this must be updated every 3 years). The most up-to-date figures show that 71% of NHS Fife staff engaged with at least 1 of the core online Equality-related modules, including the 2 mandatory modules over the November 2019 - November 2022 period. Additionally, please see the below table for the number of each of the specific modules relating to Equality and Human Rights, completed over the April 1 2020–October 31 2021 period.

Course	Number of Staff Completed
Equality and diversity: equality and human rights	3924
Human trafficking	2521
Gender-Based Violence	208
Domestic abuse awareness raising tool	25
Raising awareness of Gypsy Traveller communities	24
Deaf awareness	21
Coercive control	19
British Sign Language (BSL) and Tactile BSL	13
Menopause awareness	10
Transgender awareness	10
Sight loss awareness	5
Deafblind awareness	3

Figure 1. The number of NHS Fife staff to complete each online Equality Training Module.

3.4.3 Hate Reporting

The NHS Fife Equality and Human Rights Lead Officer receives a report which documents all hate incidents that have occurred within the organisation in the outlined time-period. We will report in each Equality Outcome and Mainstreaming report, the number of reported hate incidents in the reported time period and which of the Protected Characteristics they relate to. This will allow for monitoring of improvements to mainstreaming by the expansion of knowledge of hate incidents, the importance of accurate reporting, and the support offered after the incident. The reports for 2021 -2023 are as follows:
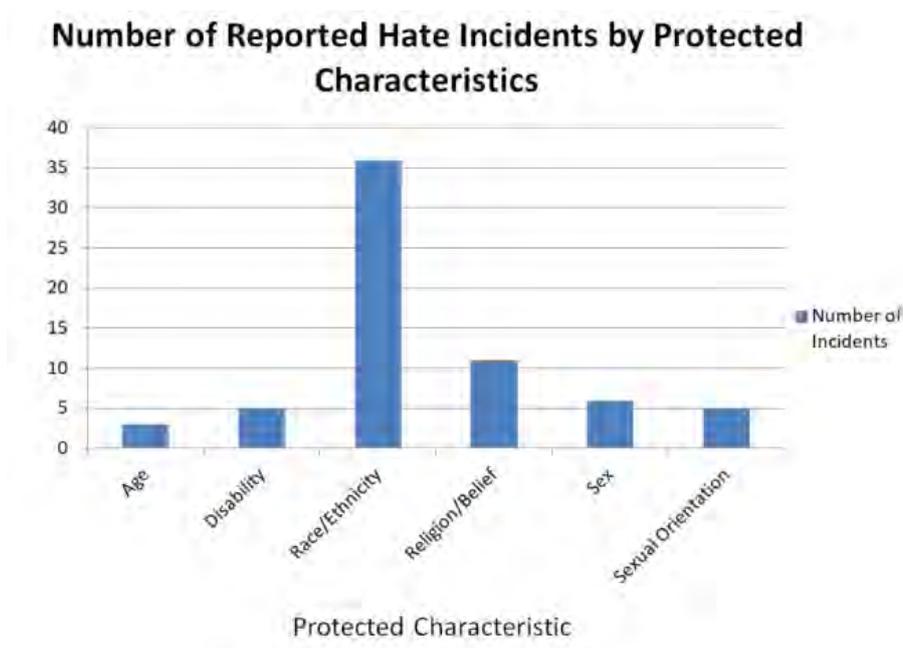
Figure 2. Number of hate incidents reported on DATIX by Protected Characteristics between April 1st 2021 – December 6th 2022 (time of writing)

3.5 Procurement

NHS Fife is 'treating suppliers equally and without discrimination' Equality is considered throughout its tendering processes and complies with all legislative aspects of procurement as required under 'The Procurement Reform (Scotland) Act 2014' and further legislation detailed in:

- The Public Contracts (Scotland) Regulations 2015 and
- The Procurement (Scotland) Regulations 2016

Our procurement continues to review existing policies and procedures and carries out EQIAs on any new documentation.

4. NHS Fife's Population and Health

The following section gives oversight to the Fife population and any key pieces of data.

4.1 Population Estimates and Projections

The latest data shows that on June 30th 2021, Fife had a population of 374,730 which is a 0.2% increase from 2020. In 2021, Fife had the 3rd largest population out of all 32 council areas in Scotland, despite seeing a lesser increase in population size by 7.1% compared to 8.2% for Scotland overall.

Figure 3. The population of Fife by age and sex in 2021.
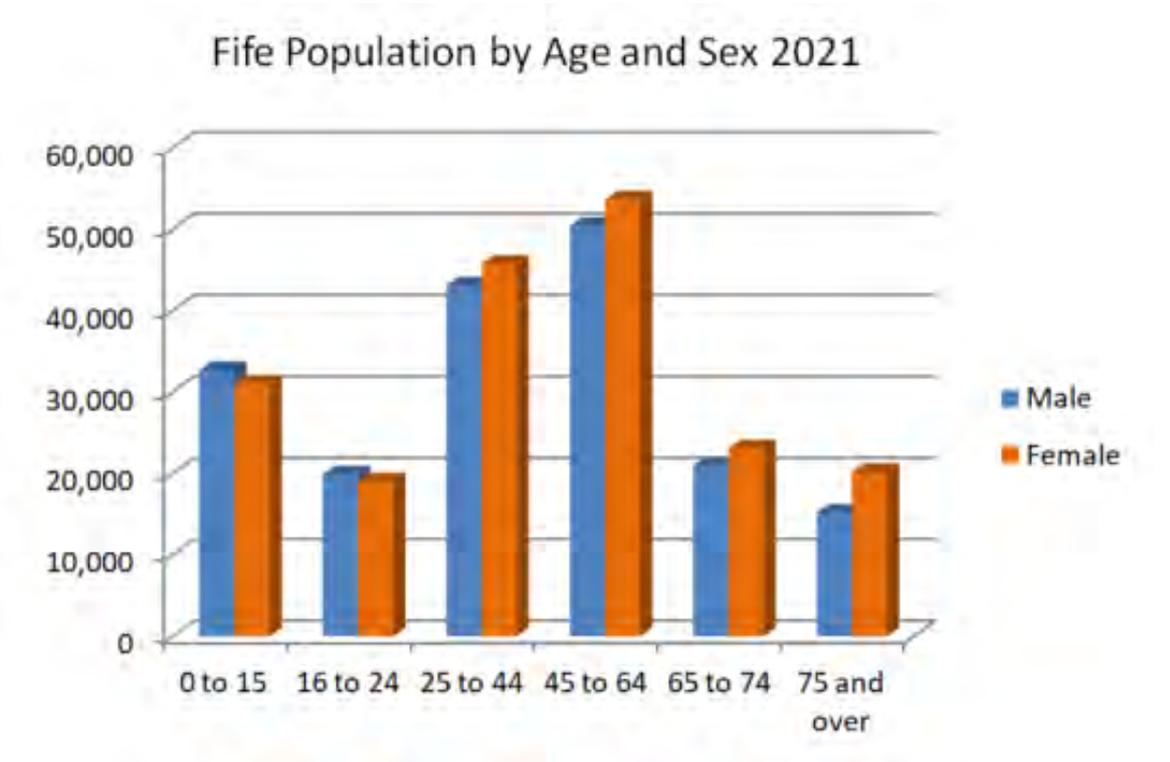
Over the next 10 years, the population of Fife is projected to decrease by 2.3% due to natural change (more deaths than births), however the total net migration (net migration within Scotland, from overseas and from the rest of the UK) is projected to result in a population increase of 2.3% over the same period. This will result in a total change of 0.1% to the population.

4.2 Deprivation

The Fife Child Poverty Action Report 2021/22 stated that percentage of children in Fife living in relative poverty is 17.3% and in absolute poverty is 14.1% (compared with the overall Scottish figures of 15.9% and 12.9% respectively). The highest rate of children living in relative poverty is in Kirkcaldy central (25.8%) and the lowest rate in St. Andrews (9.1%). 23.6% of children in P6-7 in Fife are registered for free school meals, and 19.4% of all secondary school pupils.

The Fife's Fuel Poverty COVID-19 Recovery Plan 2021-22 revealed that fuel poverty affects 26% of people in Fife and 11% are in extreme fuel poverty, with both anticipated to increase considerably. In addition to this, the number of households in Fife struggling to heat their homes since the beginning of the COVID-19 pandemic has nearly doubled. According to this plan, 72.7% of participants of the Scottish Housing Condition Survey (SHCS) saying that their household income was directly impacted by the pandemic and a further 27.3% saying that in-direct causes of the pandemic have resulted in financial struggles. Finally, this plan also stated that 20.5% of participants in the SHCS survey in Fife lost their job due to the pandemic.

4.3 Births and Early Years

In 2021, there were 3,157 births (1623 male and 1534 female) and for the years 2018-2021, the most deprived areas saw 32% more premature births than the overall average for Fife. Additionally, the Latest Data (2018 -2021) showed the most deprived areas of Fife saw 97% more smokers during pregnancy than the overall average for the population.

The most recent data from the Pupil's Census showed that in 2021, there were 5,044 (18.04%) and 8,655 (39.12%) primary and secondary school pupils, respectively, in Fife with Additional Support Needs. The reasons for support are shown below:

Additional Support Need	Number of Primary School Pupils	Number of Secondary School Pupils
Learning Disability	191	345
Dyslexia	579	2,146
Other specific learning difficulty (e.g. numeric)	177	792
Other moderate learning difficulty	248	821
Visual Impairment	76	153
Hearing Impairment	88	181

Additional Support Need	Number of Primary School Pupils	Number of Secondary School Pupils
Physical or motor impairment	212	415
Language or Speech disorder	607	361
Autistic Spectrum Disorder (ASD)	523	692
Social, emotional and behavioural difficulty	1,105	2280
Physical health problem	399	793
Mental Health Problem	55	668
Interrupted learning	130	815
English as an additional Language	1,106	898
Looked after	245	414
More able pupil	24	122
Communication support needs	138	86
Young carer	32	349
Bereavement	85	188
Substance misuse	10	49
Family Issues	432	637
Risk of exclusion	12	104
Other	226	330

Figure 3. Additional Support Needs for Pupils in Fife Schools

4.4 Life Expectancy and Mortality

The most recent data (2019–2021) shows that in Fife, life expectancy at birth was higher for females (81.0 years) than for males (76.8 years) and that the leading causes of death in 2021 for males and females (as seen in the below graphs) mirrors that seen in Scotland overall. In 2021, there were 4,575 deaths in Fife, of which 2283 were male and 2292 were female.

Male Leading Causes of Death 2021

Cause	Percentage
I20-I25 Ischaemic heart diseases	14.1%
F01, F03, G30 Dementia and Alzheimer's Disease	7.3%
C33-C34 Malignant neoplasm of trachea, bronchus and lung	6.7%
I60-I69 Cerebrovascular disease	5.3%
J40-J47 Chronic lower respiratory diseases	4.1%
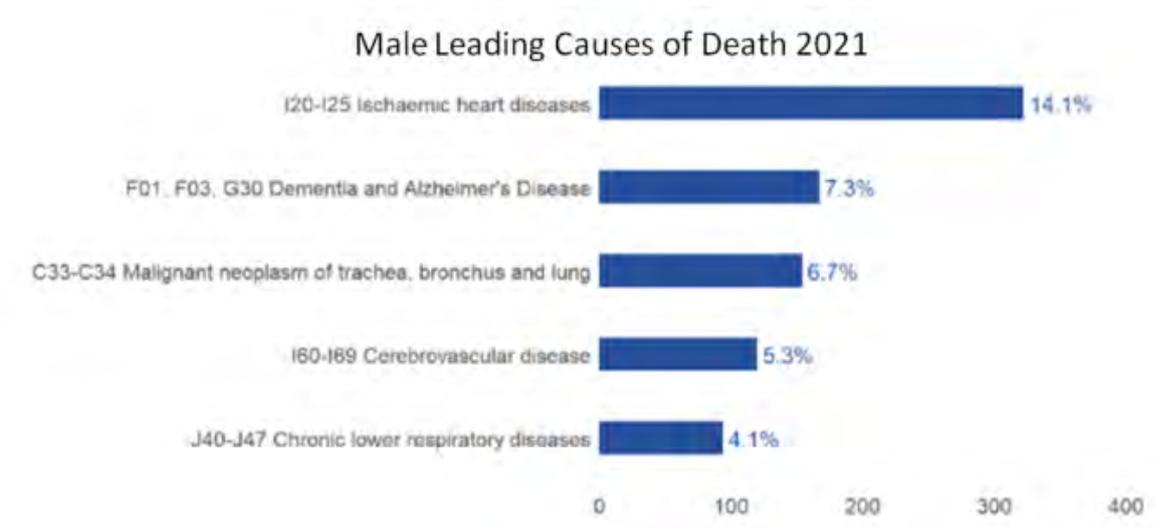
Figure 4. Leading Causes of Deaths for Males in Fife 2021

Female Leading Causes of Death 2021

Cause	Percentage
F01, F03, G30 Dementia and Alzheimer's Disease	14.3%
I20-I25 Ischaemic heart diseases	8.4%
I60-I69 Cerebrovascular disease	7.6%
C33-C34 Malignant neoplasm of trachea, bronchus and lung	7.0%
J40-J47 Chronic lower respiratory diseases	4.0%
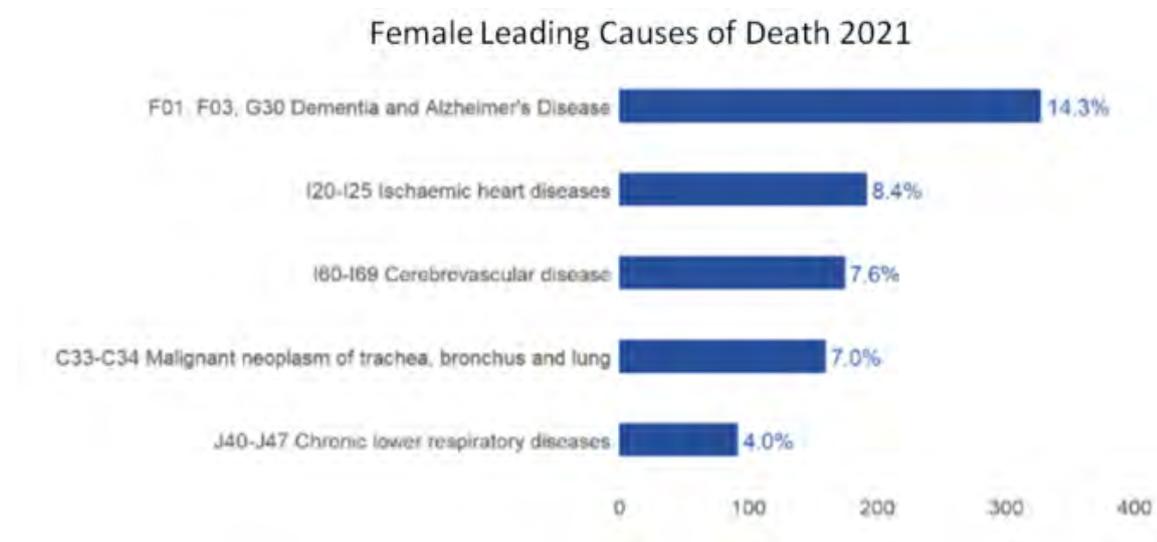
Figure 5. Leading Causes of Deaths for Females in Fife 2021

4.5 Health Risk Behaviours and the Impact of Health Inequalities
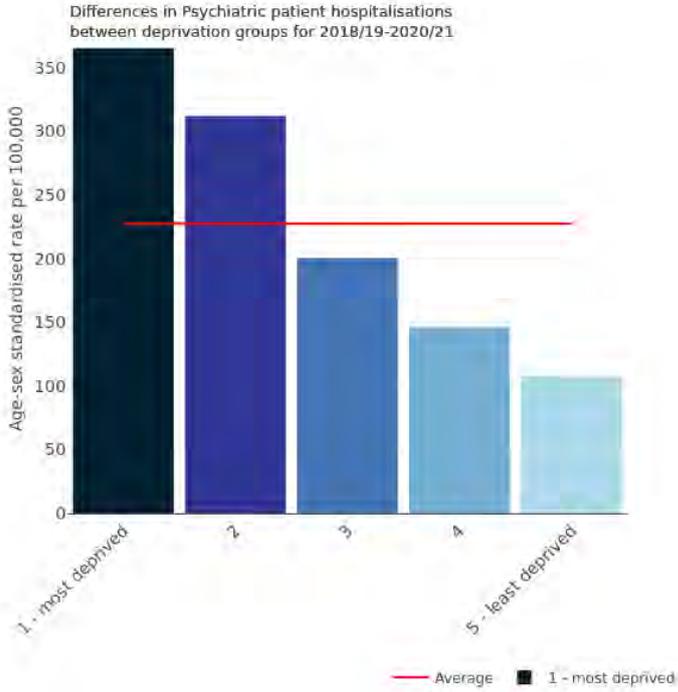
The following data illustrates the correlation between health outcomes, health risk behaviours and health inequalities in Fife.

The most deprived areas of Fife saw 75% more psychiatric patient hospitalisations than the overall average, and these would be 53% lower if the levels of the least deprived area were experienced across the whole population (ScotPHO).

Figure 6. The differences in psychiatric patient hospitalisations between different deprivation groups across Fife between the years 2018-2021
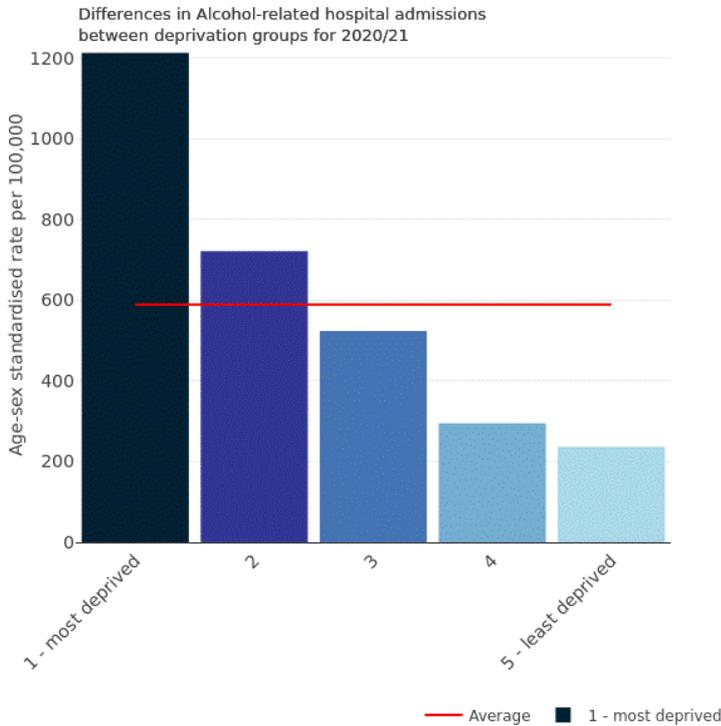
Alcohol-related hospital admissions would be 60% lower if the levels of the least deprived area were experienced across the whole population (ScotPHO).

Figure 7. The differences in Alcohol-related hospital admissions between deprivation groups across Fife in 2020-2021

Drug-related hospital admissions would be 84% lower if the levels of the least deprived area were experienced across the whole population. It was also found that for the years 2017 – 2021, the most deprived areas in Fife had 152% more drug-related deaths than the overall average (ScotPHO).

Differences in Drug-related hospital admissions between deprivation groups for 2017/18-2019/20
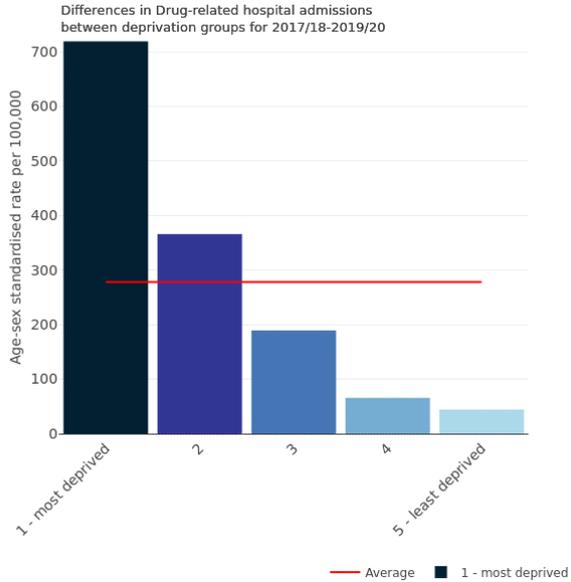
Figure 8. The differences in Drug-related hospital admissions between different deprivation groups across Fife between 2017 - 2020

More information relating to health inequalities can be found in the Director of Public Health Report.

5. Equality Outcomes 2021–2025

5.1 Overview of Progress

NHS Fife's equality outcomes are based on evidence collected prior to the publication of the 2021 – 2025 plan, and it highlights areas for improvement regarding groups with specific Protected Characteristics.

In this section, an update will be provided regarding the progress made towards each of the specified equality outcomes. Due to the COVID-19 pandemic persisting through 2021 and into 2022, the progress made has been limited in this timeframe, however we will report on the detailed plans for 2023 – 2025, where progress has not yet been made. Additionally, the difficulties caused by COVID-19 resulted in the need to slightly revise of some of the following outcomes to account for the needs of the service changing throughout this time.

Action:
NHS Fife will provide opportunities for older people to participate in volunteering within NHS Fife to improve and support both their health and wellbeing, and also our patient's health and wellbeing. Additionally, the range and number of volunteering activities will be increased to enable more opportunities for older people in our community.

5.2 Outcome 1 – Person-centered Care – To improve the mental health outcomes for patients over 65 years

Our volunteering team have implemented a 'no upper age limit' rule when recruiting for volunteers to the health board and they are working closely with occupational health to ensure adequate support for those over 70 to return to volunteering activities following the suspension of volunteer services due to COVID-19. Additionally, we are mindful of the possible impact to this demographic of the use of digital technology as part of the application and training process, so alternatives have been developed, such as hard paper copies of application forms and face-to-face training rather than online delivery. Additionally, lead nurses, together with the volunteering service are aware of the benefits to our older inpatient population of volunteer involvement. Our medicine of the elderly and stroke wards at Queen Margaret Hospital, Dunfermline, have a number of volunteers engaging with patients providing a singing group, conversational visiting and meaningful

activities. We also benefit from a number of volunteer gardeners which are placed in various sites across Fife.

The volunteers are retired individuals who all have a keen interest in gardening and utilising their gardening skills to improve NHS Fife garden areas for the benefit of both patients and staff. Discussions have also taken place with NHS Fife Facilities to involve volunteer gardeners in Staff Wellbeing hubs where there are outside spaces.

> **Action:**
> To improve the nutrition and hydration status of Older Adult Mental Health Inpatients and improve the level of engagement in meaningful and therapeutic activity.

'Simple Pleasures' is a Quality Improvement project which explores person-centred choices relating to nutrition, hydration and meaningful activity. The project commenced in April 2022 and will run until April 2023 and it uses scale and spread methodology by confining testing to one Older Adult MH inpatient ward. Any key findings will then be spread to remaining Older Adult MH inpatient wards in a controlled and structured way.

The Multi-Disciplinary approach to the QI project sees representation from Consultant Psychiatrist and Clinical Lead, Catering management, activities coordinators, dieticians, nursing staff and quality improvement practitioner. Patient voice is also being incorporated with the use of qualitative information captured through supported conversations on ward.

The project is at the testing change stage following successful baseline data gathering. Changes being tested include changing crockery and drinking utensils from traditional plastic tumblers and mugs to china mugs (where appropriate) and the implementation of fruit tea and sparkling water into hydration choices. Environmental changes to the dining area are also being explored with tables being "dressed" for meals including table clothes, crockery and ambient music. All of which are aimed at improving patient engagement with mealtimes where cognitive decline has impacted association with verbal cues. Patient involvement in setting the tables for lunch is also being explored, aimed at promoting patients sense of purpose and maximising therapeutic benefit. Communication and engagement is also being improved, with additional changes to "All about me" forms used to gather person centred information on patients. The addition of structured questions relating to mealtime preferences is being tested. This includes specific questions such as how the patient enjoys their tea/coffee- with examples provided for cues e.g. Strong tea in a proper china mug with no milk and one sugar, or a milky coffee in a large mug. This combined with information relating to meal choices is hoped to improve the quality of person centred care planning for those patients who find it difficult to maintain good levels of nutrition and hydration, as well as ensuring all patients receive a high level of person centred care whilst an inpatient in the ward.

The project is also focused on improving the level of engagement with therapeutic and meaningful activity on the ward. Changes being tested are the implementation of a therapeutic and meaningful activity record which tracks the level of engagement on a patient specific basis each day. It specifies the activity offered, and the level and duration of engagement the patient participated in. This information should allow staff to build a good picture of the kinds of activities patients engage in best, and combined with information contained in the all about me form should help inform good quality person centred care plans relating to patient activity. It is also hoped that the learning from this can also be rolled out in the ongoing activity to monitor and reduce PRN administration by improving the use of non-pharmacological activity. More information on this approach can be found below.

> **Action:**
> Monitor PRN (Pro re nata – As needed) usage on Older Adult Mental Health
> Inpatient wards and work to identify patient-specific patterns which can be used to
> improve person- centred care.

Older Adult Mental Health wards piloted the implementation of the PRN Toolkit and use of PRN stickers from Aug 2021 to July 22. Initially PRN was recorded in patient notes through the use of red stickers for intramuscular administration and yellow stickers for oral administration. The stickers provided information at a glance of how, when and why the PRN was administered. The sticker had the date, time, medication used and the reason for its usage recorded. Staff are then required to undertake a post administration review 60 minutes post administration to record the therapeutic effect this had on the patient (much improved, slightly improved etc.)

Historically this information required manual audit, with staff going through patient notes to gather information and use this in Multidisciplinary Team (MDT) meetings. By turning these stickers digital, reports were auto generated indicating specific trends in patient's usage of PRN, e.g. specific days and times. This provided staff with the necessary information to inform person centred care.

The introduction of green stickers (for non-pharmacological activity) was also introduced. The aim of this initiative was to increase the use of non-pharmacological activity as potential opportunities to reduce the use of oral PRN medication. The results of this have been positive, with a noted increase in the use of non-pharmacological activity.

We are also going to be beginning a new initiative with Older Adults to focus work on improving the outcome of non-pharmacological activity to achieve maximum therapeutic benefit. It is hoped that improved information gathering and person-centred care planning related to activity will help ensure staff are attempting patient-specific activities that have been proven to be beneficial for that patient in the past. This has linked nicely to the work being tested in the above mentioned 'Simple Pleasures' project.

PRN stickers and toolkit are used throughout all Mental Health Older Adult Wards and have been recently implemented in the General Adult Psychiatry wards following their success.

> **Action:**
> Reduce the number of falls in Older Adult Mental Health Wards.

A collaborative project was run in three of the five older adult mental health wards, with an aim of reducing the number of falls by 25%. The collaborative was supported by a quality improvement (QI) practitioner and used QI methodology to identify successful change ideas. This project was initially meant to run for 1 year, but was extended due to the impact of Covid-19. The collaborative ended in July 2022 with the biggest success showing one of the wards achieving a sustained reduction from week 35 of the project, reducing their mean number of falls per week by 66.7%.

Both of the other wards also achieved shifts below the median in their number of falls during the time of the collaborative and have subsequently since July 2022 have both shown a sustained reduction in their weekly falls by 75%.

The collaborative tested a number of changes and have implemented most of these changes after successful Plan-Do-Study-Act (PDSA) cycles. These include the introduction of fortnightly MDT falls meetings which facilitate person-centred conversations about patients who have either experienced multiple falls, or have been highlighted as being at risk of experiencing a fall. This MDT approach ensures that each patient is provided with a detailed person-centred action plan relating to their falls risk which includes physical, mental and social factors.

Wards have also implemented routine lying and standing blood pressure tests as well as improved 'at a glance' mobility status boards at a patient's bedside. All of the changes have proved positive and have led to a much more proactive person-centred approach rather than a reactive approach. One of the ward areas have also looked at taking this 'at a glance' approach further and are testing the use of flower symbols on the boards to alert staff to hidden disabilities or additional requirements such as hearing aids, glasses, etc. The aim is to provide staff with a suitable alert without compromising patient dignity or confidentiality.

The learning from this is expected to be spread to the remaining Older Adult Mental Health wards in a structured way.

> **Action:**
> Explore the potential to gain feedback on care from inpatients in Older Adult Mental Health wards.

Historically, due to the level of cognition with many patients within Older Adult Mental Health inpatient wards, their opinions and feedback has been somewhat overlooked. However, this year, the QI Team are using accessible storyboarding in an attempt to gain valuable feedback relating to patient care and treatment from those patients who are 'harder to reach'.

The Mental Health QI Team undertakes the Scottish Patient Safety Program (SPSP) climate tool survey on an annual basis. The survey gives patients an opportunity to have their say about the care and treatment they receive, and it is a Scottish innovation that is leading the way in person-centred care. The tool is designed to enquire about environmental, relational, medical and personal safety and the information gathered from the survey supports learning among staff delivering care, and supports the QI team to target areas for development. The person-centred approach of storyboarding is to be trialled using QI methodology and if successful, will allow this patient demographic to be provided with an opportunity to give valuable feedback which shapes patient safety.

> **Action:**
> Patients who need language and/or communication support whilst in long-term inpatient care receive this regularly via additional support technological devices and access to interpreting.

As seen across the world, older people in Fife tend to exhibit hearing impairments at a far greater rate than the rest of the population. We have introduced and sourced a range of technological devices to enable patients with hearing difficulties to have easier access to healthcare and more efficient and accurate communication when they are in our facilities. The organisation has a number of Sarabec crescendo 60 personal listening systems which are used to enable hard of hearing patients to hear individuals trying to communicate with them better. These devices work by containing earphones which the hard of hearing patient can place in their ears; these are then attached to a sound control device which is attached to a small microphone. The microphone is place on an item of clothing near the hearing persons face, or held close to the individuals mouth, and they can then speak into it and the sound be enhanced or reduced as appropriate for the patient. This device has had very positive feedback from patients and staff and can be delivered to any NHS Fife inpatients for them to use for the duration of their inpatient stay. We also use whiteboards to communicate with hard of hearing patients, and these allow quick and easy conversation between staff and patient. Finally, for patients where English is not their preferred language, interpreters will be arranged for all consultations with NHSF staff, even in care home settings.

It has been shown that effective communication between patients and staff results in improved mental wellbeing and so NHS Fife Equality and Human Rights team have made communication and language support a top priority.

> **Action:**
> Improve access to timely dementia diagnoses and improve support for access to appropriate post-diagnostic support.

In November 2021 the Older Adult Community Mental Health Team (CMHT) introduced an Advanced Nurse Practitioner (ANP) role within their team. Advance practice is a level of practice which aligns to four pillars, clinical practice, leadership, facilitation of learning and evidence, research and development. Historically, advanced practice roles in nursing have focused on assessment, diagnosis and treatment of physical health conditions.

Currently, services objectives of the CMHT are aligned to improving access to timely diagnoses of dementia, supporting access to post-diagnostic support, and improving physical health of those with mental health illnesses. The ability of an ANP to carry out assessment, diagnosis and recommended treatments in a timely, person-centred way offers the opportunity to improve access to a timely diagnosis and reduces the need for individuals to see multiple practitioners.

The recruited ANP has developed a non-medical prescribing forum for those working in Older Adult Mental Health services and it is currently widening to include trainee and ANP colleagues working in the Acute Mental Health services. This collaboration offers the opportunity to share knowledge and skills, whilst promoting parity of esteem for patients, demonstrating the ability of the ANP to work across the four pillars of practice and contributing to service development.

Feedback from patients and relatives have been collected to ensure the ANP role is providing a high quality of care and to date, 90% of feedback questionnaires have been returned. At present, all feedback has been positive with 100% of patients agreeing that the ANP respected them and treated them with dignity and 91% of these strongly agreed.
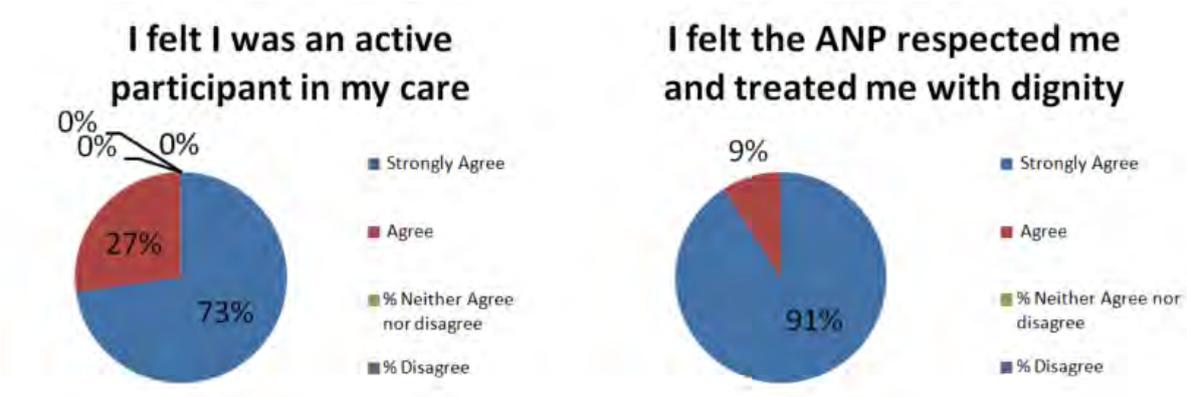
Figure 9. Results from ANP Feedback Questionnaires.

Action:
To improve ease of conversation for older patients with communication issues at outpatient clinics and short stay inpatient wards.

Through Autumn/Winter 2022, NHS Fife trialled a new communication support poster (see *Figure 8*) which aimed to improve the ability of patients to declare any communication issues they may have with outpatient and emergency reception staff by pointing to the image that applies to them. The outcome of this was to enable reception staff to rapidly make appropriate adaptations to improve the patient's experience. The adaptations include arranging an interpreter immediately for patients whose preferred language is not English, for patients who are hard of hearing, staff could speak louder, move to a private/quiet area or exchange their Type IIR mask for a fluid-resistant clear mask to allow lip readers to do so. Additionally, for patients with sight issues, this would involve staff not relying on the patient to read any small print documents. We have found that this has drastically reduced the time it takes for staff to identify communication issues and has improved the overall experience of patients, including over 65s who have a higher occurrence of hearing and sight impairments than the general population.
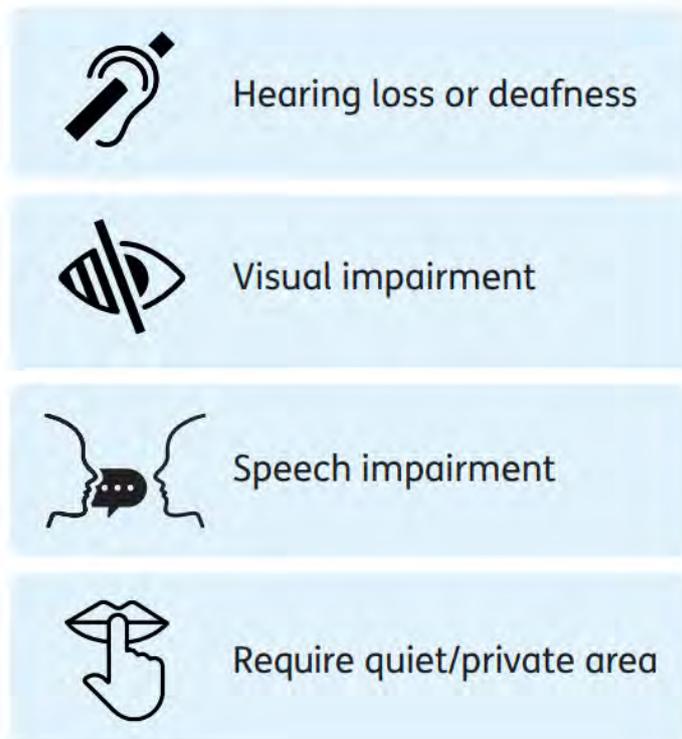
Figure 10. The NHS Fife Additional Communication Support Needs Poster

This poster has been designed by the NHS Fife Equality and Human Rights team and the NHS Fife Communications team to be as accessible as possible and so it was created in an easy-read format, colour scheme and size appropriate for individuals with sight impairments. Additionally, it was designed in a font that is used specifically to ease reading for people with learning difficulties.

5.3 Outcome 2 – To improve the health of Black and/or Minority Ethnic Patients in our community

> **Action:**
> NHS Fife to improve ethnicity data collection.

NHS Fife currently has poor ethnicity data largely due to staff and patient apprehension on the purpose of this data collection. It has been identified that staff learning must be undertaken in order to address this and ensure all staff who should be collecting this data understand its significance and value to both the individual patients care, and the health and wellbeing of the overall population. We plan to undertake a collaborative evaluation with Public Health Scotland to explore the issues and opinions of staff with regards to collecting patient ethnicity data.

This will look to establish the barriers in this process and work to explore the ways to address said barriers through training and other identified means. Once this has been

established, we will trial the decided methodologies and undertake an evaluation to explore if there has been an improvement in this data collection. This could then be rolled out across NHS Scotland dependent on the results and success of this trial.

> **Action:**
> To continue to expand, develop and ensure patients receive communication support from interpreting and translation, and achieve the best quality and value for our patients and NHS Fife.

In Fife, the majority ethnicity is the White Scottish population or other White British ethnicities which tend to have English as their preferred language, however ethnic minorities regularly have an alternative language as their preferred communication means. Therefore, NHS Fife strives to enhance the care of black and minority ethnic patients through means of the interpreting and translation services. Since 2021, we have seen an influx of patients whose preferred language is not English, with the top 5 requested community languages being Polish, Romanian, Russian, Arabic and Bulgarian.

We are currently progressing a service redesign for the Interpreting and Translation services. The aims of this service redesign is to ensure that NHSF is adhering to the Scottish Government procurement frameworks and/or the NSS frameworks, enhancing quality assurance, and enabling us to provide an optimum service across all sectors of the health board. NHSF hopes that this redesign will allow us to ensure patients have wider access to interpreting and translation services and the quality of these is of a higher calibre.

> **Action:**
> To improve the management of Female Genital Mutilation (FGM) in Fife.

FGM is most common in some African, Middle Eastern and Asian ethnicities, including Somali, Iraqi, Yemeni, Indonesian, Guinean, and Djiboutian, amongst others. In Scotland, FGM can be seen very rarely in White ethnicities but is known to adversely impact ethnic minorities in Scotland. In 2022, NHS Fife sourced FGM information leaflets which were in Arabic and Somalia, 2 of the most commonly spoken languages in FGM –prevalent communities. This will enable these communities to engage more easily with information and resources around FGM, enhancing population knowledge and overall improving patient-care. Additionally, NHS Fife is working to update the FGM protocol in 2023 and redistribute them to staff to improve knowledge and understanding of how best to manage FGM. This will be accompanied by a series of training sessions for maternity, obstetrics and gynaecology staff which will continue to take place bi-annually.

5.4 Outcome 3 – To make senior management equality focused by improving and embedding knowledge and skills through learning, mentoring and leadership.

Action:
Bi-annual Board development sessions will take place.

NHS Fife has arranged for bi-annual board development sessions on Equality and Human Rights which will aim to improve the knowledge and understanding of this at the most senior level. The desired outcomes of this is to make board decisions and actions equality focussed and aid efforts to mainstream equalities across NHS Fife.

Due to the COVID-19 pandemic which has absorbed NHS Fife, along with health boards across the country, other efforts to this equality outcome were required to be suspended to allow the board to focus on tackling COVID-19. We strived to get back on track with equalities as a priority and towards the end of 2022, the Board successfully undertook a development session with the Equality and Human Rights Lead officer, where they learned about the importance of EQIA's and had a hands-on experience of how to complete them. NHS Fife aims to continue these efforts and undertake further board development sessions throughout the 2023 – 2025 period.

5.5 Outcome 4 – To improve the health and wellbeing of our Black and Minority Ethnic staff.

> **Action:**
> To improve engagement including supporting to establish networks and forums, or other means, with a particular staff groups, ensuring their voice is heard across NHS Fife, nationally and including it at NHS Fife board level.

In 2021, we established a Minority Ethnic Staff Network where the aim is to work in partnership with staff and management to progress the general equality duty, and encourage a culture of respect and equality for everyone. Throughout winter of 2022, we re-evaluated this network and undertook a survey for feedback of opinions regarding the purpose of the network, its function and its governance. The evaluation of the results of this is currently ongoing, with NHS Fife aiming to make appropriate amendments to this forum early in 2023.
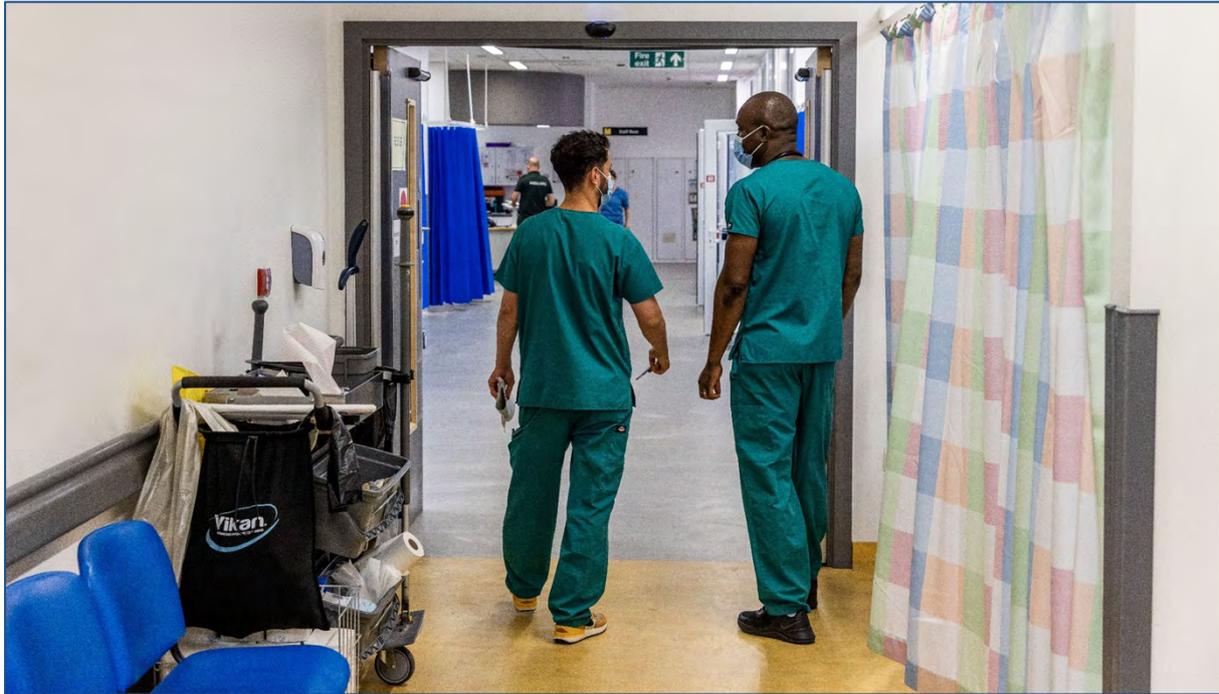
> **Action:**
> NHS Fife to make efforts to boost the recruitment of International Medical Graduates, Internationally trained Nurses and Radiographers, and improve the rates of retention of these staff members.

NHS Fife have made continued efforts to engage and attract a younger volunteer demographic which has also resulted in a larger number of BAME volunteers entering the

service. The volunteer service has supported the international recruitment program with volunteers assisting new recruits during the initial orientation with tours of the hospital site.

Research tells us that the career outcomes for doctors working in the UK who graduate from abroad is vulnerable to differential attainment. Differential attainment is the achievement gap between different groups of doctors not based on ability and is generally down to attitudes, illness or discrimination. NHS Fife recruits multiple doctors from abroad and medical job adverts often result in a high number of international applicants. Doctors in training schemes, particularly GP training schemes, are also recruited from abroad. There is a wide range of points where performance measures lower in International Medical Graduates (IMGs) including recruitment, progression, relationships with seniors and training outcomes. One of the main issues that are faced by the IMGs is housing, therefore we have been working with the local Mosque councils and 3rd sector organisations to assist with these issues. The NHS Fife IMGs are also encouraged to utilise the NES IMG induction and buddy system along with the Scotland wide support groups for IMGs. NHS Fife is striving to make more new and stronger links with local organisations to further the support for these medics around issues such as accommodation. We are also undertaking an evaluation of the work done so far by a series of IMG interviews. The aim is that the results of these will shape and help plan for future intakes of IMGs.

In early 2022, NHS Fife welcomed its first cohort of international nurses and radiographers, totalling at 38 and 3, respectively. In order to fully support these recruits, and ensure they assimilate appropriately, we developed an extensive program to enable them to settle in rapidly. The organisation also aligns each of the recruits with our Spiritual Care team to ensure they are emotionally and spiritually supported in their transition in addition to the professional and personal support provided. All of these staff were formally invited to join NHS Fife's BAME network to provide support and allow networking with other staff of similar cultural backgrounds and overall enhance staff wellbeing.

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Hayfield House
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Kirkcaldy, KY2 5AH

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NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**28 March 2023**
Title:	**Annual Duty of Candour Report 2021/2022**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Shirley-Anne Savage, Associate Director for Quality and Clinical Governance**

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

Annually there is a requirement for Health Boards to publish an Annual Duty of Candour (DoC) Report. Incidents which trigger DoC are typically identified through the adverse event review process.

2.2   Background

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour (DoC). The purpose of organisational DoC is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened,

receive an apology, and that organisations learn how to improve for the future. The procedure to befollowed is set out in the Duty of Candour (Scotland) Regulations 2018.

NHS Fife monitor compliance with the Regulations across the following domains:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/ and or staff

Review of reports for 2018/2019, 2019/2020 and 2020/2021 indicated the there is still a requirement for each report to include a look back at previous years to ensure completeness. In previous years DoC applied to cases which concluded review after the submission of respective annual submissions and as such these were not represented in the annual report.

2.3 Assessment

There were 36 adverse events requiring DoC with the most common outcome, for 20 patients, being an increase in a person's treatment.

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified including notifying the person and providing details of the incident, provision of an apology, reviewing all cases and offering support and assistance. There was Improvement since last year on providing the patient with a written apology. There was one area identified for improvement and that was arranging a meeting following an offer to meet.

The pandemic and the proceeding years have resulted in delays in the completion of adverse event reviews. In view of the delays in completing adverse event reviews and the commitment to providing a comprehensive annual report it was agreed that the reports should be presented in January each year proceeding the end of the reporting period.

The Adverse Events Team are working with services to support completion of the outstanding compliance feedback and to conclude adverse event reviews.

In order to conclude the 2021/2022 annual report the following remain outstanding:

Compliance
- Completion of 6 audit forms to assess compliance with DoC Regulations
- Confirmation of the primary outcome for 1 incident

Adverse Events
- 11 Significant Adverse Event Reviews awaiting submission of final report
- 32 Local Adverse Event Reviews pending

Currently for 2022/23 we have 8 confirmed DoC (including 4 tissue viability and 3 falls) with 9 outcomes recorded (7 being an increase in treatment). It has again been agreed that the full report should be presented January 2024.

2.3.1 Quality/ Patient Care
The learning from adverse event and DoC incidents continues to be a priority. Development of this will be supported through the Clinical Governance Framework.

2.3.2 Workforce
N/A

2.3.3 Financial
N/A

2.3.4 Risk Assessment/Management
As above, support is in place from the Adverse Events Team to conclude outstanding compliance feedback and adverse event reviews.

2.3.5 Equality and Diversity, including health inequalities
N/A

2.3.6 Other impact
N/A

2.3.7 Communication, involvement, engagement and consultation
This report has been discussed with Dr Chris McKenna, Medical Director.

2.3.8 Route to the Meeting

14th February 2023: Clinical Governance Oversight Group
16th February 2023: Executive Directors' Group
3rd March 2023: Clinical Governance Group

2.4   Recommendation

Review the substance and content of the report for assurance.

Any incidents that conclude after submission of the 2021/2022 report will then be included in the 2022/2023 report.

3   List of appendices

The following appendices are included with this report:

- Appendix 1: Annual Duty of Candour Report, 2021/2022

Report Contact
Shirley-Anne Savage
Head of Quality and Clinical Governance
Email shirley-anne.savage@nhs.scot

Annual Organisational
Duty of Candour Report
2021-2022

Contents

1. Introduction and background

NHS Fife

NHS Fife serves a population of approximately 368,000 people. Our vision is to enable the people of Fife to live long and healthy lives. We strive to achieve this by transforming health and care in Fife to be the best.[1]

Content of Report

This report describes how NHS Fife has implemented the organisational Duty of Candour (Doc) Regulations during the period 1 April 2021 to 31 March 2022 (2021/2022). NHS Fife identified these events mostly through its adverse event management processes. The organisation adopts a consistent approach to the identification, reporting and review of all adverse events. This is reflected through the local NHS Fife Adverse Events policy and which is aligned with a national framework[2].

The Covid-19 pandemic and the system pressures in proceeding years has resulted in a delay to the completion of adverse event reviews. This is reviewed regularly with processes in place to ensure reviews are progressed and completed. Consequently there are a number of events reported during this period which are currently under review and which may be reported as activating organisational DoC. It is therefore possible that the number of reported DoC events may be higher than stated in this report. Only those events with a confirmed decision have been included in this report.

A look back at years 1 (2018/2019), 2 (2019/2020) and 3 (2020/2021) is also included in this report. Previous years are included for completeness as DoC applied to cases which concluded review after the submission of respective annual reports. Also contained in appendix 1-4 are organisational DoC reports from the four health board managed general practices in NHS Fife.

Organisational Duty of Candour

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour. The purpose of the duty of candour is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

The Organisational Duty of Candour guidance[3] outlines the procedure which must be a followed as soon as reasonably practicable after an organisation becomes aware that:

- an individual who has received health care has been the subject of an unintended or unexpected incident and
- in the reasonable opinion of a registered health professional not involved in the incident:
  - (a) the incident appears to have resulted in or could result in any of the outcomes below (see Table 1).
  - (b) the outcome relates directly to the incident rather than to the natural course of the person's illness or underlying condition.

This means if a patient suffers from an unintended or unexpected harm as a result of an adverse event then the following should happen:

- The patient or relative is notified and an apology is offered;
- An investigation is undertaken; and
- The patient/relative is given the opportunity to raise questions they wish to be considered and answered as part of the investigation

NHS Fife has an embedded process for the decision making for activating organisational DoC and ensuring all necessary actions are undertaken in accordance with national guidance. On review, any event which is considered to activate duty of candour is escalated to the Board Medical Director for ratification and confirmation of decision. This process is summarised in the following:

- On completion of the investigation the findings and report are offered to be shared with the patient or relative;
- A meeting is offered; and
- Throughout the review and investigation support is to be offered to the people affected which may include staff members involved.

The outcome for organisations is to learn from the investigation and make changes identified as part of the review.

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[1] NHS Fife Strategic Framework. 2015.

[2] Learning from adverse events through reporting and review: A national framework for Scotland, revised July2018, NHS Fife review all adverse events.

[3] Organisational Duty of Candour guidance. The Scottish Government. March 2018

2. How many adverse events happened to which the duty of candour applies?

Between 1 April 2021 and 31 March 2022, there were 36 adverse events reported where DoC applied. The main categories of event which activated DoC during this period were:

- Tissue Viability
- Theatre / Surgery Incidents
- Other clinical events

Table 1 details the outcomes which were reported across NHS Fife after 1 April 2021 to 31 March 2022.

Table 1

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred 2021/2022
The death of the person	6
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5
An increase in the person's treatment	20
Changes to the structure of the person's body	0
The shortening of the life expectancy of the person	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	<5
The person requiring treatment by a registered health professional in order to prevent: the death of the person, or any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above	<5

The most common outcome which these events have resulted in is an increase in the person's treatment. This can range from additional antibiotics required to additional night's stay in hospital.

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Summary of Years 1-4

Table 2 sets out the events where DoC applied in 2018/2019, 2019/2020, 2020/2021 and 2021/2022. This additional information is being included for completeness as DoC was applicable to events which concluded review after respective annual reports were submitted.

The number of events where DoC applied in year 1 is higher than the subsequent years. This can be attributed to the development of learning and understanding of the application of DoC Regulations.

Table 2

Number of Duty of Candour events in each report year	Year 1 18/19	Year 2 19/20	Year 3 20/21	Year 4 21/22
Number of events where DoC applied and where included in respective annual report	46	28	27	36*
Number of events where DoC applied and where not included in annual report	10	10	<5	TBD **
Total number of events where DoC applied	56	38	31	TBD **

*1 event for 3 patients / *To Be Determined (TBD) - Will be included in 22/23 annual report

Table 3 sets out the DoC outcomes for the three year period. Across this period the most common outcome is an increase in the person's treatment.

Table 3

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred			
	Year 1 18/19	Year 2 19/20	Year 3 20/21	Year 4 21/22
The death of the person	<5	<5	<5	6
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5	<5	<5	<5
An increase in the person's treatment	34	21	13	20
Changes to the structure of the person's body	<5	<5	<5	0
The shortening of the life expectancy of the person	<5	<5	<5	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	<5	0	0	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	8	<5	<5	<5
The person requiring treatment by a registered health professional in order to prevent the death of the person, or any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above	<5	7	<5	<5

3. To what extent did NHS Fife follow the duty of candour procedure?

Of the 36 identified cases, each one was reviewed to assess for compliance with the procedure for the following elements:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/ and or staff

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified. These are:

- Notifying the person and providing details of the incident
- Provision of an apology
- Reviewing all cases
- Offering support and assistance

Improvement since last year has been made in:

- Providing the patient with a written apology

Areas for improvement which are attributable to the pressures in the system include:

- Arranging the meeting following offer to meet

We know that witnessing or being involved in an adverse event can be distressing for staff as well as people who receive care. Support is available for all staff through our line management structures as well as through Staff Wellbeing and Safety.

4. Information about our policies and procedures

Every adverse event which occurs is reported through our local reporting system as set out in our Adverse Events policy and associated processes. Through these, we can identify events that activate the DoC procedure.

The policy contains a section on implementing the organisational DoC, and a detailed section about supporting staff and persons affected by the adverse events, with examples of the types of support available.

Each adverse event is reviewed to understand what happened and the actions we can take to improve the care we provide in the future. The level of review depends on the severity of the event as well as the potential for learning. Recommendations are made as part of the review, and local management teams develop action plans to meet these recommendations.

Clinical teams make the recommendation that Duty of Candour is activated with the final decision made by the Medical Director.

To support implementation of DoC, staff are encouraged to complete the NHS Education Scotland on line learning module. This has been made available to staff through TURAS. In addition to the above policy to ensure our practice and services are safe, theorganisation has clinical policies and procedures. These are reviewed regularly to ensure they remain up to date and reflective of current practices. Training and education are madeavailable to all staff through mandatory programmes and developmental opportunities relating to specific areas of interest or area of work.

5. What has changed as a result?

Further to reviews of DoC events in 2021/2022 the following changes have been implemented:

- Tissue viability specialist nurses in partnership with the tissue viability link nurses identified pressure related ward level training and delivered the training to all ward staff. This included the accurate completion of wound care documentation and the importance of clear and accurate wound charts
- Review of the dietetic referral criteria for patients with pressure damage ensuring patients are referred
- Further supportive learning delivered to staff regarding correct identification/ grading of pressure ulcers
- Further education delivered on central venous catheter (CVC) care bundle
- Plaster cast referral form was reviewed to ensure patients who are high risk of pressure damage can be clearly identified
- Introduction of new monitoring chart for high dose insulin euglycaemic therapy
- Delivery of a further training session for stroke including review of four case studies
- The latent phase of labour guideline was reviewed to include bladder care and time frames for review to allow more flexibility to individual patient condition. The management of the latent phase of labour is now included in regular skill and drills in the Midwife-Led Unit
- In orthopaedic theatres when implants are being used the stop & check engagement between theatre staff is now carried out routinely before the list starts and at the various stages during the operation
- For complex patient transfers from critical care to ward level care Medical High Dependency Unit (MHDU) step down is now part of the consideration
- Post intravitreal injection therapy (IVT) patients who phone the Ophthalmology Dept with reported complications will now be seen in the Emergency Clinic for an urgent review
- An endometrial biopsy is now obtained in the post-menopausal bleeding clinic even when the scan suggests uterine polyp, with referral made to the hysteroscopy clinic to manage the polyp whilst awaiting the histology report.

Given the delays described in this report it is anticipated that more changes will be implemented following conclusion of events which are still under review. These will be captured in the 2022/2023 annual report.

If you would like more information about this report, please contact

Board Medical Director Office
NHS Fife
Hayfield House
Hayfield Road
Victoria Hospital
Kirkcaldy
KY2 5AH
Telephone: 01592 648077

Appendix 1: Linburn Road Health Centre

Linburn Road Health Centre
124 Nith Street
Dunfermline, KY11 4LT
Tel: 01383 733490
Fax: 01383 748758
Email: Fife.F20502LinburnRoad@nhs.scot

Duty of Candour Report

Report period: 1 April 2021 to 31 March 2022

Completed by: Sharon Duncan, Practice Manager (Job Share)

Linburn Road Health Centre provides Health Care to patients within the Dunfermline and Rosyth area. The Health Centre's aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2021 and 31 March 2022)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	**0**

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To what extent did Linburn Road Health Centre follow the duty of candour procedure?	All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

a. to notify the person affected (or family/relative where appropriate)
b. to provide an apology
c. to carry out a review into the circumstances leading to the incident
d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
e. to provide the person affected with an account of the incident
f. to provide information about further steps taken
g. to make available, or provide information about, support to persons affected by the incident
h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures	See NHS Fife Policies and Procedures available on Blink (joinblink.com)

What has changed as a result?	N/A

Other Information	N/A

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Appendix 2: Kinghorn Medical Practice

Kinghorn Medical Practice
Rossland Place
Kinghorn
Fife
KY3 9RT
Tel: 01592 890217

Duty of Candour Report

Report period: 1 October 2021 to 31 March 2022

Completed by: Fay Paterson, Practice Manager

Kinghorn Medical Practice provides general medical services to around 3360 registered patients residing within the practice boundary which encompasses Burntisland, Kinghorn and the bottom part of Kirkcaldy and some surrounding rural areas. Our mission is to provide a personal quality service making the best use of available resources.

How many incidents happened to which duty of candour applies?	0

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 October 2021 and 31 March 2022)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	**0**

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To what extent did Lochgelly Medical Practice follow the duty of candour procedure?	All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary. Procedures to be followed: a. to notify the person affected (or family/relative where appropriate) b. to provide an apology c. to carry out a review into the circumstances leading to the incident d. to offer and arrange a meeting with the person affected and/or their family, where appropriate e. to provide the person affected with an account of the incident f. to provide information about further steps taken g. to make available, or provide information about, support to persons affected by the incident h. to prepare and publish an annual report on the duty of candour When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures	See NHS Fife Policies and Procedures available on Blink (joinblink.com)

What has changed as a result?	N/A

Other Information	N/A

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Appendix 3: The Links Practice

The Links Practice
Masterton Health Centre
74 Somerville Street
Burntisland
Fife, KY3 9DF

Dr J Yule
M.B.,Ch.B.,D.C.H., M.R.C.G.P.

Tel: 01592 873321

This short report describes how our care service has operated the duty of candour during the time between 1st April 2021 to 31st March 2022. We hope you find this report useful.

Our Practice serves a population of 1972 patients within the Burntisland, Kinghorn, Aberdour area.

How many Incidents happened to which the duty of Candour applies?

In the last year, there have been no incidents to which the duty of candour applied.

Information about our policies and procedures.

Where something has happened that triggers the duty of candour, our staff report this to the Practice Manager who has responsibility for ensuring that the Duty of candour procedure is followed. The Practice Manager records the incident and reports as necessary to the Health Board. When an incident has happened, the Manager and staff set up a learning review. This allows everyone involved to review what happened and identifies changes for the future.

If you would like more information about The Links Practice, please contact us using these details.

The Links Practice
Masterton Health Centre
74 Somerville Street
Burntisland
Fife
KY3 9JD

Tel: 01592 873321
Email: Fife.F20184LinksPractice@nhs.scot

Appendix 4: Valleyfield Medical Practice

Valleyfield Medical Practice
Chapel Street, High Valleyfield
Fife, KY12 8SJ
Tel: 01383 880511
Email: Fife.F20729valleyfield@nhs.scot

Duty of Candour Report

Report period: 1 April 2021 to 31 March 2022

Completed by: Michelle Parker, Practice Manager

Valleyfield Medical Practice provides Health Care to patients within the High Valleyfield, Low Valleyfield, Culross, Torryburn, Newmills, Cairneyhill and Crossford. The Health Centre's aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2021 and 31 March 2022)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	**0**

To what extent did Valleyfield Medical Practice follow the duty of candour procedure?	All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice

Information about our Policies and Procedures	See NHS Fife Policies and Procedures available on Blink (joinblink.com)

What has changed as a result?	N/A

Other Information	N/A

Appendix 5: Methilhaven Medical Practice

Methilhaven Medical Practice
Randolph Wemyss Hospital,
Wellesley Road
Buckhaven KY8 1HU
Tel: 01333 426913
Email: fife.f21505methilhaven@nhs.scot

Duty of Candour Report

Report period: 1 April 2021 to 31 March 2022

Completed by: Tracy Simpson, Acting Practice Manager

Methilhaven Surgery provides Health Care to patients within the Methil, Buckhaven, and Levenmouth area. The Health Centre's aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2021 and 31 March 2022)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	**0**

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To what extent did Valleyfield Medical Practice follow the duty of candour procedure?	All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.
	Procedures to be followed:
	a. to notify the person affected (or family/relative where appropriate)
	b. to provide an apology
	c. to carry out a review into the circumstances leading to the incident
	d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
	e. to provide the person affected with an account of the incident
	f. to provide information about further steps taken
	g. to make available, or provide information about, support to persons affected by the incident
	h. to prepare and publish an annual report on the duty of candour
	When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures	See NHS Fife Policies and Procedures available on Blink (joinblink.com)

What has changed as a result?	N/A

Other Information	N/A

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

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

To find out more about accessible formats contact:
Fife.EqualityandHumanRights@nhs.scot or phone 01592 729130

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

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NHS Fife

Meeting:	**Fife NHS Board**
Meeting Date:	**28 March 2023**
Title:	**Whistleblowing Quarter 3 Report for 2022 / 2023**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Sandra Raynor, Head of Workforce Resourcing and Relations**

1. Purpose

This is presented to Fife NHS Board Members for:
- Assurance

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

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

2. Report Summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021. The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage record and report whistleblowing concerns.

The Standards also require that Boards publish an Annual Report, setting out performance in handling whistleblowing concerns. The annual report will summarise and build on the quarterly reports produced by the Board.

2.2 Background

This report is to provide NHS Fife Board members with an update on whistleblowing concerns, anonymous concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 October 2022 to 31 December 2022.

2.3 Assessment

Whistleblowing Concerns Reporting

It was identified during the governance cycle for Quarter 3 that although it had originally been reported that NHS Fife received no whistleblowing concerns during the third quarter reporting period within NHS Fife, primary care providers and contracted services, that there had been a Whistleblowing Concern lodged within Quarter 3, which was reported verbally to Staff Governance Committee and is now detailed within Appendix 1 of this paper to the Board.

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

An extension has been approved for the whistleblowing concern received during Quarter 3. The whistleblower has been advised of the need to extend the timescale and has been kept up-to-date with the progress of the investigation into their concerns throughout the process.

Anonymous Concerns Reporting

NHS Fife received no anonymous concerns during the third quarter reporting period.

Local Press Coverage

There were no Whistleblowing articles published in the local newspaper during the third quarter.

Awareness Raising and Training

NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. INWO updates continue to encourage the use of business-as-usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access.

The Quarter 3 data report referred to above is attached at Appendix 1, for information.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork. These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

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

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes and the Quarter 3 report has been shared with Executive Directors Group, Area Partnership Forum and Staff Governance Committee.

2.4   Recommendation

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

- There was one whistleblowing concern received; no anonymous concerns received; no whistleblowing articles were published in the local newspaper; assurance of awareness and the whistleblowing training undertaken during Quarter 3.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Concerns, Anonymous Concerns, Local Press Coverage, assurance of awareness of standards and Whistleblowing Training undertaken during Quarter 3 (1 October 2022 to 31 December 2022)

Report Contact:

Sandra Raynor
Head of Workforce Resourcing and Relations
E-mail: sandra.raynor@nhs.scot

Appendix 1 – Whistleblowing Concerns, Anonymous Concerns, Local Press Coverage, Assurance of Awareness of Standards and Whistleblowing Training Undertaken During Quarter 3: 1 October 2022 to 31 December 2022

1. Introduction

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

2. Whistleblowing Concerns Received During Quarter 3

There was one Whistleblowing concern received retrospectively during Quarter 3:

Quarter 1 1 April 2022 to 30 June 2022	Theme	Division	Service
Nil			
Quarter 2 1 July 2022 to 30 September 2022	Theme	Division	Service
Nil			
Quarter 3 1 October 2022 to 31 December 2022	Theme	Division	Service
Concern 1	Patient Information (Records/Documentation/Tests/Results)	Corporate Services	Pharmacy
Quarter 4 1 January 2023 to 31 March 2023	Theme	Division	Service

Overview: Concern 1

Current Stage	Early Resolution (Stage 1)
First received	18/11/2022
Days at Stage One	122
Service Area (s)	Corporate Directorates

Additional Detail: Concern 1

Does this whistleblowing concern relate to any issue of patient safety	
Not applicable	
Has the person raising the concern raised that they have experienced detriment?	
No	
Has a separate adverse event been logged on Datix in relation to this concern?	
No	
How was the whistleblowing concern received?	
Received by email	
Was this escalated from Early Resolution (Stage 1)?	
No	
Is this whistleblowing concern being raised on behalf of another person?	
No	
Date logged on Datix	
06/02/2023	
Date the event occurred? (if known)	
18/11/2022	
Outcome - Early Resolution (Stage 1)	
Under investigation- Reporter is not satisfied with outcome of stage 1 and wishes to escalate t	
Outcome - Investigation (Stage 2)	
Still sitting at stage 1	
What key themes and trends were identified in relation to this whistleblowing concern?	
Under investigation	

3. Anonymous Concerns Received During Quarter 3

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is "a concern which has been shared with the organisation in such a way that nobody knows who provided the information".

There were no Anonymous concerns received during Quarter 3:

Theme	Quarter 1 1 April 2022 to 30 June 2022	Theme	Quarter 2 1 July 2022 to 30 September 2022
	Nil		**Nil**

Theme	Quarter 3 1 October 2022 to 31 December 2022	Theme	Quarter 4 1 January 2023 to 31 March 2023
	Nil		

4. Local Press Coverage During Quarter 3

There were no Whistleblowing articles published in the local newspaper during Quarter 3

Theme	Quarter 1 1 April 2022 to 30 June 2022	Theme	Quarter 2 1 July 2022 to 30 September 2022
Staffing Pressures	One	Staffing Levels	One

Theme	Quarter 3 1 October 2022 to 31 December 2022	Theme	Quarter 4 1 January 2023 to 31 March 2023
	Nil		

5. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the standards, processes are being developed and an update will be provided within future reporting, as appropriate.

6. Whistleblowing Themes, Trends and Patterns

This section provides information on themes from whistleblowing concerns being raised and will aid identification of any shared root causes, and to progress learning and improvement in a targeted manner.

The themes identified within Quarter 3 will be reported on in due course, as these are not yet known due to the timing of the case being reported on Datix.

The Board have previously seen sight of the themes from two complaints received in Quarter 4 from 2021/2022, however, below now provides Board with an update on progress and outcome of these complaints.

Theme(s)	Progress / Outcome
1. - Failure of Leadership - No evidence of delegation - Lack of development of the workforce - Poor communication structures - Culture of not seeing poor quality care - Incomplete documentation - Requirement for robust induction processes	An Action Plan has been developed from the recommendations within the whistleblowing report relating to the Community Care Service and is already being implemented.
2. - Improving the patients day - Creating a more therapeutic environment, whilst acknowledging existing limitations - Review of meal and menu provision - Development and implementation of a staff competency framework to provide assurance that all staff are competent and have the required knowledge and skills to deliver care - Review of the Induction process for new staff and students to ensure that all new persons to the ward are inducted safely and that there is a record of this	Improvement in the areas will be taken forward as part of a formal response to the findings; and, where appropriate, such as the review of the Induction Process, following discussion with the operational management team, improvement actions may be expanded to become service wide initiatives within the Complex and Clinical Care Service. Some actions are already underway, such as the establishment of activity co-ordinators to the wards to ensure more therapeutic dialogue and engagement with patients.

7. Independent National Whistleblowing Officer Referrals and Investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this current time, there have been no referrals to the INWO that NHS Fife have been made aware of.

8. Whistleblowing Training Data

The whistleblowing training data undertaken during 2022 / 2023 to date is summarised below, noting the training undertaken during Quarter 3 (1 October 2022 to 31 December 2022):

Whistleblowing Trainining Undertaken During 2022/2023

	eLearning - Whistleblowing : an Overview	eLearning - Whistleblowing for line managers/senior managers	Classroom-based Whistleblowing and Prevent Training - Hotel Services
Total Number of Completions During Quarter 1 (1/4/22 to 30/6/22)	764	92	0
Total Number of Completions During Quarter 2 (1/7/22 to 30/9/22)	363	50	0
Total Number of Completions During Quarter 3 (1/10/22 to 31/12/22)	280	40	0

AUDIT & RISK COMMITTEE
(Meeting on 15 March 2023)
No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

NHS Fife

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON WEDNESDAY 15 MARCH 2023 AT 2PM VIA MS TEAMS

Present:
Alastair Grant, Non-Executive Member (Chair)
Cllr David Graham, Non-Executive Member
Anne Haston, Non-Executive Member

In Attendance:
Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Azets
Pauline Cumming, Risk Manager
Tony Gaskin, Chief Internal Auditor
Barry Hudson, Regional Audit Manager
Amy Hughes, Azets *(observing)*
Karen Jones, Azets
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Sally McCormack, Associate Medical Director for Emergency Care and Planned Care (observing)
Margo McGurk, Director of Finance & Strategy
Alan Mitchell, Thomson Cooper *(for item 8.3 only)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A welcome was extended to Dr Sally McCormack, Associate Medical Director for Emergency Care and Planned Care, who is participating in the Developing Senior Systems Leadership course, and joined the meeting as an observer.

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 Aileen Lawrie (Non-Executive Member) and Kirstie MacDonald (Non-Executive Member), and attendee Carol Potter (Chief Executive).

2. **Declaration of Members' Interests**

   There were no declarations of interest made by members.

3. **Minute of the last Meeting held on 5 December 2022**

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

4. Action List / Matters Arising

The Audit & Risk Committee **noted** the update provided and the closed item on the Action List.

5. GOVERNANCE MATTERS

5.1 Losses & Special Payments Quarter 3 Report (Oct – Dec 2022)

The Head of Financial Services & Procurement reported that the number of losses for quarter 3 are comparable with the previous quarter. It was noted that the value of losses has increased due to the clinical *ex-gratia* compensation payments. It was advised an analysis has been carried out on the payments outwith any legal settlements, and no further investigation is required at this time. Assurance was provided to members that the current position covering the first three quarters of 2022/23 remains below the full year position reported to the Scottish Government during the 2021/22 Annual Accounts process.

A Haston, Non-Executive Member, highlighted the increased clinical *ex-gratia* compensation payments for quarter 3 and asked if it would be beneficial for the Committee to be provided with an annual summary, for comparison. The Head of Financial Services & Procurement advised that the yearly report will be provided at the next Committee meeting, and he noted that the Annual Report is provided in the Annual Accounts. The Director of Finance & Strategy added that it is difficult to forecast clinical *ex-gratia* compensation payments and difficult to project when those payments will settle and the final settlement amount. It was noted that the yearly report can be compared to the previous year, however it was highlighted that one large claim amount can skew the data.

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

5.2 Committee Self-Assessment Report 2022/23

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the Audit & Risk Committee. It was noted that there was a slightly lower number of respondents, due to leavers of the Committee at the end of 2022, and new members not being a position to complete the questionnaire as they had not yet experienced a meeting since joining the Committee.

An overview on the themes of the self-assessment was provided. It was advised that a training session will be carried out for the Annual Accounts process this year, which was highlighted in the report as being welcomed by members the previous year. It was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes, such as ensuring that meeting packs were not too voluminous. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

A Haston, Non-Executive Member, expressed an opinion that she felt a committee review for new Members would be beneficial to add to the induction process, to help new appointees receive feedback on their initial period serving on a committee. The Board Secretary agreed this could be built into the existing appraisal process.

It was advised that a Committee Induction Handbook will shortly be produced for each of the Board's Standing Governance Committees, to help enhance new members' training around individual Committee's areas of remit.

The Committee **took assurance** from the conclusions of the self-assessment exercise.

5.3 Annual Review of Committee's Terms of Reference

The Board Secretary advised that the changes proposed to the Terms of Reference (ToR) are tracked within the paper and reflects changes to the risk management processes in relation to the replacement of the Board Assurance Framework with the Corporate Risk Register. More clarity around the governance documents subject to annual review, as part of the Code of Corporate Governance, as opposed to being stand-alone, has also been added to the ToR.

The Committee **approved** this version for further consideration by the Board.

5.4 Publication of Blueprint for Good Governance, Second Edition

The Board Secretary reported that the second edition of the Blueprint for Good Governance was released via a Directors' Letter in late December 2022.

It was advised that the information on what is required by Boards to implement the new Blueprint is currently limited, though a Scottish Government led event is scheduled for late April 2023 for Chairs and Non-Executives to discuss what has changed in the Blueprint and to outline the national guidance on its implementation. Training modules, via NES, will also be available, and further detail is to follow.

It was reported that NHS Highland are presently trialling a Board level-survey, which will be rolled out across all Boards. The results of this exercise will be used as a benchmark for Boards, with an action plan to be developed in response.

The Board Secretary reported that discussions have taken place with the Chief Internal Auditor and his team around potential changes to the Blueprint for Good Governance, and it was advised that the development session on the Committee Assurance Principles is complementary to the requirements of the Blueprint document. It was also advised that Internal Audit have made some changes to their regular internal audit recommendation follow-up report, to reflect the new guidance within the Blueprint document.

The Committee noted, for **assurance**, the information provided in the paper on the issuing of the second edition of the NHS Scotland Blueprint of Good Governance and the further detail still to be received on its implementation timeline.

5.5 Payroll Service Transfer to NSS Assurance Statement

The Head of Financial Services & Procurement reported that the paper is presented to the Committee to provide assurance on the continuity of service.

It was advised the paper sets out a three-year plan from the current process to development of a full three-year service audit report to take assurance from, and an overview on the timelines for the audit plan was provided. It was noted the plan has been shared with Audit Scotland and Internal Auditors, and the Head of Financial Services & Procurement agreed to feed back any comments on the plan from the Committee to the Auditors.

The Chief Internal Audit highlighted the importance of service continuity linking into the service audit for assurance on reliability of the systems moving forward.

The Committee took **assurance** from the Audit Plan proposed by NSS for 2022/23 and the following two years.

6.   RISK

6.1 Corporate Risk Register

The Risk Manager reported that the paper provides a summary of the key changes to the strategic risk profile and corporate risks which have been reported to the Board's Standing Governance Committees since the previous meeting. An overview on the updates was provided.

It was advised that the Risk & Opportunities Group will have a focus on comments and feedback received from the Board's Standing Governance Committees, particularly around the scoring of risks and target scores to ensure they are realistic and achievable. The Risk & Opportunities Group will also develop the assurance component around the corporate risks and will explore a model that will provide appropriate levels of assurance. In terms of concluding the work on the Population Health & Wellbeing Strategy, it was advised that the Risk & Opportunities Group will connect this to the Corporate Risk Register and Strategic Planning & Resource Allocation (SPRA), to ensure alignment.

The Director of Finance & Strategy reported that clearly defining specific levels of assurance, linked to the impact of risk mitigation, had been raised at other Committee meetings and she noted that this is being taken forward through the Risk & Opportunities Group.

The Chief Internal Auditor strongly welcomed the development of the Corporate Risk Register, and the Chair agreed that its introduction has been beneficial.

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

7.   GOVERNANCE – INTERNAL AUDIT

7.1 Internal Audit Framework

The Chief Internal Auditor introduced this item and summarised the main points of the paper.

The Committee:

- **Noted** the NHS Fife Specification for Internal Audit Services

- **Approved** the Internal Audit Charter

- **Approved** the NHS Fife Internal Audit Reporting Protocol and Audit Follow Up Protocol

7.2 Internal Audit Progress Report

The Regional Audit Manager advised that the report details activity on the Annual Audit Plan, and that the appendix describes the status of the remaining reviews since the last Committee meeting. It was highlighted that the final mid-year Internal Control Evaluation report has now been completed, with management responses now included. It was reported that outstanding work is progressing well, and the majority of field work is close to draft report stage.

The Committee took **assurance** of the progress on the delivery of the Internal Audit Plan.

7.3 Internal Audit – Follow-Up Report on Audit Recommendations 2021/22

The Regional Audit Manager advised that the follow-up report includes reference to the Blueprint for Good Governance in NHS Scotland, second edition. It was noted that the follow-up report has been adapted to demonstrate the requirement that actions should be addressed in the current financial year, rather than being carried forward from one financial year to the next, which is from the new guidance within the Blueprint document. The Audit follow-up protocol will also be adapted to reflect these changes and will be brought back to the next Committee meeting for approval.

The Committee took **assurance** from the current status of Internal Audit recommendations recorded within the Audit Follow-Up system. The Committee **noted** the changes to the style of Audit Follow-Up reporting to meet the related requirements of the Blueprint for Good Governance in NHS Scotland (second edition).

7.4 Internal Control Evaluation Report 2022/23 – Final Report

The Chief Internal Auditor advised that the draft report was presented to the Committee at the last meeting, and that it now includes management responses, which are comprehensive. He noted that progress made over the previous year has been positive, particularly in relation to good governance.

The Committee took **assurance** on the finalised Internal Control Evaluation Report, with updated management responses to the audit recommendations.

8. GOVERNANCE – EXTERNAL AUDIT

8.1 External Audit Plan

C Brown from Azets reported that the plan is based on a number of sources of information and evidence. The key aspects from the External Audit Plan were outlined. It was noted that there have been changes to auditing standards in relation to risk assessment and fraud risk assessment, which require more detailed work in those areas, and that this has resulted in a slight delay to the planning process. An overview was provided on the identified risks of material misstatement, which are detailed in the plan. C Brown also highlighted that further work will be carried out in relation to the provision of payroll services following the transfer of the service to NSS.

Following a query from the Chair regarding timelines for the Annual Accounts process, K Jones from Azets advised that the plan will be updated once timelines have been received, and it was noted the timelines will be in line with meeting the 30 June 2023 approval timetable.

The Committee took **assurance** from the External Audit Plan.

8.2 External Audit – Follow-Up Report on Audit Recommendations

The Head of Financial Services & Procurement advised the paper is presented as a follow-up report, following the December 2022 update. It was advised that preliminary discussions have taken place with Azets in relation to the findings and points raised at last year's audit. Assurance was provided that the recommendations are either being addressed or will continue to be addressed going forward.

The Committee took **assurance** from the progress made against the 2021/22 External Audit recommendations.

8.3 External Audit Plan – Patients' Private Funds

A Mitchell from Thomson Cooper joined the meeting. It was reported that the document outlines the audit approach, timetable for the audit and the key risk areas identified.

A Mitchell explained the ethical standard for auditors in terms of long associations with clients, as detailed in the paper, and advised that it will be recommended that he is retained as the Responsible Individual (RI) and Fiona Haro, another RI within the firm, will undertake a concurring review.

As part of the process, A Mitchell advised that the key risks within the audit have been identified and are detailed in the plan. It was noted that the key risks are similar to previous years and the focus of the audit will be around security of patient funds and compliance with agreed financial operating procedures.

A Mitchell advised that Stratheden Hospital and Whyteman's Brae Hospital have been identified as the two sites to be audited.

The Director of Finance & Strategy highlighted to members the importance of holding patients' private funds and having a solid and robust system of control in place, which is being reiterated to the team.

The Committee took **assurance** from the External Audit plan.

9.   FOR ASSURANCE

9.1   Audit Scotland Technical Bulletin 2022/4

The Head of Financial Services & Procurement advised that the Audit Scotland Technical Bulletin is provided to the Committee to update on current matters and emerging issues in relation to the audit process. It was noted that the main focus within the report is around the reduced year-end timeframe this year that the public sector faces. A separate chapter on health and another on fraud irregularity was highlighted. It was advised that the report was provided to the Finance Team for awareness.

The Committee took **assurance** from the Bulletin.

9.2   Audit Scotland Annual Overview Report 2022

The Director of Finance & Strategy highlighted that the key messages within the report will be responded to through our new Population Health & Wellbeing and Medium-term Financial Strategies. It was noted that the largest risk for recovery of services is around the workforce capacity in the medium-term.

The Chief Internal Auditor noted that there is a gap between what is achievable within NHS Fife and the expectation from the Scottish Government. C Brown, Azets, highlighted the unrealistic expectations from the Scottish Government in relation to delivery of services, and the challenges to achieve the recommendations set out in the report. He also highlighted the importance of NHS Boards having realistic plans that are achievable with the resources available. The Director of Finance & Strategy reported that there is a level of transparency across the organisation, and NHS Fife will be clear on the level of challenge through discussions with the Board, Committees, and engagement with the public, which is already taking place. The Director of Finance & Strategy advised that the Scottish Government have been advised that NHS Fife will prepare a five-year financial recovery plan, as a shorter-term plan would not be achievable.

The Board Secretary advised that the Integrated Performance & Quality Report and the achievability of national targets was discussed in detail at the Finance, Performance & Resources Committee on 14 March 2023, and she questioned how we can evidence that good progress is being made whilst the national targets are not being met and provide assurance to the Board.

The Chief Internal Auditor highlighted the importance of setting realistic targets within performance management, and the risks associated with setting targets that are unrealistic.

The Committee **considered** and reflected on the issues contained within the report and how they align particularly to the planning assumptions within the proposed new Population Health and Wellbeing Strategy and the Medium-term Financial Strategy.

9.3 Delivery of Annual Workplan

The Committee took **assurance** on the delivery of the tracked workplan.

9.4 Proposed Annual Workplan 2023/24

The Director of Finance & Strategy advised that the Annual Accounts final reporting timeline has been brought forward within the 2022/23 workplan.

The Board Secretary highlighted that the topic for the next Committee Development Session (date TBC) will be a review of the effectiveness of the new Corporate Risk Register process and welcomed comments or a proposed alternative topic for that session.

Action: Board Committee Support Officer

The External Auditors agreed to provide a training session, at the May 2023 meeting, to members on the Annual Accounts process. The training material from the previous year will be shared with the External Auditors.

Action: Board Committee Support Officer

The Committee **approved** the proposed annual workplan.

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

The Director of Finance & Strategy suggested providing assurance to the Board that the Audit & Risk Committee have reflected on ensuring that our strategies and financial plans are aligned to recommendations within the Audit Scotland Annual Report.

The Committee agreed that the briefing paper on the Blueprint for Good Governance, Second Edition will be presented to the Board at the March 2023 meeting to provide assurance and to ensure that its issue has been formally documented.

11. ANY OTHER BUSINESS

None.

Date of Next Meeting: Wednesday 18 May 2023 at 2pm via MS Teams.

CLINICAL GOVERNANCE COMMITTEE **(Meeting on 3 March 2023)**
No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 3 MARCH 2023 AT 10AM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Janette Keenan, Director of Nursing
Chris McKenna, Medical Director
Joy Tomlinson, Director of Public Health

In Attendance:
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Associate Medical Director
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy *(part)*
Elizabeth Muir, Clinical Effectiveness Manager
Sally McCormack, Associate Medical Director for Emergency Care and Planned
  Care *(observing)*
Neil McCormick, Director of Property & Asset Management
Gill Ogden, Head of Nursing (for Norma Beveridge)
Shirley-Anne Savage, Associate Director of Quality and Clinical Governance
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A welcome was extended to Dr Sally McCormack, Associate Medical Director for Emergency Care and Planned Care, who is participating in the Developing Senior Systems Leadership course, and joined the meeting as an observer.

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 Aileen Lawrie (Area Clinical Forum Representative), David Miller (Director of Workforce), Carol Potter (Chief Executive) and attendees Norma Beveridge (Associate Director of Nursing), Iain MacLeod

(Deputy Medical Director) and John Morrice (Consultant Paediatrician and Associate Medical Director).

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Minutes of the Previous Meeting held on 13 January 2023

The Committee formally **approved** the minutes of the previous meeting.

4.   Matters Arising / Action List

The Committee **noted** the updates and also the closed items on the Action List.

4.1   Healthcare Improvement Scotland (HIS) Safe Delivery of Care Inspections

HIS's Director of Quality Assurance wrote to all NHS Scotland Boards on 22 November 2022 to highlight general concerns raised via recent Safe Delivery of Care Inspections of acute hospitals. The Acute Services Division considered the concerns and guidance shared via the letter, to ensure that the learning was acted upon. The Director of Acute Services provided an update on the situation and action plans that are in place to address potential overcrowding, staffing levels, supporting staff health & wellbeing and assuring visible leadership, and also specific actions around medicines governance, as described in the paper. It was noted that the Acute Services Division would be unable to deliver the actions on their own, since it requires a whole system response, and that close working between the Health & Social Care Partnership is ongoing.

The Medical Director provided assurance that appropriate steps are being taken across the whole organisation to address the findings from the guidance. It was noted that Winter 2022/23 has been an exceptionally challenging time, and discussions are ongoing to address managing the services during extremely busy periods.

A Haston, Non-Executive Member, questioned what the two requirements from the HIS inspection of Victoria Hospital in May 2021 were, and how those were addressed. The Director of Acute Services advised that one issue was around the over-capacity of bays within the surge ward, with it being noted that this continues to be an issue, due to the number of patients being cared for in that ward. It was noted that an annexe has been added to the ward to create more capacity. The other requirement was a technicality around the documentation of patient results in a case record and it was reported that this issue was resolved quickly.

S Fevre, Area Partnership Forum Representative, questioned the percentage data for supplementary staffing, and he also queried if safe staffing is defined by staff opinions or a numerical measurement. The Director of Acute Services reported that supplementary staffing has been significant in AU1 due to staffing level challenges, however the situation is being actively managed going forward. It was also reported that safe staffing is defined through both quantitative and qualitive data, and staff look at a range of measures within their areas. A description was provided on the frameworks and systems in place to support safe staffing and to keep the services clinically safe.

S Fevre, Area Partnership Forum Representative, requested a description around the visibility of ideas and initiatives, which is stated in the paper as being worked on by the Senior Leadership Team (SLT). The Director of Acute Services explained the number of ways in which SLT are visible and engaging with staff.

C Grieve, Non-Executive Member, requested assurance around compliance with fire training, and the Director of Property & Asset Management agreed to provide further detail, for assurance, outwith the meeting.

Action: Director of Property & Asset Management

Following a query from the Chair around sustainability and compliance, the Director of Acute Services reported on the various methods of monitoring compliance and advised that mock inspections will be taken forward as an additional action, and will include the compliance aspect, which requires further work. The Director of Pharmacy & Medicines provided an overview on the compliance for medicines, noting that this is closely monitored and that the policies and procedures for medicines are comprehensive.

The Committee took **assurance** and **noted** the Acute Services Division's reflections in response to the HIS letter, as well as the actions underway to support patient care and staff wellbeing.

4.2   Resilience Annual Report

The Director of Public Health spoke to the paper and reported that substantial work has been carried out around refreshing our major incident planning process and concluding our annual business continuity assurance process. It was advised that due to the pandemic and a restructuring within the Resilience Team, which has impacted the timing of the report coming to the Committee, a formal Annual Statement of Assurance will be presented to the Committee at the May 2023 meeting, and then on an annual basis.

A Haston, Non-Executive Member, queried where assessment of risk will sit within the new framework and was advised that this will be incorporated within the Major Incident Plan.

Following a question from the Chair, it was advised that an interim internal audit was carried out in 2021/22, and the majority of actions have been completed, with other actions realigned following agreement from the auditors. It was also advised that a statement of assurance is provided to the Committee on an annual basis.

The Chair requested detail on the percentage and scope of staff trained in resilience. The Director of Public Health noted that consideration will be given to the number of individuals included in resilience training going forward.

For assurance, the Director of Public Health explained the timings for concluding the Major Incident Plan, and the operational aspects in support of this. She also advised that the various elements of business continuity will be concluded by the end of March 2023.

The Committee took **assurance** on the overview of progress within business continuity and emergency planning. The Committee **agreed** that the Annual Statement of Assurance will be presented in May 2023, then annually to the Clinical Governance Committee thereafter, and that a mid-year progress report will be provided for assurance.

Action: Director of Public Health

5. ACTIVE OR EMERGING ISSUES

The Chair advised the Committee that there are no active or emerging issues to report on to this meeting.

6. GOVERNANCE MATTERS

6.1 Committee Self-Assessment Report 2022/23

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the Clinical Governance Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

A Haston, Non-Executive Member, expressed an opinion that she felt a committee review for new Members would be beneficial to add to the induction process, to help new appointees receive feedback on their initial period serving on a committee. The Board Secretary agreed this could be built into the process.

It was advised that a Committee Induction Handbook will shortly be produced for each of the Board's Standing Governance Committees, to help enhance new members' training around individual Committee's areas of remit.

6.2 Annual Review of Committee's Terms of Reference

The Board Secretary advised that the changes proposed to the Terms of Reference (ToR) are tracked within the paper and reflects a change to the risk management processes in relation to the replacement of the Board Assurance Framework with the Corporate Risk Register. It was also advised that an increased expansion of the Committee's role in relation to adverse events and duty of candour has been added, along with an addition of a specific clause on the Committee's remit in review of the patient experience.

It was explained that the patient representative position on the Committee has remained vacant since 2021, with no clear route for recruiting to that post in a way that the incumbent could reflect the overall patient voice. The Director of Nursing reported that consideration is being given to other ways of having a patient perspective, along with patient stories, on the Committee and suggested that this is trialled at the next Development Session on Addictions Services.

K MacDonald, Non-Executive Member, asked if consideration was being given to having a Patient Forum, which includes patients and clinicians. The Director of Nursing advised that there are a few specialised groups that include patients thereon, and she agreed to bring information back on those groups to the Committee.

The Chair questioned if there was anything that could be offered within the Health & Social Care Partnership in relation to the patient voice, that would also support this Committee. The Director of Health & Social Care advised that she engages on a regular basis with the Director of Nursing and opportunities are being explored. Assurance was provided that there is a robust mechanism in place to support participation and engagement, at locality and service level.

The Board Secretary advised that it had been explicitly highlighted by the outgoing Patient Representative that the broader patient voice was difficult to be expressed through an individual patient representative, and a new model should ideally be explored. The Medical Director suggested capturing all the activity in relation to the patient voice and stories and presenting it to the Committee on annual basis, with regular updates on specific areas. The Director of Pharmacy & Medicines supported this approach.

The Director of Nursing advised that work is being piloted around the patient experience, which includes ongoing conversations with patients and capturing their feedback. Further detail will be available through the Patient Feedback Quarterly Report.

After discussion on these points, the Committee **approved** a final version for further consideration by the Board.

6.3 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director introduced this item and advised that there has been no significant change since the risks were last reported to the Committee. He also noted that the most prominent aspect is around the risk appetite aligning to the level of risk, due to the sustained level of operational challenge the services are experiencing. It was advised that we need to define our risk tolerance and work is ongoing in this area.

C Grieve, Non-Executive Member, questioned how assurance is provided for risks that are sitting at red status and outwith our risk appetite, and the measures that are put in place to tolerate the high level risk.

The Chair requested progress on the requirement to clearly define the clinical, safety & quality issues around the digital and information quality risk. The Associate Director of Digital & Information confirmed this will be updated.
                    Action: Associate Director of Digital & Information

6.3.1 Deep Dive – Covid-19 Pandemic

The Director of Public Health spoke to the root causes of Covid-19, and advised that the paper describes the core principles, noting the fundamental risks remain. It was reported that a large amount of work is being carried out through the Covid-19 inquiries in Scotland and the UK, and that this work will support lessons learned for the future.

An overview on the management actions was provided. It was also advised that the risk level has been reduced due to the protections afforded by vaccinations and increasing immunity within the population.

The Chair queried the specific level of assurance provided to the Committee on the deep dive. The Director of Finance & Strategy advised that levels of assurance had not reached the point of being identified, and that this will be actioned, through discussion with the Executive Directors' Group, going forward.

Action: Director of Finance & Strategy

The Chair agreed to forward on further comments to the Director of Public Health in relation to further action to be taken to establish the level of assurance and the evidence.

Following a query from the Chair, the Director of Public Health advised that the levels of controls are applied continuously and are difficult to assess as a risk due to the various aspects.

It was agreed to apply a recommendation, on the deep dives that have been carried out, to date, and bring back to the next Committee meeting for further discussion.

Action: Director of Public Health

The Committee took **assurance** from the paper.

7.   STRATEGY / PLANNING

7.1   Draft Population Health & Wellbeing Strategy

The Director of Finance & Strategy reported that the draft strategy was discussed in detail at the Board Development Session held on 28 February 2023. The Director of Finance & Strategy fed back to the Committee on the key points raised at the Board Development Session, which were: reviewing the wording to be more explicit on the unique contribution from NHS Fife to population health and wellbeing; increasing the dominance and importance of the Integration Joint Board Strategic Plan; and building in an annual or bi-annual review of the strategy to ensure it is kept current and responsive. The Associate Director of Planning & Performance added that more emphasis will be added to the strategy on partnership working, and more work will be carried out in relation to women and children services.

The Associated Director of Planning & Performance provided assurance that the photographs within the strategy are being reviewed and that the other comments raised by Board members will be reflected in the revised version that will go to the Board for final approval at their meeting on 28 March 2023.

The Committee:

• Took **assurance** from the process undertaken to develop the NHS Fife Population Health and Wellbeing Strategy and the ongoing engagement work; and

- **Endorsed** this strategy for discussion and final approval at the March NHS Fife Board Meeting

7.2 Strategic Planning & Resource Allocation 2023/24

The Director of Finance & Strategy reported that the corporate objectives for 2023/24 initial proposal is presented to the Committee to provide assurance that the process is underway. A final proposition will be presented to the Board and Committees in the next meeting cycle.

It was advised that work is ongoing in relation to the corporate objectives for 2023/24, which will shape the Annual Delivery Plan, and will link into our strategic ambitions and the Scottish Government's directions. An updated version of the corporate objectives will be presented to the Committee at the next meeting.

It was reported that there are corporate objectives that have been carried forward from the current financial year, which is not unexpected due to them being medium term in nature. It was noted that redefining the focus of these objectives will be carried out. It was also noted that there are a few new objectives.

The Chair queried the actions in place in relation to the statement about ensuring links between financial sustainability and the Integrated Performance & Quality Report, which are detailed in the internal audit report 2021/22. The Director of Finance & Strategy agreed to take this forward and noted that an aspect of the financial sustainability programme is a formal impact assessment of areas being considered, to ensure sign off of any unintended consequences.

Action: Director of Finance & Strategy

The Committee took **assurance** and **discussed** this initial proposal in relation to the Corporate Objectives for 2023/24.

7.3 Cancer Framework and Delivery Plan

The Associate Director of Quality & Clinical Governance reported that the 2022/23 workplan was developed alongside the Cancer Framework to ensure that some areas of work could progress. An overview on the objectives was provided, and it was noted that they have been aligned to one of the eight commitments. It was advised that the 2023/24 workplan is currently being drafted and assurance was provided that this will include areas of work carried forward from 2022/23.

A Haston, Non-Executive Member, requested clarity on progress of the Physically Activity Strategy. The Director of Health & Social Care advised that the Prevention and Early Intervention Strategy will feed into the Physically Activity Strategy and that work is progressing well. The Director of Public Health added that there will be opportunities to work with partners on physical activity.

A Haston, Non-Executive Member, requested an update on where the Breast Cancer Nurse, who has been recruited, has been utilised. The Medical Director agreed to take this forward outwith the meeting.

Action: Medical Director

Following a question from A Haston, Non-Executive Member, regarding oral cancer therapies, the Director of Pharmacy & Medicines advised that there are rapid numbers of approvals of oral cancer therapies, noting that they work in slightly different ways to traditional chemotherapies and require less monitoring. An explanation was provided on the issues of contracting.

The Committee took **assurance** from the Cancer Framework and related Delivery Plan.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance & Quality Report

The Director of Nursing spoke to the report. It was noted that the Director of Nursing and Chief Executive from Health Improvement Scotland (HIS) visited Ward 53 in Victoria Hospital last month, and they were impressed with the data display.

S Braiden, Non-Executive Member, noted she would discuss performance in in-patient falls in more detail with the Director of Nursing and other colleagues outwith the meeting.

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

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing outlined the report. It was advised there was an announced inspection on mental health in February 2023 and an update on the inspection will be included in the next iteration of the HAIRT. It was noted that the feedback from the inspection was positive.

Following a question from A Haston, Non-Executive Member, the Director of Nursing advised that a date is still awaited for restarting the monitoring of surgical site infections, which was paused due to the Covid pandemic. For surgical site infections and caesarean sections, it was advised that these are being closely monitored by local teams.

Following a question in relation to hand hygiene monitoring, it was advised that this detail was captured on a system that is not now being used. It was reported that teams are carrying out hand hygiene audits, and work is ongoing to capture this detail in the dashboard.

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

8.3 NHS Fife Response to the Ockenden Report

The Director of Nursing advised that the paper provides a review of learning from the Ockenden Report and identifies recommendations to be considered for NHS Fife's maternity services. Background information to the report was provided.

It was reported that 15 broad immediate actions were required, and staff within NHS Fife's maternity services carried out a review on the immediate actions. The summary of key findings was highlighted, as detailed in the paper.

The Director of Nursing advised that an open day was held for student midwives in their final year, which was attended by 40 people across Scotland. It was noted this is a testament to the positive reputation of the team in maternity services. The Director of Nursing highlighted that there is a concern nationally around the 28% drop in the number of applicants for midwifery.

K MacDonald, Non-Executive Member, questioned mandatory training and why the inclusion of human factors training is not mandated. The Director of Nursing agreed to provide more detail outwith the meeting.

Action: Director of Nursing

The Chair highlighted that it was difficult to identify green statuses, as the narrative and the outcome section did not match up. It was also noted that there is no key to describe each status. The responses to some of the actions of green status was also queried. The Director of Nursing agreed to ask the team to provide more granular detail on the RAG statuses.

Action: Director of Nursing

S Braiden, Non-Executive Member, praised the NHS Fife maternity services team, given her personal experience with the service.

K MacDonald, Non-Executive Member, praised the team for producing a detailed report in response to the Ockenden Report, which provides assurance for where there are issues and the learning that is being taken to address these.

The Committee took **assurance** from the paper.

8.4   National Treatment Centre - Fife Orthopaedics

The Director of Nursing highlighted the key points in the paper and advised that there is a high level of confidence that the centre will open to its first patients on 20 March 2023. The Director of Property & Asset Management advised that the NHS Assure team are going through the review findings thoroughly and an action plan will be developed for the lower category areas. Assurance was provided that NHS Assure team are ensuring there is evidence to support all aspects of the centre.

A Wood, Non-Executive Member, questioned if it would be straight forward to step up elective procedures in the old theatres if required. The Director of Nursing advised that systems are in place as a contingency should the centre not open as planned on 20 March 2023.

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

9.   DIGITAL / INFORMATION

9.1   Information Governance & Security Steering Group Update

The Associate Director of Digital & Information advised that this is the second of the planned assurance reports from the Information Governance & Security Steering Group for the workplan and that it outlines the activities from the last report in September 2022. It was advised that the main focus for the group is aligning to the

risk profile, which demonstrates some improvement in terms of the number of risks and risk ratings.

The Associate Director of Digital & Information highlighted the priority areas the Group is focusing its attention on.

The Committee **noted** the progress being made across the Information Governance & Security domains and took **assurance** from the governance controls and measures in place.

10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Experience & Feedback Report - Quarter 3

The Director of Nursing reported on an improving position for complaints and highlighted a reduction in the number of open complaints. It was also advised that a large amount of work has been carried out around data collection, and a database is being explored. An update on progress of improvements being made within the complaints team was provided, and the additional posts in place within the team. The Director of Nursing outlined the main points from the report.

Following a question from the Chair, the Director of Nursing advised that discussions are ongoing between the Head of Patient Experience and services to look at what can be done to support services with complaints. It was advised a new post specifically to focus on supporting services with complaints is being explored.

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

11. ANNUAL REPORTS

11.1 Organisational Duty of Candour Annual Report

The Medical Director advised that the report is presented to the Committee on an annual basis and is thereafter required to be published. It was noted the report being published is for 2021/22, due to the timings of collating the data required. The Medical Director advised that the report provides assurance on our compliance around regulations.

The Medical Director noted that the report presented to the Committee is in its final format and an overview on the contents was provided.

Following a query from A Haston, Non-Executive Member, the Medical Director advised that there is an Adverse Events policy, and an explanation was provided on the process for adverse events.

Following a question from the Chair, the Medical Director clarified that the report is our direct response to the requirements of the legislation.

The Committee took **assurance** on the content of the report and noted it will be presented to the Board at their meeting on 28 March 2023.

11.2 Annual Review of Deaths of Children & Young People

The Director of Nursing spoke to the paper and advised that there is a requirement for the annual report to be published on a yearly basis.

The Director of Nursing clarified that non-expected deaths include road traffic accidents, rather than a clinical incident, and expected deaths would include children who are terminally ill.

The Associate Director of Quality & Clinical Governance noted that, as the numbers are very small, it is difficult to describe in depth the circumstances of each within the report, without risking making people identifiable.

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

12. FOR ASSURANCE

12.1 Delivery of Annual Workplan

The Associate Director of Quality & Clinical Governance advised that deferred items have been carried over to the 2023/24 workplan.

The Chair highlighted that there are seven annual reports scheduled to be presented to the Committee at the next meeting, which might mean an overly heavy agenda, and agreed to discuss this further at the next agenda planning meeting.

The Committee took **assurance** from the tracked workplan.

12.2 Proposed Annual Workplan 2023/24

The Associate Director of Quality & Clinical Governance presented the proposed workplan for 2023/24 and advised that it reflects the establishment of the new Medical Devices Group. The Associate Director of Quality & Clinical Governance confirmed that any further suggestions for inclusion / amendment can be sent directly to her via email.

The Committee:
- **considered** and **approved** the proposed workplan for 2023/2024; and
- **approved** the approach to ensure that the workplan remains current

13. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes.

13.1 Area Clinical Forum held on 2 February 2023 (unconfirmed)

- The Director of Nursing advised that pressures in General Practitioners in relation to hate crime was discussed at the Equality & Human Rights Group recently.

13.2 Area Medical Committee held on 13 December 2023 (unconfirmed)

13.3 Cancer Governance & Strategy Group held on 13 January 2023 (unconfirmed)

13.4   Clinical Governance Oversight Group held on 20 December 2022 (confirmed)

13.5   Digital & Information Board held on 24 January 2023 (unconfirmed)

13.6   Fife Drugs & Therapeutic Committee held on 8 February 2023 (unconfirmed)

13.7   Fife IJB Quality & Communities Committee held on 8 November 2022 (confirmed) & 18 January 2023 (unconfirmed)

13.8   Health & Safety Subcommittee held on 20 January 2023 (unconfirmed)

13.9   Information Governance & Security Steering Group held on 31 January 2023 (unconfirmed)

13.10   Resilience Forum held on 1 December 2022 (unconfirmed)

14.   ESCALATION OF ISSUES TO NHS FIFE BOARD

14.1   To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

14.2   Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

15.   ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 5 May 2023 at 10am via MS Teams

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 14 March 2023)

No issues were raised for escalation to the Board.

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 14 MARCH 2023 AT 9.30AM VIA MS TEAMS

Alistair Morris
Chair

Present:

A Morris, Non-Executive Director (Chair)	J Keenan, Director of Nursing
W Brown, Employee Director	M McGurk, Director of Finance & Strategy
A Grant, Non-Executive Director	J Tomlinson, Director of Public Health
Cllr D Graham, Non-Executive Director	M Mahmood, Non-Executive Director
J Kemp, Non-Executive Director	C McKenna, Medical Director

In Attendance:

N Connor, Director of Health & Social Care

B Hannan, Director of Pharmacy & Medicines

N McCormick, Director of Property & Asset Management

G MacIntosh, Head of Corporate Governance & Board Secretary

M Michie, Deputy Director of Finance

C Dobson, Director of Acute Services

S McCormack, Associate Medical Director, Emergency & Planned Care *(observing)*

S Fraser, Associate Director of Planning & Performance *(for item 6.1 only)*

K Donald, Interim PA to the Director of Finance & Strategy *(minutes)*

Chair's Opening Remarks

The Chair welcomed everyone to meeting. Dr Sally McCormack, Associate Medical Director for Emergency Care & Planned Care, who is participating in the Developing Senior Systems Leadership course, was also welcomed as an observer to this meeting.

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

1. **Apologies for Absence**

   Apologies were noted from C Potter, Chief Executive, and A Lawrie, Area Clinical Forum Representative.

2. **Declaration of Members' Interests**

   There were no members' interests to declare.

3. **Minute of the last Meeting held on 17 January 2023**

   The Committee formally **approved** the minute of the last meeting.

4. **Action List / Matters Arising**

The Committee **noted** the updates on the Action List.

5. GOVERNANCE MATTERS

5.1 Committee Self-Assessment Report 2022/23

The Head of Corporate Governance and Board Secretary introduced the report, summarising its findings and noting a Committee induction pack will be created and issued to new Committee members going forward. The Chair advised a meeting with the Director of Finance & Strategy would be arranged for him to discuss how to implement the suggestion points noted in the report.

A Grant, Non-Executive Director, encouraged the creation of an induction pack to new Committee members, however noted an interactive session for new members with the Chair and Lead Executive would still be valuable and beneficial for new members. It was confirmed the induction pack would be in addition to this existing meeting.

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

5.2 Annual Review of Committee's Terms of Reference

The Head of Corporate Governance and Board Secretary discussed the report, noting two changes (in relation to the description of the Annual Delivery Plan and risk management processes) are being made to the Terms of Reference, which, once approved by the Committee, will be taken forward to the Audit and Risk Committee and the Board for approval as part of the annual year-end processes.

The Committee **approved** the updated Terms of Reference.

5.3 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the corporate risk paper. It was highlighted that the wording on Risk 13 was to be updated, as agreed in the January committee meeting to read: "There is a risk that the Board will not achieve its statutory financial revenue budget target in 2022/23 without additional in-year support from Scottish Government". This change should have been reflected in the paper and will be corrected for the next version.

Action: Director of Finance & Strategy

The Director of Finance & Strategy further noted the Risk and Opportunities Group will be reviewing whether we can establish the application of a range of assurance levels; Substantial, Adequate, Limited, to further enhance the report. The Chair agreed this would be a helpful development.

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

5.3.1 Deep Dive – Access to Outpatient, Diagnostic & Treatment Services

The Director of Acute Services discussed the report, highlighting a range of actions including the ongoing work to convert the reception area within the Queen Margaret Hospital theatre suite to create additional theatre space.

Following a question from J Kemp, Non-Executive Director, the Committee agreed a draft short statement should be included at the end of a deep dive to illustrate the overall impact of the risk mitigations.

After discussion, it was agreed a future deep dive should be brought to the Committee examining the usage of bank and agency staff utilisation. The Director of Finance & Strategy highlighted that an interim position report may be possible reflecting the work of the new group looking at this area.

The Committee discussed the report and took **assurance** from range of mitigating actions underway to improve the risk level.

6. STRATEGY / PLANNING

6.1 Draft Population Health & Wellbeing Strategy

The Associate Director of Planning & Performance joined the meeting and highlighted a number of changes made since the Board Development Session.

Following a question from M Mahmood, Non-Executive Director, it was agreed additional focus on the contribution of the voluntary sector should be included within the strategy.

The Committee **endorsed** the strategy, recognising that a number of final changes are being drafted following discussion at the Board Development Session.

6.2 National Treatment Centre – Fife Orthopaedics

The Director of Nursing introduced the report, noting the National Treatment Centre for Orthopaedics is due to open on Monday 20 March 2023. The Director of Property & Asset Management highlighted that the project team are working through the NHS Assure process. Any outstanding actions that are unable to be closed off before the opening date will have an action plan created to ensure all actions are completed in a timely manner. The Committee agreed the outstanding actions and associated action plans should be brought to the next Committee meeting as a report for assurance.

Action: Director of Property & Asset Management

Following a question from the Chair, the Director of Property & Asset Management advised that NHS Assure have now completed detailed checks on the building and emphasised that the outstanding actions have no health and safety related impact on the operation of the building and its ability to deliver clinical services.

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

7. QUALITY / PERFORMANCE

7.1 Integrated Performance and Quality Report

The Director of Acute Services provided an overview of the report, highlighting an improvement in the four-hour access target compared to the performance in December 2022. However, bed waits continue to contribute to the majority of breaches. NHS Fife continue to be among the top performing boards in Scotland for Patient TTG (waiting), however diagnostic performance has dropped due to staffing challenges and reduction in funding.

The Director of Health & Social Care provided an overview of the Partnership section of the report, highlighting the percentage of bed days lost to standard delay is at the lowest it has been in two years and close to the national target. Code 9 delays are higher than expected, however engagement with the legal team to identify further actions and multi-agency reviews for each patient take place on a weekly basis.

The Director of Finance & Strategy provided an overview of the report, highlighting NHS Fife are reporting a significant overspend of £22.6m, with forecasts indicating NHS Fife will have a brokerage requirement of £16m at the end of the financial year.

There was a discussion regarding whether NHS Fife could set additional local targets linked to the trajectories within the IPQR. It was concluded that the mitigation and actions within the IPQR effectively describe the achievable local response to current challenges with performance.

The Chair asked for an update on the response to a recent letter received from Scottish Government requesting information on delayed discharge and local actions to reduce this. The Director of Health & Social Care advised NHS Fife has responded to this letter confirming our local actions and plans to address this.

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

7.2   Fife Capital Investment Group Report 2022/23

The Deputy Director of Finance provided an overview, nothing that at January 2023 a total of £22m had been allocated, with plans in place to spend the remaining £10m by the end of the financial year.

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

7.3   Tender Process For 2C GP Practices

The Director of Health & Social Care provided an overview of the report, noting the formal tender process has now closed with notes of interest received, which will be assessed by the tender oversight group. Interviews will be held in April 2023 with recommendations going forward through the relevant committees for decision by the Board in May 2023.

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

8.   FOR ASSURANCE

8.1   Delivery of Annual Workplan 2022/23

The Committee **approved** the tracked workplan.

8.2   Annual Finance, Performance & Resources Committee Workplan 2023/24

The Committee **approved** the proposed workplan.

9.   LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

9.1   Fife Capital Investment Group held on 18 January 2023 (unconfirmed)

9.2   Primary Medical Services Subcommittee held on 6 December 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 issues to escalate to the Board.

11.   ANY OTHER BUSINESS

There was no other business.

12.   DATE OF NEXT MEETING

The next meeting will be held on Tuesday 9 May 2023 at 9.30am via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 1 March 2023)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

NHS Fife

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON WEDNESDAY 1 MARCH 2023 AT 10AM VIA MS TEAMS

Present:
Tricia Marwick, Chair
Mansoor Mahmood, Non-Executive Member
Arlene Wood, Non-Executive Member
Wilma Brown, Employee Director
Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
Janette Owens, Director of Nursing
Joy Tomlinson, Director of Public Health

In Attendance:
Nicky Connor, Director of Health & Social Care
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. **Apologies for Absence**

   Apologies were received from members Alistair Morris (Non-Executive Member) and Carol Potter (Chief Executive).

2. **Declaration of Members' Interests**

   There was no declaration of members' interests.

3. **Minutes of Previous Meeting held on Wednesday 11 January 2023**

   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.

5. **GOVERNANCE MATTERS**

5.1 Committee Self-Assessment Report 2022/23

The Board Secretary noted that this was the first full self-assessment undertaken for the Committee, noting that a light-touch assessment was carried out the previous year in relation to a detailed review of the Committee's remit as it established itself.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

It was advised that a Committee Induction Handbook will shortly be produced for each of the Board's Standing Governance Committees, to help enhance new members' training around individual Committee's areas of remit, and this was warmly welcomed by the Chair.

5.2 Annual Review of Committee's Terms of Reference

The Board Secretary advised that the Terms of Reference reflects a change to the risk management processes in relation to the replacement of the Board Assurance Framework with the Corporate Risk Register.

The Director of Pharmacy & Medicines also highlighted he is to be added as a regular attendee to the Terms of Reference.   .

Action: Board Secretary

The Committee **approved** a final version, subject to the change advised, for further consideration by the Board.

5.3 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health highlighted the overview of the risks aligned to the Committee and advised of a change to the risk assessment for Primary Care Services, which, following a review, increased the target risk score. It was noted a deep dive on the Primary Care risk will be provided at the next Committee meeting in May 2023.

A Wood, Non-Executive Member, questioned what is driving the increased risk and if there is any new mitigation being put in place around this. An explanation was provided on the scoring of the Primary Care services risk, and how that has changed.

Discussion took place on the assessment of the target level of risk, and the level of assurance required. This will be discussed in more detail at the next Committee meeting

5.3.1 Deep Dive – Health Inequalities

The Director of Public Health highlighted the detailed description within the paper of the underlying causes of health inequalities. An explanation was provided on the expansion of the risk description for health inequalities.

The Director of Public Health advised that the Public Health Scotland review, which is included in the paper, describes the potential worsening of health inequalities. It was reported that some of the mitigations that are required to be put in place within the Population Health & Wellbeing Strategy will reduce this worsening situation.

It was reported that the risk appetite for addressing health inequalities remains high, and it will be ensured that there is deliberate effort to address the causes that disadvantage our population; this will form part of the Population Health & Wellbeing Strategy and the strategy will include actions to be taken and the process of delivery.

A Wood, Non-Executive Member, highlighted the need for strengthening assurances and questioned the impact of the actions that are in place for specific risks. The Director of Public Health advised that the alignment of the health inequalities risk to the Population Health & Wellbeing Strategy is key, and that the development of the actions will provide a delivery framework. It was noted that the detail for this area of work is still to be developed and will form part of the next steps for the strategy.

A Wood, Non-Executive Member, requested that the effectiveness of the risk mitigation actions should be included in the deep dives, to provide the necessary levels of assurance.

The Committee **agreed** to an updated paper being brought back to the next Committee meeting in May 2023.

6. **STRATEGY / PLANNING**

6.1 **Draft Population Health & Wellbeing Strategy**

The Chair advised that the draft Population Health & Wellbeing Strategy was discussed in detail at the Board Development Session held on 28 February 2023. She requested assurance on the points raised at that session before the document is presented to the Board for approval. The Associated Director of Planning & Performance provided assurance that the photographs within the strategy are being reviewed and that the other comments raised by Board members will be reflected in the revised version.

The Director of Finance & Strategy fed back to the Committee on the key points raised at the Board Development Session, which were: reviewing the wording to be more explicit on the unique contribution from NHS Fife to population health & wellbeing; increasing the dominance and importance of the Integration Joint Board Strategic Plan; and building in an annual or bi-annual review of the strategy to ensure it is kept current and responsive. The Associated Director of Planning & Performance added that more emphasis will be added to the strategy on partnership working, and more work will be carried out in relation to women and children services. A Wood, Non-Executive Member, noted that strengthening actions to address health inequalities is also required.

Members of the Committee **endorsed** this strategy, following action on the key points raised at the Board Development Session, for discussion and final approval at the March NHS Fife Board Meeting.

6.2 Strategic Planning & Resource Allocation 2023/24 - Corporate Objectives 2023/24 Initial Proposal

The Director of Finance & Strategy reported that the corporate objectives for 2023/24 initial proposal is presented to the Committee to provide assurance that the process is underway. A final proposition will be presented to the Board and Committees at the appropriate time.

It was advised that work is ongoing in relation to the corporate objectives for 2023/24, which will shape the Annual Delivery Plan, and will link into our strategic ambitions and the Scottish Government's directions.

It was reported that there are corporate objectives that have been carried forward from the current financial year, which is not unexpected due to them being medium term. It was noted that redefining the focus of these objectives will be carried out. It was also noted that there are a few new objectives.

A Wood, Non-Executive Member, queried why the digital strategy is not appearing on any of the corporate objectives, noting that this is a strategic risk. The Director of Finance & Strategy explained that there are supporting functional objectives that will appear on the individual objectives for the Executive Directors.

The Committee took **assurance** and **discussed** this initial proposal in relation to the Corporate Objectives for 2023/24.

6.3 Integration Joint Board (IJB) Strategic Plan 2023 – 2026

The Director of Health & Social Care advised that the published IJB strategic plan is presented to the Committee for information and assurance. It was reported that there is close alignment with the IJB Strategic Plan to the Board's own Population Health & Wellbeing Strategy, and the strategies within the IJB Strategic Plan will support delivery for both.

A Wood, Non-Executive Member, highlighted the same issue with the photographs in the IJB Strategic Plan that was discussed at the Board Development Session relating to the photographs within the Population Health & Wellbeing Strategy. The Chair agreed, noting the importance of photographs in making these attractive documents for a public-facing audience.

The Committee took **assurance** that there is clear connection and whole system approach that also aligns to the Population Health and Wellbeing Strategy.

6.4 Getting it Right for Everyone Pathfinder

The Director of Health & Social Care advised that Fife has been identified as a pathfinder site for families with complex needs and transitions. Assurance was provided that NHS Fife is engaged with multiple-agencies, and that this is also work which is being recognised at a national level. It was noted that the outcome to be reached nationally is to develop an integrated practice framework.

The Committee took **assurance** that Fife are engaged in this national multi-agency work in relation to Getting it Right for Everybody and that a further report will come to Committee following reporting of initial learning of the national pathfinder work, anticipated in Autumn 2023.

6.5 Progressing Children's Rights

The Director of Health & Social Care introduced the United Nations Convention on the Rights of the Child (UNCRC), and provided an overview on those who are involved, and the work that is being focussed on, as described in the paper.

A report will be brought back to the Committee for assurance that NHS Fife is fulfilling its requirements.

The Committee took **assurance** on the work being progressed to support NHS Fife's Readiness to meet the requirements of the anticipated new legislation United Nations Convention on the Rights of the Child (UNCRC), including good practice examples, and that a session is being held by the Executive Directors' Group to explore more fully the areas of development outlined in the paper aligned to the organisations for equality and Equality and Diversity.

7. QUALITY / PERFORMANCE

7.1 Integrated Quality & Performance Report

The Director of Public Health reported that there is no update to the data for the childhood immunisations, as the national data is released on a quarterly basis and the quarter three data is not available until March 2023. It was advised that the work of the Quality Improvement Group, who are looking at improving and reducing inequalities, is continuing and they are meeting regularly.

The Director of Health & Social Care reported an ongoing challenge for Child & Adolescent Mental Health Services (CAMHS) in relation to balancing the incoming demand and longest waits. It was noted that there is no child or adolescent waiting 35 weeks for their initial treatment, and 93% have waited less than 18 weeks. Capacity challenges, due to staff absences and staff turnover, for December 2022 and January 2023, was reported. Assurance was provided that urgent and priority referrals continue to be prioritised.

The Director of Health & Social Care updated on Psychological Therapies (PT) and advised that this is an ongoing area of challenge. It was noted that meeting the demand for PT is a national challenge, and examples of a range of work being taken forward to address the challenges is provided in the paper.

The Chair requested that the Committee Development Session on CAHMS and PT takes place once the new Chair has been appointed.
                                                    Action: Board Committee Support Officer

A Wood, Non-Executive Member, questioned the actions that are in place to support those on waiting lists maintain a level of health & wellbeing. The Director of Health & Social Care explained that clinical triage is carried out for all referrals, and a range of

alternative support is in place, such as online support and support within the voluntary sector.

A Wood, Non-Executive Member, also questioned if the indicators are aligned to the Population Health & Wellbeing Strategy. The Director of Health & Social Care advised that we are anticipating the national Mental Health Strategy to be published on 31 March 2023, and the indicators within this strategy will go through the correct routes of governance.

The Committee discussed, examined and considered the NHS Fife performance as summarised in the IPQR, and took **assurance** from the report.

7.2 Autumn/Winter Covid-19 and Flu Vaccine Delivery Campaign

The Director of Health & Social Care advised that this item is regularly reported through the Integrated Quality & Performance Report.

The uptake of our frontline Health & Social Care staff was reported as an area of challenge and is not unique to Fife. Assurance was provided that Fife have done exceptionally well in relation to the priority groups, which is a result of excellent joint working between the delivery teams and public health colleagues.

A Wood, Non-Executive Member, queried what the outcome of the data would be if it was presented categorically by deprivation and locality. The Director of Health & Social Care advised that the different populations of Fife are looked at, and responses, such as pop-up clinics, have been implemented. The Director of Health & Social Care also advised that this information will be included in the evaluation and into our reporting for 2023/24.

The Director of Pharmacy & Medicines reported that a robust Equality Impact Assessment (EQIA) was developed, which became the template for Covid vaccine inclusivity across Scotland, and the team carry out the locality level of assurance of uptake and implement innovative approaches to carrying out the vaccines.

The Committee took **assurance** on the progress made with the 2022/23 Autumn Winter Covid-19 and Flu Programme and that work is ongoing to evaluate this year's campaign to inform any learning for the 2023/24 campaign.

7.3 2C Board Managed General Practices – Tender Process Update

The Director of Health & Social Care provided an update on progress and reported that the closing date for tender has now closed. The Tender Oversight Group will meet to discuss the tender process.

The Committee took **assurance** regarding the progress made and future timelines.

8. ANNUAL REPORTS

8.1 Violence Against Women Annual Reports 2021/22

The Director of Health & Social Care outlined the key points within the paper and noted that the work being undertaken aligns well to our commitments within the Population Health & Wellbeing Strategy.

The Committee:

- **Noted** the annual reports for 2021/2022, in which NHS Fife is a partner for Fife Violence Against Women, Multi-agency Risk Assessment, Gender Based Violence Nurse Advisory Service

- Took **assurance** that there is significant work ongoing in partnership across Fife to meet the needs of people who are victims of gender-based violence, sexual assault and abuse and noted the detail of the prevention activity that is undertaken, which works towards achieving the Scottish Government aims for this work

8.2 NHS Fife Annual Climate Emergency and Sustainability Report 2021/22

The Director of Property & Asset Management advised that this is the first annual report for climate emergency and sustainability and is part of a suite of documents required by the NHS Scotland's new focus on climate emergency.

The Committee **endorsed** the report before final approval by the Board and subsequent publication on the Board's website.

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

9.2 Proposed Annual Workplan 2023/24

The Director of Public Health noted that ad hoc items from the 2022/23 Annual workplan have been considered in the 2023/24 workplan, and items carried forward from 2023/24 have been included.

The Chair stated that delivery of the workplan should still allow for the Committee to react quickly to any potential public health issues that might not be accounted for in the normal cycle of business.

The Committee:
- **considered** and **approved** the workplan for 2023/24; and
- **approved** the approach to ensure that the workplan remains current

10. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

10.1 Portfolio Board held on 8 December 2022 (confirmed) & 12 January 2023 (unconfirmed)
10.2 Public Health Assurance Committee held on 1 February 2023 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

11.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

12. ANY OTHER BUSINESS

12.1 Public Health & Wellbeing Committee Chair

The Director of Public Health, on behalf of the Chief Executive, the Public Health & Wellbeing team and all Committee members, warmly thanked T Marwick for all her challenge and support during her term as Chair of the Public Health & Wellbeing Committee and she was wished well for the future.

Date of Next Meeting - Wednesday 15 May 2023 at 10am via MS Teams

STAFF GOVERNANCE COMMITTEE

(Meeting on 9 March 2023)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 9 MARCH 2023 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Member (Acting Chair)
Colin Grieve, Non-Executive Member
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Carol Potter, Chief Executive

In attendance:
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance *(item 6.1 only)*
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Sally McCormack, Associate Medical Director for Emergency Care and Planned Care (observing)
Margo McGurk, Director of Finance & Strategy
David Miller, Director of Workforce
Kevin Reith, Deputy Director of Workforce
Nicola Robertson, Associate Director of Nursing (*for the Director of Nursing*)
Dr Joy Tomlinson, Director of Public Health *(item 7.4 only)*
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A welcome was extended to Dr Sally McCormack, Associate Medical Director for Emergency Care and Planned Care, who is participating in the Developing Senior Systems Leadership course, and joined the meeting as an observer.

In addition, the Chair acknowledged the on-going significant service pressures affecting colleagues and thanked them for their ongoing efforts during what continues to be a very challenging time.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the Minutes.

1. **Apologies for Absence**

   Apologies for absence were received from Sinead Braiden (Committee Chair and Non-Executive Member), members Wilma Brown (Employee Director), Kirstie MacDonald (Whistleblowing Champion and Non-Executive Member), Janette Keenan (Director of Nursing), Andrew Verrecchia (Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum) and attendee Sandra Raynor (Head of Workforce Resourcing & Relations).

2. **Declaration of Members' Interests**

   There were no declarations of interest made by members.

3. **Minutes of the last Meeting held on Thursday 12 January 2023**

   The minutes of the meeting of Thursday 12 January 2023 were **agreed** as an accurate record.

4. **Matters Arising / Action List**

   The Committee **noted** the updates and the closed items on the Action List.

5. **GOVERNANCE MATTERS**

5.1 **Committee Self-Assessment Report 2022/2023**

   The Board Secretary spoke to the report, advising that the Committee self-assessment is carried out on an annual basis. An overview of the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

   It was advised that a Committee Induction Handbook will shortly be produced for each of the Board's Standing Governance Committees, to help enhance new members' training around individual Committee's areas of remit, and this was warmly welcomed by the Chair.

   Discussion took place on the actions members would wish to see implemented to address those areas identified for improvement. S Fevre, Co-Chair, Health & Social Care LPF, highlighted that some papers on the same subject matter are presented to more than one Committee, and requested adapting elements of the covering SBARs to have more of a focus for each of the Committees that they are being presented to. For instance, papers coming to Staff Governance should clearly indicate the related staff governance / workforce implications of the respective proposal. The Chief Executive agreed to take this forward through the Executive Directors' Group and their review of draft committee papers. S Fevre also highlighted that some papers can provide too much operational detail. C Grieve, Non-Executive Member, noted that, in some instances, a certain level of operational detail is required at Committees in order for members to be able to take assurance. The Chair agreed, with particular reference the Integrated Performance & Quality Report, to ensure NHS Fife can deliver on its priorities. The

Chair also highlighted the importance of having detailed and challenging discussions. He noted that some papers can be too long, and that this can have an effect on the length of time needed for discussion.

The Director of Workforce advised that careful consideration will be given to prioritising items on future agendas to provide more focus and discussion on specific areas. The Head of Workforce Planning & Staff Wellbeing added that due to time constraints on the agenda, future Development Sessions can be used for more debate on particular topics and she welcomed suggestions from members for future subjects for those meetings.

The Chief Executive highlighted that the quality of the self-assessment reports and the feedback received has improved over that provided in previous years, and the Board Secretary was commended and thanked for all the hard work carried out in producing the Committee Self-Assessment Reports.

The Committee took **assurance** from the report and noted the feedback to be taken forward in the year ahead.

5.2 Annual Review Committee's Terms of Reference

The Board Secretary advised that the proposed update to the Terms of Reference reflects a change to the risk management processes in respect of the replacement of the Board Assurance Framework with the Corporate Risk Register, and to the terminology for the Annual Operational Plan / Delivery Plan.

S Fevre, Co-Chair, Health & Social Care LPF, queried if section 3.1 is a repeat of section 2.2. The Board Secretary agreed to consider this further outwith the meeting and re-word those sections, prior to circulating a final version to members.

Action: Board Secretary

Subject to a potential change to section 3.1, the Committee **approved** a final version for further consideration by the Board.

5.3 Corporate Risks Aligned to Staff Governance Committee, incorporating Deep Dive: Personal Development Planning and Performance Review

The Director of Workforce provided an overview on the corporate risks aligned to the Staff Governance Committee and the work that is being undertaken to address these. It was reported that work on the establishment gap and vacancies is a priority and that this work is being aligned with the bank and agency programme board work.

The Deputy Director of Workforce gave a presentation on the deep dive item: Personal Development Planning (PDP) and Performance Review. The Director of Workforce advised that this forms part of the wider work that is being carried out and is an area that is a requirement for all staff.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted time constraints and the barriers for staff making time for learning due to ongoing system pressures. He noted that reiterating support for staff needs to be constant, and he also

suggested re-marketing PDPs, noting that PDPs link into development opportunities. S Fevre also suggested linking PDPs into the work around staff health & wellbeing.

C Grieve, Non-Executive Member, noted that the presentation provided assurance aligned to the context of the paper. He highlighted a positive change in culture, in terms of the directional change of the organisation in moving forward. He also queried how activity that is not captured can be recorded.

The Chair highlighted time management for staff and suggested adding timescales for completion of PDPs, ensuring there is a balance of timescales and quality.

S Fevre, Co-Chair, Health & Social Care LPF, queried where the associated operational actions will sit. The Director of Workforce advised that some of the ownership will sit within the Area Partnership Forum (APF) and the Local Partnership Forum (LPF). He also advised that there is a commitment to take work forward in relation to compliance reporting for training, and it was highlighted that more work is required around educational governance.

The Director of Health & Social Care reported that conversations and development discussions are taking place between managers and staff, however, there is a difficulty in monitoring and recording this into the system. The Director of Acute Services highlighted the current system pressures and advised that services need to work collectively to ensure staff have the time and space for completing PDPs. She also highlighted that this is critical for retaining staff. The Director of Health & Social Care agreed to provide a further update to the LPF, and to ensure it remains a regular item on the agenda.

Action: Director of Health & Social Care

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

5.4 Whistleblowing Quarter 3 Report 2022/2023

The Deputy Director of Workforce advised that the paper provides an update on the Quarter 3 position. A correction to the paper was outlined in terms of a Quarter 3 Whistleblowing complaint that was not captured on Datix, and subsequently is not included in the report. Assurance was provided that the report will be updated with the correct data prior to its presentation to the March 2023 NHS Fife Board meeting. Further detail on this complaint will be provided in the next iteration of the report to the Committee.

S Fevre, Co-Chair, Health & Social Care LPF, queried the position on zero returns and expressed his view that the reporting system may not be entirely efficient and effective, and he requested that the position on zero returns requires to be explored further. The Director of Workforce advised that work is scheduled to progress in this area, and an update will be brought back to the Committee.

Action: Director of Workforce

The Committee took **assurance** from the report, which confirms there were no whistleblowing concerns received during Quarter 3, (subject to the correction above); no anonymous concerns received; and no whistleblowing articles were

published in the local newspapers. Assurance of awareness and the whistleblowing training undertaken during Quarter 3 was also noted.

5.5   Staff Governance Standard: Improved and Safe Working Environment

The Head of Workforce Planning & Staff Wellbeing provided a verbal update on the stress management activity. It was reported that feedback from the Community Learning Disabilities Team was positive in terms of engagement with staff and empowering staff to act and feel valued. The results of the ward-based work are planned for consideration at the next Steering Group meeting. It is anticipated that an update will be brought back to the Committee at the next meeting, with suggestions for roll-out within NHS Fife, and a detailed overview of the work undertaken, to date.

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

6.   STRATEGY / PLANNING

6.1   Draft Population Health and Wellbeing Strategy

The Director of Finance & Strategy reported that the draft Strategy was discussed in detail at the Board Development Session held on 28 February 2023. The Director of Finance & Strategy fed back to the Committee on the key points raised at the Board Development Session, which were: reviewing the wording to be more explicit on the unique contribution from NHS Fife to population health and wellbeing; increasing the dominance and importance of the Integration Joint Board Strategic Plan; and building in an annual or bi-annual review of the Strategy to ensure it is kept current and responsive. It was also advised that further work is being carried out around strengthening the health and inequalities content.

S Fevre, Co-Chair, Health & Social Care LPF, sought clarity in relation to the commitments to staff detailed in the Strategy and to staff health and wellbeing. The Director of Finance & Strategy advised that the ambitions are described at the highest level within the Strategy, and work is being carried out to re-order and enhance that section.

S Fevre went on to request feedback on the recent engagement sessions, including attendance levels. The Associate Director of Planning & Performance advised that the engagement sessions had commenced that week and were held through a combination of online meetings and in person. It was reported that the online engagement has been positive, however, there was low attendance on site, so where best to hold the pop-up sessions is being explored. It was noted that further online sessions will be carried out.

Assurance was provided that the front page and photographs within the Strategy are being reviewed and that the other comments raised by Board Members will be reflected in the revised version that will go to the Board for final approval at their meeting on 28 March 2023.

The Committee:

- Took **assurance** from the process undertaken to develop the NHS Fife Population Health and Wellbeing Strategy and the ongoing engagement work, particularly with staff; and

- **Endorsed** the Strategy for discussion and final approval at the March NHS Fife Board Meeting

6.2   Strategic Planning & Resource Allocation 2023/2024 – Corporate Objectives 2023/2024 Initial Proposal

The Director of Finance & Strategy reported that the Corporate Objectives for 2023/24 initial proposal is presented to the Committee to provide assurance that the process is underway. A final proposition will be presented to the Board and Committees in the next meeting cycle.

It was advised that work is ongoing in relation to the Corporate Objectives for 2023/24, which will shape the Annual Delivery Plan, and will link into our strategic ambitions and the Scottish Government's directions. An updated version of the Corporate Objectives will be presented to the Committee at the next meeting.

It was reported that there are Corporate objectives which have been carried forward from the current financial year, which is not unexpected due to them being medium term in nature. It was noted that work to redefine the focus of these objectives will be carried out. It was also noted that there are a few new objectives.

The Chair raised concern on the focus of progress of objectives, due a number being carried forward. S Fevre, Co-Chair, Health & Social Care LPF, commented that a 'no change' on progress can be perceived as no work having been carried out.

S Fevre, Co-Chair, Health & Social Care LPF, requested that papers going to Committee are clearer on the levels of assurance being provided. The Board Secretary advised that an Audit & Risk Committee Development Session took place in February 2023, attended by Committee Chairs, and discussion took place on embedding committee assurance principles, which included members reflecting on levels of assurance they receive. It was advised that there is scope to add levels of assurance to the SBAR template, which is being discussed as a possible adaptation to our process in the near future.

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

7.   QUALITY / PERFORMANCE

7.1   Integrated Performance & Quality Report

The Director of Workforce reported on sickness absence, noting that the current position is still high. Improvement plans for addressing sickness absence will be considered by the Executive Directors' Group, before being brought back to the Committee. It was advised that this will also be linked to the Bank and Agency work stream and related activity.

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

7.2 Training Compliance Improvement Update

The Deputy Director of Workforce reported that the training compliance rate has reduced. It was explained that the reduction is partly due to data definition. Assurance was provided that there is confidence that compliance rates will improve going forward due to a range of measures that are in place, including actions being taken, communication plans and work that will be carried out with senior stakeholders around training provision. An overview on the priorities and timelines was provided, as described in the paper.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted that it is a positive message for staff that the Executive Directors' Group are leading by example and have carried out fire safety training.

S Fevre, Co-Chair, Health & Social Care LPF, questioned how the action plans are implemented within the Health & Social Care Partnership, Acute Services and Corporate Directorates. The Deputy Director of Workforce advised that connections are being made across all services, and an operational discussion will take place at the Area Partnership Forum (APF) and Local Partnership Forums (LPFs).

The Associate Director of Nursing highlighted the importance of communications and messaging to ensure staff are aware of the support available. She also noted that learning from the resuscitation training redesign can be shared, to support improving compliance rates.

C Grieve, Non-Executive Member, thanked the authors and welcomed the paper, noting it provides relevant assurance that plans are in place to improve compliance performance.

The Committee took **assurance** from the report and **noted** the actions being taken to increase compliance.

7.3 Tender Process for Board Managed 2C General Practices

The Director of Health & Social Care advised that the paper provides an update on the tender process for Board Managed 2C General Practices, and the timelines for this.

Following questions from the Chair, the Director of Health & Social Care explained 'considered collaborative list management' (CCLM), noting that it is in relation to spreading patients across other practices through agreement. The Director of Health & Social Care also confirmed that Linburn Road in Dunfermline is considered to be a stable practice. Finally, the number of practices being forced to closed early was reported as on a case-by-case basis, and that there is a mitigating risk is in place to ensure this does not become more frequent.

The Committee **acknowledged** the content within this paper including the risks articulated and the significant work being undertaken within Fife Health & Social Care Partnership to plan and deliver services across 2c General Practices to

mitigate risk, ensure safe service delivery, sustainability and support for the workforce.

The Committee were **assured** of plans being implemented for the tender of services to be provided at Kinghorn Practice, Links Practice, Burntisland and Valleyfield Practice, via a procurement process for GP services and that there is staff engagement throughout this process.

7.4   East Regional Health Protection

The Director of Public Health provided background detail and highlighted the project milestones and regional model. It was noted partnership involvement has been in place within the Oversight Board, and engagement is now being carried out with individual staff groupings to collate feedback. It was advised that positive feedback has been received to date on the benefits of the single service, and the model is currently being refined to incorporate staff feedback. In addition, it was noted that the process of education, development and support for staff has been well received.

The Committee commended the work of all involved in the project.

The Committee took **assurance** on progress towards implementation of the East Region Health Protection Service on 3 April 2023.

7.5   Acute Services Division: Reflections and Actions in Relation to Healthcare Improvement Scotland (HIS) Letter of 11 November 2022

The Director of Acute Services reported that this item was also discussed at the Clinical Governance Committee at their meeting on 3 March 2023.

The key points from the paper were outlined. The Director of Acute Services provided an overview on the actions that are in place, including site huddles held virtually during the day to ensure the site position is monitored very closely. It was advised that the pressures at the front door are continually monitored, with actions being implemented daily to support staff and activity. It was also advised that supplementary staffing has been significant in AU1 due to staffing level challenges.

The Director of Acute Services explained the number of ways in which the Senior Leadership Team is visible and engaging with staff. It was reported that actions are in place are through discussions with staff and that we have an Improvement and Capacity Flow Plan that is ongoing.

It was reported that the staff wellbeing hub and onsite energy pods have each been positively received. The Head of Workforce Planning & Staff Wellbeing agreed to provide information separately on the energy pods that were provided by the Scottish Government.

The Director of Acute Services noted that a proposal is ongoing around creating an outdoor space at the front door for staff working in highly pressured areas, to support their health and wellbeing. S Fevre, Co-Chair, Health & Social Care LPF, noted that he was supportive of this proposal.

The Committee took **assurance** from the report and noted the Acute Services Division's reflections in response to the HIS letter as well as the actions underway to support patient care and staff wellbeing within the Acute Services Division.

8.   ANNUAL / OTHER REPORTS

8.1   NHS Fife Workforce Information Overview

The Deputy Director of Workforce advised that work is ongoing in terms of vacancies and developing a staff establishment gap report.

The Chair highlighted the increase in turnover of leavers and questioned if the causes are known. The Deputy Director of Workforce agreed to bring that level of detail back to the Committee, and noted that it will include retirements, temporary contracts, and bank and agency staff moving to other internal posts. The Chief Executive highlighted a variable in terms of Contact Tracing and Vaccination staff over the last few years, which will have had a significant impact on the number of leavers.

Action: Deputy Director of Workforce

C Grieve, Non-Executive Member, agreed to liaise directly with Head of Workforce Planning & Staff Wellbeing around the correlation of data and some operational aspects of the data.

S Fevre, Co-Chair, Health & Social Care LPF, recognised the improvements to the Workforce Information Overview Report and thanked officers for these changes.

The Committee took **assurance** from the report which provides an:

- Overview of the NHS Fife workforce information at 31 December 2022
- Summary of the Staff Health and Wellbeing Support activities and statistics for November 2022 to January 2023.

9.   FOR ASSURANCE

9.1   Annual Workplan 2022/2023

The Committee took **assurance** from the updated workplan.

9.2   Proposed Annual Workplan 2023/2024

The Committee **considered** and **approved** the proposed workplan for 2023/2024.

10.   LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

10.1   Area Partnership Forum held on 25 January 2023 (unconfirmed)
10.2   Acute Services Division & Corporate Directorates Local Partnership Forum held on 22 December 2022 (unconfirmed)

10.3 Health and Social Care Partnership Local Partnership Forum held on 16 November 2022 (confirmed)

10.4 Health and Safety Sub Committee held on 20 January 2023 (unconfirmed)

10.5 Equality and Human Rights Strategy Group held on 3 February 2023 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

11.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

Thursday 11 May 2023 at 10.00am via MS Teams.

EAST REGION PROGRAMME BOARD

(Meeting on 10 February 2023)

No issues were raised for escalation to the Board.

Unconfirmed
East Region Programme Board

Date: Friday 10th February 2023
Time: 14.15-16.15
Venue: Via Microsoft Teams

MINUTES

Present:	
C Potter (Chair)	Chief Executive, NHS Fife
R Roberts	Chief Executive, NHS Borders
C Campbell	Chief Executive, NHS Lothian
C Briggs	Interim Director of Regional Planning, NHS Lothian
J Balkan	East Region Workforce Planning Lead
G Clinkscale	Director of Acute Services, NHS Borders
J Smyth	Director of Planning, NHS Borders
C McKenna	Medical Director, NHS Fife
L McCallum	Medical Director, NHS Borders
W Brown	Employee Director, NHS Fife
M McGurk	Director of Finance, NHS Fife
J Butler	Director of Human Resources & Organisational Development, NHS Lothian
S Horan	Chief Nurse, NHS Borders
S Fraser	Associate Director of Planning, NHS Fife
C Marriott	Director of Finance, NHS Lothian
A Bone	Director of Finance, NHS Borders
R Combe	Scottish Ambulance Service
F Wilson	IJB Chief Officer, East Lothian
D Miller	Director of Human Resources, NHS Fife
L Cuthell	East Region Project Support (Minutes)
In Attendance	
P McLoughlin	Programme Manager, NHS Lothian
Mike Massaro-Mallinson	EHSCP Service Director, NHS Lothian

Apologies:	
T Gillies	Medical Director, NHS Lothian
C Dobson	Director of Acute Services, NHS Fife
J Campbell	Chief Operating Officer, NHS Lothian
J Crombie	Deputy Chief Executive, NHS Lothian
C Myers	IJB Chief Officer, NHS Borders
A Carter	HR Director, NHS Borders

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			ACTION
1.	**Welcome & Apologies**		
	C Potter welcomed everyone to the meeting. Apologies were noted as above.		
2	**Minutes of Previous Meeting – 16th September 2022**		
	The minutes of the meeting held on 16th September 2022 were approved as an accurate record. **Matters Arising** **Health Protection Project** R Roberts highlighted the ongoing work around the Regional Health Protection Project noting that the project is due to go live on 1st April. It was noted that there needs to be clarity around the governance and when boards are due to sign off on the project. It was also highlighted that boards haven't seen any final plans around financial implications. C Briggs informed the group that representation from the Health Protection Project has been sought for the last two ERPB meetings noting that nobody has been available to provide a formal update. C Briggs noted that D Milne, Director of Public Health, has been working closely with Lothian therefore he will ask Dona for an update. J Butler is aware that there is a consultation with staff around organisational change but agrees that there needs to be formal guidance around the project and its implications. D Miller highlighted his involvement with the project and agreed to provide an update at the next ERPB. C Briggs also asked that the Chief Executives link in with their Directors of Public Health to provide an update from each Board for the next meeting.		 **D Miller** **Board CEs**
3	**Regional Approach - Next Steps**		
	Principles and Assumptions Following the Regional Event held on 30th November, C Briggs reflected on feedback that the session was helpful in looking at regional working. Following the meeting it was agreed that C Briggs, J Smyth and S Fraser will strengthen links and work more collaboratively going forward. **Regional Arrangements Going Forward** C Briggs informed the group that an Interim Head of Regional Planning will commence on 1st March. C Briggs will continue to provide support to the Regional Planning Team for the remainder of this calendar year and will be stepping down as Chair of Directors of Planning Group to increase his capacity. It was acknowledged that J Balkan will be leaving the Regional Team to commence a new role as General Manager of Mental Health Services at REAS. Thanks were given to J Balkan for all her help and contribution to the regional workstreams.		
4	**SMART Service**		
	P McLoughlin welcomed Mike Massaro-Mallinson (EHSCP Service Director) to the meeting. P McLoughlin updated the group on the background of the Regional SMART Service reminding the board the project was commissioned in January 2022 to support Edinburgh Health and Social Partnership to take forward work in relation to governance, finance and performance related recommendations		

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	from the 2019 external service review. Following agreement at the last ERPB, a Consortium Group comprising of finance leads has met to discuss the financial implications. It was noted that the main issue is around the wheelchair and seating service and the level of performance achieved for the region. This service has recurring costs regionally of £1.4m with a service plan in place to step up delivery to meet waiting times in the next 3 years. M McGurk highlighted that, from a Finance perspective, the Business Case needs to discussed via the Regional DoFs group with a plan to then bring it back to the next ERPB. R Roberts agreed that this service is important and has been a longstanding issue for the East Region. C Briggs thanked P McLoughlin for his ongoing work around this service and asked that the Board consider the principle of what is being described in the paper. It was agreed that Smart Service will be discussed at the next Regional DoFs meeting.	**DoFs**
5	**Type 2 Diabetes Programme**	
	R Roberts thanked D Isaac for producing the previously circulated update report on the Type 2 Diabetes Programme (T2D). The Board were reminded that the Programme consists of the following elements: **Adult and Child Weight Management** - focused on supporting ongoing development of the weight management services across the region. Governance arrangements were to be formally aligned with existing regional planning arrangements with an opportunity to strengthen links to boards' public health, finance and workforce planning teams. **The Whole System Approach** - had previously committed £60k each to pilot projects in 5 H&SCPs. However, due to Covid, only 2 of the 5 pilots were awarded full funding to date. The remaining 3 pilots have submitted implementation plans for phase 2 funding, which will be allocated to H&SCPs this financial year. R Roberts noted that a T2D Programme Board Meeting will be held on 2nd March and will include a discussion on Scottish Government allocations. R Roberts reminded the Board that if the T2D Programme does not receive the full indicative allocation in 2023/24 plus the carried forward underspend from this year, then the programme will be forecasting an overspend in 2023/24, meaning spend plans will need to be adjusted to match the reduced allocation. R Roberts stressed a significant financial and service risk until we have confirmation of allocations and that services should work collectively to manage this risk. M McGurk noted that there needs to be a prioritisation assessment carried out and T2D should be brought back to the ERPB following further discussion at the next Regional DoFs meeting. C McKenna asked why Programme finances were not initially allocated on an NRAC basis? R Roberts clarified that the region initially agreed to set up the Programme from the Transformation Fund to support a common approach across the region. The Region undertook a gap analysis to assist boards to align with national standards but this needs to be reviewed and rebalanced. No decisions were made regarding the T2D Programme during the meeting but it was acknowledged that the upcoming T2D Programme Board will	

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	discuss and suggest a way forward. This will be presented for approval in a further update at the next ERPB meeting, once allocations have been clarified.	**R Roberts/ C Briggs**
6	**Adult Cystic Fibrosis**	
	C Briggs spoke to the previously circulated paper on Adult Cystic Fibrosis Services. Thanks were given to Sean Donaldson for the work he has undertaken with clinical teams across the boards. C Briggs noted from the paper that this project is financially low risk and the Business Case will be discussed at the next Regional DoFs meeting. C McKenna highlighted the section within Page 5 of the Business Case with regards to reduction and cost of antibiotics associated as a result of this disease but couldn't find details regarding the cost of drugs within the paper. C Briggs agreed to clarify this with S Donaldson. It was agreed that further discussions will be taken to the next Regional DoFs meeting.	**C Briggs** **DoFs**
7	**Orthopaedics**	
	C Briggs highlighted that, following discussions at the Regional Event on improving waiting times and performance in Orthopaedics, work is continuing to develop this workstream. It was flagged that the 3 boards are in different positions regarding waiting time performance, but overall there remains a responsibility to move this forward. C Briggs will provide an update at the next meeting.	**C Briggs**
8	**Neonatal**	
	C Briggs informed the group that the Best Start Programme has restarted nationally with the vast majority of the Programme focussing on midwifery care and neonatal services. An announcement is expected in a few weeks on how work will be taken forward but the understanding is that work will be progressed regionally. C McKenna asked if the Programme will look at unintended consequences of Best Start, as clinicians are starting to see the impact of not having regular experience of looking after very sick neonates. Following the impending announcement from Scottish Government, C Briggs will look further into this.	**C Briggs**
9	**LD MCN Workplan – For Information**	
	C Briggs noted, for information, the previously circulated workplan and covering paper on behalf of the LD MCN. R Roberts highlighted ongoing issues around mental health services and the complex needs of patients within Borders, asking if this could be brought back to the ERPB. C Briggs advised that this piece of work would not be the remit of the LD MCN but agreed that it would be appropriate to add mental health services to the agenda for future ERPB meetings. C Briggs will include this in the Regional Workplan.	**C Briggs**
10	**AOB**	
	Regional Haematology L McCallum raised ongoing issues around Haematology Services across the region, noting that Borders are about to lose their substantive Consultant	

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	Haematologist. C McKenna highlighted the Regional Haematology Short Life Working Group which has met four times since April 2022. The Group has lost some momentum partly due to a lack of clarity about the questions to be addressed. The key issues are about workforce shortages and how to develop a workforce model for sustainable services across the region. It was agreed that this group needs to reconvene and ensure that the right people are round the table to move things forward. C McKenna will speak to D Isaac to progress re-starting the group. L McCallum agrees that the group needs to look at how a regional model would work for the Boards. J Balkan noted that she was previously involved with this group from a Regional Workforce perspective and has provided an update in her leaving handover but is happy to provide any advice / support once in her new role.	**C McKenna**
11	**Date of Next Meetings**	
	Friday 21st April 2023 2.15 – 4.15 Friday 30th June 2023 2.15 – 4.15 Friday 8th September 2023 2.15 – 4.15 Friday 17th November 2023 2.15 – 4.15	

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INTEGRATION JOINT BOARD

(Meeting on 25 November 2022)

No issues were raised for escalation to the Board.

CONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 25 NOVEMBER 2022 AT 10.00 AM

Present	Christina Cooper (CC) (Chair)
	David Graham (DG) (Vice-Chair)
	Fife Council – David Alexander (DA), Dave Dempsey (DD), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS)
	NHS Fife Board Members (Non-Executive) – Alistair Morris (AM), Martin Black (MB), Sinead Braiden (SB), Arlene Wood (AW)
	Wilma Brown (WB), Employee Director, NHS Fife
	Ian Dall (ID), Service User Representative
	Paul Dundas (PD), Independent Sector Representative
	Morna Fleming (MF), Carer Representative
	Kenny Murphy (KM), Third Sector Representative
	Debbie Fyfe (DF), Joint TU Secretary, Fife Council
	Amanda Wong (AW), Associate Director, AHP's, NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer
	Audrey Valente (AV), Chief Finance Officer
Attending	Lisa Cooper (LC), Head of Primary & Preventative Care Services
	Lynne Garvey (LG), Head of Community Care Services
	Rona Laskowski (RLas), Head of Complex & Critical Care Services
	Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
	Hazel Close (HC), Head of Pharmacy (Population Health and Wellbeing)
	Lindsay Thomson, Head of Legal & Democratic Service, Fife Council (Observing)
	Tim Bridle, External Auditor
	Norma Aitken (NA), Head of Corporate Services
	Hazel Williamson (HW), Communications Officer
	Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION

1   CHAIRPERSON'S WELCOME / OPENING REMARKS

The Chair welcomed everyone to the Integration Joint Board including Hazel Close, Head of Pharmacy (Population Health and Wellbeing) who attended the meeting on behalf of Ben Hannan and presented the report at Item 13.

This meeting was the final Board meeting for Christina Cooper and Martin Black as they both leave NHS Fife at the end of year. Arlene Wood will take up the Chair with effect from 1 December 2022 and on the same date Alastair Grant and John Kemp will join the IJB as NHS members. Christina and Martin were thanked for their invaluable contribution to the Board and to integration during their time with the IJB.

1 CHAIRPERSON'S WELCOME / OPENING REMARKS (CONT)

The Chair advised members that this is Norma Aitken's last Board meeting before she takes early retirement at the end of year. The Chair thanked Norma for her contribution to the Board.

The Chair then congratulated Danielle Fairley, a Care Worker from Roselea House, Cowdenbeath, who won the Care Worker of the Year Award 2022 at the Scottish Care Conference, Exhibition & Awards on Friday 18 November 2022.

Those present were asked that, in an effort to keep to timings for this meeting, all questions and responses should be as succinct as possible.

Members were advised that a recording pen was in use at the meeting to assist with Minute taking and the media had been invited to listen in to the proceedings.

2 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Chris McKenna, Janette Keenan, Simon Fevre, Eleanor Haggett, Helen Hellewell, Joy Tomlinson and Ben Hannan.

3 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

4 MINUTES OF PREVIOUS MEETING 30 SEPTEMBER 2022

Graeme Downie and Arlene Wood raised two minor corrections for the content, once these have been corrected the Minute from the meeting held on 30 September 2022 was approved as an accurate record.

5 MATTERS ARISING – ACTION NOTE 30 SEPTEMBER 2022

The Action Note from the meeting held on 30 September 2022 was approved as accurate.

6 CHIEF OFFICER UPDATE

The Chair handed over to Nicky Connor for this item.

Nicky began by thanking Christina Cooper for her leadership and support during her time and Chair and Vice-Chair of the IJB and in other roles she has held. She also thanked Martin Black for his input since the beginning of the IJB and advised that they would both be missed and their legacy on the Board will continue.

Consultation on both the Strategic Plan and Carers Strategy continues and Board members are asked to contribute to these and to encourage others to participate by sharing information as widely as possible.

Nicky advised that the full Joint Inspection Report from the recent Joint Inspection of Adult Services is now available on the Care Inspectorate website. Joint inspections of services for adults (careinspectorate.com) Work continues on the Improvement Plan which must be submitted during December 2022. Both of these documents will be brought to the IJB meeting on 27 January 2022. Both Christina Cooper and Nicky Connor paid tribute to all partnership staff involved in the Inspection.

NC/FM

6   CHIEF OFFICER UPDATE (CONT)

Nicky outlined that there continues to be significant ongoing demands on the whole system and extended thanks to all staff working within the Health and Social Care Partnership and partners as we continue to work together to support a team fife approach.

7   FIFE INTEGRATION JOINT BOARD DRAFT AUDITED ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO MARCH 2022

This report was discussed at the Audit and Assurance Committee on 9 November 2022. The Chair introduced Audrey Valente who gave a short presentation on the information contained within the Annual Accounts.

Tim Bridle began by thanking Audrey and her team for their support during his time as external auditor for the partnership. From financial year 2022/23 Azets will be the appointed auditor for the IJB and its constituent bodies. Tim gave an update on the 2021/22 Annual Audit Report and advised that the IJB are making good progress, despite the ongoing challenges and pressures. The auditors have given a clean opinion on the accounts, with some minor amendments made following the Audit & Assurance Committee. Leadership and vision remain strong, there has been progress with transformation, staff engagement continues to be good and there is a clear commitment to staff wellbeing. Some items on the Action Plan have been updated from the previous year and new items added.

The Chair thanked Audrey Valente and her team for the work on this report which is more accessible and easier to understand than previously. She also thank Tim for his investment and organisation over the last 3 years.

The Chair then invited Dave Dempsey, Chair of Audit and Assurance (A&A) to comment on discussions at the Committee before questions from Board members. Dave advised that A&A discussed the report in full and suggested minor changes, which had been included in the updated version of the report presented to the IJB today.

Discussion took place around the mis-statements and adjustments which had been made, which Tim confirmed were not unusual in situations such as this. Arrangements are now in place for processes for future years.

Potential budget gap for future years will form part of discussions at future IJB meetings and Development Sessions, as in previous years.

The Board were assured that the draft annual accounts have been reviewed by external audit and discussed at the Audit and Assurance Committee, noted the IJB's draft Audited Annual Accounts and agreed that the accounts are approved for signature.

8   FINANCE UPDATE

This report was discussed at the Finance, Performance & Scrutiny Committee on 11 November 2022. The chair introduced Audrey Valente who presented this report which detailed the financial position of the delegated and managed services based on 30 September 2022. The forecast for Fife Health & Social Care Partnership is currently a surplus £7.226m. Key areas of overspend are Hospital

8 FINANCE UPDATE (CONT)

& Long-Term Care and Adult Placements and these are offset by underspends in a number of other areas.   There was also an update in relation to savings approved by the IJB in March 20021 and the use of Reserves.

The Chair then invited Arlene Wood, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Arlene advised that the committee had a full discussion on the paper including winter pressures. The committee noted the outturn position and supported the use of reserves.

Discussion took place around the return of covid 19 funding to Scottish Government, which has been reflected in the finance update.

The Board were assured that there is robust financial monitoring in place and scrutiny though the Finance Performance and Scrutiny Committee, they approved the financial monitoring position and the use of Reserves as at September 2022.

9 PUBLIC SECTOR CLIMATE CHANGE DUTIES

This report was discussed at the Finance, Performance & Scrutiny Committee on 11 November 2022. The Chair introduced Audrey Valente who presented this report which has to be presented to Scottish Government by 30 November 2022. Guidance for IJB's is of a unique nature as issues such as corporate emissions are the responsibility of Fife Council and NHS Fife.

The Chair then invited Arlene Wood, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Arlene confirmed that the committee were comfortable with the way forward outlined in the report.

The Board considered and agreed the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report as follows:

- In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 - 2030

- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP

- Continue to work with partners to identify opportunities to work more efficiently and sustainably.

- Continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies and maintain a focus on positive contributions to climate change within the revision of the Strategic Plan 2022-2025.

- Review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies.

10 WINTER PLAN: EXECUTIVE SUMMARY

The full Winter Plan report was discussed at the Quality & Communities Committee on 8 November 2022, the Finance, Performance & Scrutiny Committee on 11 November and the Local Partnership Forum on 16 November 2022. Feedback from these meetings had been incorporated into the version of the report presented today.

The Chair introduced Lynne Garvey who presented this executive summary of the report which covers four main sections:-

1. Priorities addressed within Fife's Annual Delivery Plan (ADP) for 2022/23 which include actions to address winter.
2. Actions being taken to address the recommendations in the Scottish Government (SG) letter Supporting our Health and Social Care System, 12 October 2022.
3. Update on the position on increasing the workforce as outlined in the letter issued by Mr John Burns - Winter Planning for Health and Social Care; 5 October 2021.
4. Additional work that is being undertaken within the HSCP to prepare for winter.

Lynne also covered the key areas for assurance and risks outlined in the paper.

The Chair thanked Lynne Garvey and the team involved in winter planning for a comprehensive and balanced report. She then invited Sinead Braiden, Chair of Quality & Communities Committee, Arlene Wood, Chair of Finance, Performance & Scrutiny Committee and Fiona McKay who chaired the recent LPF meeting to comment on discussions at the Committee before questions from Board members.

Members of all three meetings had been content to recommend the paper for approval by the IJB and acknowledged the ongoing, year round challenges faced by staff.

Discussion took place around the current STV recruitment campaign, staff attrition rates, issues around guardianship and the impact on delayed discharges and rates of pay.

Recruitment is also being promoted through social media and there are currently 70 Foundation Apprenticeships in place. A Princes Trust pilot is ongoing in the Levenmouth area to assist recruitment within the 18-30 year age range.

Paul Dundas confirmed that nationally Fife is ahead of the curve.. Pop up recruitment events are being held to assist with recruitment and the collaborative, which was set up a year ago, is working well.

Ian Dall raised questions around post diagnostic support for dementia patients and it was agreed that this would be discussed between Ian and Rona Laskowski outwith the meeting.

RL/ID

Wilma Brown raised the issue of the length of time it could take to get a newly recruited staff member into post due to the pre-recruitment checks which are required by Fife Council and NHS Fife. Fife Council have dedicated HR support

10 WINTER PLAN: EXECUTIVE SUMMARY (CONT)

for recruiting care staff and discussions will be held with NHS HR to see if something similar can be put in place.

The Board were assured that the actions described have been developed with whole system service engagement, are in line with national recommendations and support our planning and preparations for winter 2022. There are risks identified and mitigating actions described with close monitoring through operational delivery structures and strong connections into NHS Fife, Fife Council and Resilience Partners to support any further responsiveness as required over the winter period.

STRATEGIC PLAN 2023-2026 – UPDATE

This report was discussed at the Quality & Communities Committee on 8 November 2022, the Finance, Performance & Scrutiny Committee on 11 November 2022 and the Local Partnership Forum on 16 November 2022. The Chair introduced Fiona McKay who presented this report.

The Strategic Plan is supported by nine transformational strategies and five enabling strategies. A Work Programme has been developed to provide a performance reporting framework for the Strategic Planning Group.

Fiona advised that further consultation is ongoing, and feedback is being assessed as it is received.

NHS Fife have commissioned an independent survey involving Fife residents and NHS Fife employees to identify their views on local health and care services, and their aspirations for NHS Fife. Fieldwork is currently ongoing, and the report findings will be incorporated into the final version of the Strategic Plan.

The Chair then invited David Graham, Chair of the Strategic Planning Group (SPG), Sinead Braiden, Chair of Quality & Communities Committee, Arlene Wood, Chair of Finance, Performance & Scrutiny Committee and Fiona McKay who chaired the recently LPF meeting to comment on discussions at the Committee before questions from Board members.

David Graham advised that significant discussion had taken place at a recent SPG meeting and agreement had been reached on how to take the plan forward.

Sinead Braiden and Arlene Wood both advised that their committee were content to recommend the Strategic Plan progress as discussed.

The Board were assured and discussed that the progress of the Strategic Plan is in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and requirements to deliver a plan for the next three years. The Strategic Plan will be brought to the Integration Joint Board for approval in January 2023.

12 WORKFORCE STRATEGY AND ACTION PLAN 2022-2025

This report was discussed at the Quality & Communities Committee on 8 November 2022, the Finance, Performance & Scrutiny Committee on 11 November 2022 and the Local Partnership Forum on 16 November 2022. The Chair introduced Roy Lawrence who presented this report.

12   WORKFORCE STRATEGY AND ACTION PLAN 2022-2025 (CONT)

Roy gave the background to this report which was originally brought to the IJB in July 2022 and was delayed coming back to this meeting as Scottish Government feedback had not been received until October. Some minor changes have been made following the Scottish Government feedback and the Strategy and Action Plan are now ready to publish.

The Chair then invited Sinead Braiden, Chair of Quality & Communities Committee, Arlene Wood, Chair of Finance, Performance & Scrutiny Committee and Fiona McKay who chaired the recently LPF meeting to comment on discussions at the Committee before questions from Board members.

All three confirmed that their committee/forum has been content to support publication of the Strategy.

The Board considered the feedback from Scottish Government and agreed that the Workforce Strategy and Plan is complete and ready for publication on the Partnership website on the 30 November 2022.

An annual Action Plan, beginning with Year 1 2022-23, has been endorsed by the IJB to deliver the actions set out in the Workforce Strategy.

Progress on this Plan will be brought to Senior Leadership Team three times annually, and an annual report presented to Quality & Communities Committee, Finance, Performance & Scrutiny Committee, the Local Partnership Forum and the Integration Joint Board annually.

13   PHARMACEUTICAL CARE SERVICES REPORT 21/22

This report was discussed at the Quality & Communities Committee (Q&C) on 8 November 2022. The Chair introduced Hazel Close who presented this report on behalf of Ben Hannan. Hazel advised that this report is normally presented to the IJB on an annual basis, but this is the first one since 2019 due to the covid pandemic.

This was a comprehensive report covering all 86 Community Pharmacies in Fife and provided information on the services available in different areas.

Christina Cooper thanked Hazel for the report and thanked all those involved in its production.

The Chair then invited Sinead Braiden, Chair of Q&C Committee to comment on discussions at the Committee before questions from Board members. Sinead advised that Q&C welcomed the report and were assured by it. They had noted the complexity around the range of services delivered.

Discussion then followed on the difficulties in setting up new community pharmacies in some areas, the method of determining how far residents are from their local pharmacy (this is being investigated and may be updated in future reports), concerns about which services are provided where and the need to ensure that effective communications are in place to ensure patients know what they can access locally. Hazel advised that all staff who respond to calls to 111 have a full suite of information to allow them to advise callers when it would be appropriate to access a pharmacy.

13 PHARMACEUTICAL CARE SERVICES REPORT 21/22 (CONT)

The Board were assured in relation to the delivery of the Pharmaceutical Care Services in Fife as outlined in the 2021/22 annual report.

14 MINUTES OF GOVERNANCE COMMITTEES/LOCAL PARTNERSHIP FORUM/ ITEMS TO BE ESCALATED

Nicky Connor invited each of the Committee Chairs in turn to provide an update on items to be escalated to the Board.

Audit & Assurance Committee (A&A) – 14 September 2022 / 9 November 2022

Dave Dempsey had nothing to escalate from the September meeting. There was an issue with the November meeting not being quorate, concerns raised about rolling audit actions and the need to include information on changes made to reports between committee meetings and the IJB. Nicky Connor confirmed that this feedback is being looked at with a view to changes being made in future reports.

Finance, Performance & Scrutiny Committee (FP&S) – 16 September 2022 / 11 November 2022

Arlene Wood advised there were no items to escalate from recent FP&S meetings.

Quality & Communities Committee (Q&C) – 9 September 2022 / 8 November 2022

Sinead Braiden advised there were no items to escalate from Q&C meetings. The November meeting had a full agenda and was followed by a development session which included input from current and ex-service users and this will be followed up in future meetings.

Local Partnership Forum (LPF) – 21 September 2022

Fiona McKay advised that there were not items to escalate from recent LPF meeting.

15 AOCB

Rosemary Liewald and Sinead Braiden both paid tribute to Christina Cooper and Martin Black and acknowledged their commitment over their time on the Board.

As the Chair had not been alerted prior to the meeting of any other business to be raised under this item, she closed the meeting by updating on the dates of the next meetings.

16 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 9 DECEMBER 2022

INTEGRATION JOINT BOARD – FRIDAY 27 JANUARY 2023

FIFE PARTNERSHIP BOARD

(Meeting on 28 February 2023)

No issues were raised for escalation to the Board.

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

28th February, 2023   2.00 p.m. – 3.15 p.m.

PRESENT: Councillors David Ross (Convener), David Alexander; Steve Grimmond, Chief Executive, Fife Council; Joy Tomlinson, Director of Public Health, Tricia Marwick, Chair of NHS Fife Board, NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Mark Bryce, Area Commander, Iain Brocklebank, Area Commander, Scottish Fire and Rescue Service; Kenny Murphy, Chief Executive, Fife Voluntary Action; Lynne Cooper, Regional Engagement Partner, Scottish Enterprise; David Watt, Chair, Fife College; Anna Herriman, Senior Partnership Manager, SESTran; Evonne Boyd, Regional Partner, Skills Development Scotland and Alison Taylor, Place Director, Scottish Government.

ATTENDING: Michael Enston, Executive Director - Communities, Sharon Murphy, Policy Co-ordinator (Community Planning), Communities; Ken Gourlay, Executive Director, Enterprise and Environment; John Mitchell, Head of Roads & Transportation Services, Roads & Transportation Service, Matthew Roberts, Lead Consultant - Local Transport Strategy, Transport Networks, Susan Keenlyside, Service Manager, Sustainable Transport & Parking Joan Lamie, Service Manager (Housing Estates and Safer Communities), Housing Services; Patricia Spacey, Safer Communities Team Manager, Leisure & Cultural Services; Gordon Mole, Head of Business & Employability, Economy Planning and Employability Services and Michelle Hyslop, Committee Officer, Legal and Democratic Services.

ALSO ATTENDING: Stuart Allan, Police Inspector, Police Scotland.

APOLOGIES FOR ABSENCE: Councillor Linda Erskine; Carol Potter, Chief Executive, NHS Fife; Prof Brad MacKay, St Andrews University; Chief Superintendent Derek McEwan and Adam Smith, Inspector, Police Scotland,

17.   MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 30th November, 2022.

Decision

The Board agreed to approve the minute.

18.   FIFE COMMUNITY SAFETY PARTNERSHIP UPDATE

The Board considered a report by the Chief Superintendent, Police Scotland which highlighted the work of the Community Safety Partnership.

Decision/

Decision

The Board: -

(1)   reviewed the work undertaken by the Fife Community Safety Partnership; and

(2)   considered how community safety could be further embedded into the wider Recovery and Renewal agenda.

19.   CONSULTATION ON THE LOCAL TRANSPORT STRATEGY FOR FIFE

The Board considered a report by the Head of Roads and Transportation Services which highlighted the proposed new Local Transport Strategy for Fife. The report requested partners to feedback and consult on the strategy during the consultation period which was currently underway, noting that this would close on Sunday, 2nd April, 2023.

Decision

The Board: -

(1)   welcomed and noted the presentation;

(2)   provided feedback on the proposed vision and priorities of the Local Transport Strategy;

(3)   acknowledged partner involvement in supporting the delivery of the strategy;

(4)   agreed to promote the consultation through appropriate channels within their partnership agencies; and

(5)   agreed to provide formal feedback on the online survey during the consultation period.

20.   FIFE PARTNERSHIP LEADERSHIP SUMMITS

The Committee considered a report by the Executive Director – Communities presenting the outputs from the Fife Partnership Leadership Summits, which was held between August, 2022 and January, 2023. The Leadership Summits brought together senior officers from across the Partnership and explored the development and delivery of the strategic change ambitions, set out in the Plan for Fife, Recovery and Renewal, 2021-2024.

Decision

The Board: -

(1)   welcomed and noted the presentation;

(2)   considered the outputs identified from the leadership summit workshops and stock take event, summarised in Appendices 1 and 2 of the report; and

(3)   agreed to take the outputs from the summit to respective leadership teams for further consideration and discussion.

21./

21.   **DATE OF NEXT MEETING**

The next Board meeting would take place on Tuesday, 2nd May, 2023 at 10 a.m.

The Convener noted that Tricia Marwick would be stepping down as NHS Chair on 31st March, 2023 and acknowledged and extended his thanks for her valued contribution during her time on the Fife Partnership Board.

Fife NHS Board

Confirmed

NHS Fife

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON MONDAY 5 DECEMBER 2022 AT 2PM VIA MS TEAMS

Present:
Alastair Grant, Non-Executive Member (Chair)
Cllr David Graham, Non-Executive Member
Anne Haston, Non-Executive Member
Aileen Lawrie, Non-Executive Member
Kirstie MacDonald, Non-Executive Member

In Attendance:
Kevin Booth, Head of Financial Services & Procurement
Pauline Cumming, Risk Manager
Tony Gaskin, Chief Internal Auditor
Barry Hudson, Regional Audit Manager
Karen Jones, Azets
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A warm welcome was extended to Anne Haston, Non-Executive Member, who became a member of the Audit & Risk Committee on 1 December 2022, and to Karen Jones, from Azets, who is attending her first meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1.   **Apologies for Absence**

Apologies were received from attendees Carol Potter (Chief Executive) and Chris Brown (Azets).

2.   **Declaration of Members' Interests**

There were no declarations of interest made by members.

3.   **Minute of the last Meeting held on 12 September 2022**

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

4.   **Action List / Matters Arising**

The Audit & Risk Committee **noted** the updates provided and the closed items on the Action List.

5. GOVERNANCE MATTERS

5.1 Losses & Special Payments

The Head of Financial Services & Procurement provided an update on losses and special payments, noting that the position is as expected, compares favourably to the previous year, and is under target.

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

5.2 Proposal to Increase Procurement Tender Thresholds

The Head of Financial Services & Procurement outlined the proposal and highlighted the levels that are proposed to be updated in the Financial Operating Procedures and Standing Financial Instructions.

Following a question from K MacDonald, Non-Executive Member, the Head of Financial Services explained that the minimum number of suppliers from whom quotes are obtained follows the guidance within the Procurement Reform Act.

The Audit & Risk Committee **endorsed** the amendment to the current Tender Threshold limit and **recommended** approval to the Board of the proposed update to the wording within the Standing Financial Instructions, as set out in the paper.

6. RISK

6.1 Corporate Risk Register

The Director of Finance & Strategy noted that the Corporate Risk Register was presented to the Board at the November 2022 meeting, and it was recognised that three out of four strategic priorities are operating beyond the current Board Risk Appetite threshold. It was advised that, following discussion at the Board, the Risk & Opportunities Group will be assigned a specific task to come forward with a proposal around tolerating a level of risk appetite for mitigations which are not having the impact that was expected. The Chief Internal Auditor commented that recalibrating the risk appetite could be an option for those risks that cannot meet the risk appetite.

The Director of Finance & Strategy highlighted the key role the Risk & Opportunities Group will have through the development of the Corporate Risk Register and noted that the register will be iterative throughout its development. Regular feedback from the Risk & Opportunities Group will be provided to the Audit & Risk Committee on the challenges of the risk position.

An overview of the risks aligned to the Governance Committees was provided, and it was advised Internal Audit had been supportive in the development of the new approach. It was reported that each Governance Committee, with the exception of the

Staff Governance Committee due to timing, have had a deep dive into a specific report relative to their area, to date.

K MacDonald, Non-Executive Member, questioned the visibility of a risk management report, which includes information on actions taken, intended impact, actual impact and changes that need to take place, to provide assurance to the Committee that risks are being monitored and changes considered. The Director of Finance & Strategy advised that this detail will be brought together through the deep dive process. It was agreed to take this forward with the Risk & Opportunities Group for an interim solution whilst the deep dive process progresses.

The Chief Internal Auditor highlighted the importance of alignment of Corporate Risks to Governance Committees, which will enable scrutiny on deep dives, and provide assurance to the Audit & Risk Committee.

The Board Secretary reminded the Committee that a Committee Assurance Principles Development Session is scheduled for 13 February 2022. Committee Chairs for each of the Governance Committees will be invited to join the session.

Action: Board Committee Support Officer

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

6.2 Risk & Opportunities Group Terms of Reference and Progress Report

The Risk Manager advised that a focus for the newly formed Risk & Opportunities Group has been around establishing the role and remit of the group. The Executive Directors' Group scrutinised the Terms of Reference at their meeting on 17 November 2022 and they were then subsequently approved at the Risk & Opportunities Group on Friday 2 December 2022. Assurance was provided that the group now have clear objectives going forward.

The Risk Manager advised that the Risk & Opportunities Group have also focussed on the Corporate Risk Register, improvements on the deep dive reports, Population Health & Wellbeing Strategy, frameworks to support activity, and they have just commenced discussions on the key performance indicators.

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

6.3 Risk Management Key Performance Indicators (KPIs) Update

The Risk Manager provided a verbal update and advised that through the Risk & Opportunities Group, a review of the KPIs is underway, which includes identifying all the various components within the current risk profile. Once this exercise has been carried out, KPIs and measures will be developed, which will be regularly reported on.

It was noted an analysis was carried out on organisational risks, as part of the KPI review, and it was identified that more than 60% of these risks sit within the Corporate Directorate, with a significant number relating to projects and programmes.

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

7.   GOVERNANCE – INTERNAL AUDIT

7.1   Internal Audit Progress Report

The Regional Audit Manager spoke to the report and noted an amendment to B13/22 and B06/22, advising that both these audit reports are in draft and the final version will be issued over the coming weeks.

The Committee took **assurance** from the progress on the delivery of the Internal Audit Plans.

7.2   Internal Audit – Follow Up Report on Audit Recommendations 2022/23

The Regional Audit Manager spoke to the paper and highlighted an increase in the number of outstanding recommendations due. Assurance was provided to the Committee that this is not, however, an area of concern and is due to the timing of producing the report. It is expected that the outstanding recommendations will either be extended or preferably completed before the next report to the Committee.

The Regional Audit Manager highlighted that the title for B16/22 should read 'Safer Use of Medicines'.

The Director of Finance & Strategy provided assurance that the Executive Directors' Group dedicated time to review the report on a quarterly basis, and it was noted it is recognised that there is still work to be carried out for some recommendations, however, there is an improvement in levels of engagement.

The Committee took **assurance** of the current status of Internal Audit recommendations recorded within the Audit Follow-Up system.

7.3   Draft Internal Control Evaluation Report 2022/23

The Chief Internal Auditor provided background information and an overview on the Internal Control Evaluation Report, which outlines a mid-year position for the Committee.

It was advised that actual and target risk scores have been increased, which reflects the changes in the external environment.

The Chief Internal Auditor reported that there is a need for strategic change with operational savings, noting that a Population Health & Wellbeing Strategy is in development and there is a Strategic Planning & Resource Allocation (SPRA) process, both of which are generating strategic change. It was noted workforce and finance are key priority areas within the plans going forward.

The Chief Internal Auditor highlighted the positive key developments, including the Operational Pressures Escalation Levels (OPEL) and risk management development.

It was reported the final report will be presented to the Governance Committees at the March 2023 cycle of meetings.

The Committee **noted** the draft Internal Control Evaluation Report 2022/23.

8. GOVERNANCE – EXTERNAL AUDIT

8.1 External Audit – Follow Up Report on Audit Recommendations

The Head of Financial Services & Procurement highlighted the key recommendations from the external audit. In terms of the Integration Joint Board adjustments, it was advised a further resource has been added to the Finance Team and it is anticipated there will not be the same challenges this year, compared to the previous year, with reconciling the balances.

In terms of the brought forward recommendations, it was reported that two Payroll Officers have been recruited. It was noted that the NHS Fife payroll service will become part of the South East Scotland Payroll Consortium as of 1 February 2023.

The Committee took **assurance** from the progress made against the 2021/22 External Audit recommendations.

8.2 External Audit Plan 2022/23 – AZETs

K Jones, from Azets, presented on the External Audit Strategy 2022/23. It was advised that a detailed audit plan will be provided to the Committee at the March 2023 meeting.

It was reported that the strategy sets out the audit approach for the coming year, which is similar to the Audit Scotland's approach. It was noted changes will take effect for 2022/23, in particular, a new Code of Audit Practice which applies to audits from 2022/23, and minor revisions to the auditing standards in terms of the timing of the audit approach. An overview on the requirements of the new Code of Audit Practice was provided. It was noted that the auditing standards will have an impact on the planning and risk procedures that are carried out.

It was advised the audit timetable will be set out; however, planning and interim procedures are continuous throughout.

The Committee took **assurance** from the update and **noted** the External Audit Plan will be presented to the Committee for review and approval at the March 2023 meeting.

9 FOR ASSURANCE

9.1 Audit Scotland Technical Bulletin 2022/3

The Head of Financial Services & Procurement advised that there is no specific section relating to health in the Quarter 3 bulletin, however he noted that Chapter 6 highlights a number of fraud and irregularities that were brought to the attention of Audit Scotland. Assurance was provided that internal controls remain sufficient and are routinely followed across NHS Fife.

The Committee took **assurance** from the Board's implementation of the Audit Scotland Technical Bulletin 2022/3.

9.2 Delivery of Annual Workplan

The Board Secretary presented the annual workplan, noting the 'FTF Shared Service Agreement/Service Specification' has been deferred to the March 2023 meeting. The Regional Audit Manager advised that this was due to the timing of the Partnership Board meetings.

The Committee took **assurance** on the delivery of the tracked workplan.

9.3 Proposed Annual Workplan 2023/24

The Board Secretary advised the annual workplan for 2023/24 is currently being considered. It was noted it is predicted the annual accounts items will take place in June 2023.

The Committee **noted** the proposed annual workplan. The Committee was advised a final version will be brought back to the Committee at the March meeting.

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

11. ANY OTHER BUSINESS

None.

Date of Next Meeting: Wednesday 15 March 2023 at 2pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 13 JANUARY 2023 AT 10AM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Aileen Lawrie, Area Clinical Forum Representative
Janette Keenan, Director of Nursing
Chris McKenna, Medical Director
David Miller, Director of Workforce
Carol Potter, Chief Executive *(part)*
Joy Tomlinson, Director of Public Health

In Attendance:
Norma Beveridge, Head of Nursing
Jo Bowden, Consultant in Palliative Medicine *(item 8.5 only)*
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Associate Medical Director
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy *(part)*
Elizabeth Muir, Clinical Effectiveness Manager
Shirley-Anne Savage, Associate Director of Quality and Clinical Governance
Karen Wright, Clinical Services Manager *(item 8.5 only)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

In addition, the Chair acknowledged the unprecedented Winter pressures, and the dedication and work of all our staff in providing safe care in extenuating circumstances.

The Chair advised that the meeting is being recorded for the purpose of the Minutes.

1.   Apologies for Absence

Apologies were received from attendees Iain MacLeod (Deputy Medical Director) and John Morrice (Consultant Paediatrician and Associate Medical Director).

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Minutes of the Previous Meeting held on 4 November 2022

The Committee formally **approved** the minutes of the previous meeting.

4.   Matters Arising / Action List

The Committee **noted** the updates and also the closed items on the Action List.

4.1   Inequalities and Adverse Events Action

The Director of Public Health provided background to this action and reported that that the action is still in progress due to the recruitment of a new Equality & Human Rights Lead, who is now in post.

The Medical Director noted that the data would not be reported regularly through the Integrated Performance & Quality Report, however, findings would be provided to the Committee in due course.

5.   ACTIVE OR EMERGING ISSUES

5.1   Covid-19

The Director of Public Health provided a verbal update and reported that the Office for National Statistics (ONS) survey data has estimated that 1 in 25 of the population currently have Covid and that we have now reached the peak of the new variant. It was noted the survey reports on a weekly basis.

It was also reported that respiratory illness was at high levels across the system, and that this has now moved back to moderate levels.

The Director of Public Health was pleased to advise that there has been a positive uptake of the Covid & Flu vaccinations, and that targets have been met for both.

It was noted national communications for Winter planning has been supplemented with local messages from Directors.

The Medical Director highlighted that this item has been a standing agenda item since the start of the Covid pandemic, as an active issue. It was agreed that it now be removed as a standing item and any significant issues would be brought back to the Committee as a written report.

The Committee **noted** the update.

6.   GOVERNANCE MATTERS

6.1   Corporate Risks Aligned to Clinical Governance Committee

The Medical Director advised that our profile, in terms of corporate risks aligned to the Clinical Governance Committee, is unchanged since the previous Committee meeting. It was noted that deep dives will enable detailed discussions on specific risks at Committee meetings. Feedback on the presentation of deep dives was welcomed, and the presentation will be reviewed for future meetings. It was highlighted that corporate risks across all areas are integrated, and that this should be clear in the presentations for discussion.

For consistency, progress on any actions for each corporate risk aligned to the Clinical Governance Committee was requested as a visual.

Action: Risk Manager

An update was provided on next steps for the Corporate Risk Register, and the Director of Finance & Strategy advised that further work to enhance, develop and present the corporate risks to the Board Committees is being led by the Risk & Opportunities Group, and support has also been offered from A Wood, Committee Chair. It was noted that a discussion on risks had taken place with new Non-Executive Members to identify any additional information that may be required in the Corporate Risk Register to provide assurance. The Director of Finance & Strategy highlighted that the majority of corporate risks are currently operating outwith our risk appetite, and that definitive statements will be required to be provided to the Board and Committees in relation to tolerating specific levels of risks.

It was agreed to prioritise the deep dives as follows:

- Covid-19 Pandemic
- Optimal Clinical Outcomes
- Quality & Safety
- Off-Site Area Sterilisation and Disinfection Unit Service
- Cyber Resilience

The workplan will be updated.

Action: Board Committee Support Officer

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

6.1.1 Deep Dive - Digital & Information

The Associate Director of Digital & Information noted that reliance on digital systems is key to supporting our clinical services. An overview on the root causes and actions for the digital & information risk was provided, as detailed in the paper. It was noted this risk continues to be high, and that the action plan will support reducing the level of risk.

K MacDonald, Non-Executive Whistleblowing Champion requested that the digital & information risk is clearly linked to improving quality & health within the strategic priority section. The Director of Finance & Strategy highlighted that to deliver value and sustainability, this relates to sustainability of service, and is not solely on the financial aspect.

7 STRATEGY / PLANNING

7.1 Population Health & Wellbeing Strategy

The Director of Finance & Strategy introduced this item and advised that discussions are ongoing to build the content of the strategy. It was advised that a first draft of the strategy was presented to the Portfolio Board held on 12 January 2023, and it will also be presented to the Board Development Session in February 2023 for a focussed discussion on progress of the detail.

It was reported that significant progress has been made in concluding the engagement work and feedback from the external company is expected in mid-January 2023. The Associate Director of Planning & Performance reported that the content of the strategy document has been prepared and influenced by all the Directors, who have been working on developing and drafting the strategy within their own areas. Further work will take place and the strategy document will be brought to the March 2023 Board and Committee meetings. It was noted that the strategy will be public facing, and work will be carried out to ensure the document is appealing to the population.

The Medical Director questioned if the detail within the strategy will be bold and explicit in terms of the difficulty of recovery of healthcare systems in the coming years. The importance of the delivery plan was highlighted.

The Chair questioned if clinical responses, in terms of elements from the Clinical Strategy, will be incorporated into the Population Health & Wellbeing Strategy. The Director of Finance & Strategy provided assurance that the Population Health & Wellbeing Strategy links to the delivery plans and programmes in place within NHS Fife.

The Director of Finance & Strategy raised concern for the financial sustainability and advised that difficult decisions will need to be made.

It was noted the strategy milestone plan is on track.

The Committee took **assurance** on the progress of the strategy through the contents of this report.

7.2 Cancer Framework & Delivery Plan

The Medical Director noted that the framework and delivery plan had been presented to the Committee previously in draft format and has been brought back to the Committee today in final version for agreement (with the caveat that final proof reading will be carried out before publishing). It was noted that this is the first time NHS Fife has had a Cancer Framework. The Cancer Framework will sit within, and support, the Population Health & Wellbeing strategy.

A Haston, Non-Executive Member highlighted that workforce would need to be reviewed to ensure future service delivery and questioned how specific training needs would be identified and addressed. The Director of Nursing highlighted challenges with training due to recruitment and advised that discussions are taking place regionally. The Director of Pharmacy & Medicines advised that cancer treatment is the fastest growing area for medicines and that different models of training are required, noting that this will also form part of the workforce strategy and is an evolving

piece of work. The Associate Director of Quality & Clinical Governance reported that the Scottish Government has requested a Fife staffing plan for future chemotherapy systemic-anti cancer therapies (SACT) delivery. A plan has been developed, but funding is not yet available. It was noted a Cancer Nurse Educator post was part of the plan and would support the training.

The Medical Director also highlighted a concern around sustainability in terms of medical staffing including oncologists and noted that Fife work closely with NHS Lothian colleagues and the Cancer Network in terms of this staffing.

The Chair queried progress against the delivery plan 2022/23, and the process around setting priorities for 2023/24. The Medical Director replied that an annual update on the delivery plan will go to the Cancer & Governance Strategy Group before being presented to the Committee. It was confirmed delivery plans are developed for each year, with new priorities set.

The Medical Director thanked Kathy Nicoll and team for their hard work.

The Committee **approved** the Cancer Framework and Delivery Plan.

7.3   Clinical Governance Framework & Delivery Plan

The Medical Director reported that the Clinical Governance Framework is presented in its final version with the caveat that final proof reading will be carried out.

S Fevre, Area Partnership Forum Representative highlighted the importance of an ongoing communication plan to staff. The Medical Director noted that the support of S Fevre and other staff side colleagues will be pivotal to ensure the document is well received by staff. S Fevre suggesting speaking to staff on face-to-face may be better received.

The Medical Director thanked the team for all their hard work.

The Committee **approved** the Clinical Governance Framework & Delivery Plan 2022/23

8   QUALITY/PERFORMANCE

8.1   Integrated Performance and Quality Report

The Director of Nursing spoke to the report and highlighted a reduction in the number of falls, noting it is expected the reduction target will be met this year.

An overview on pressure ulcers was provided noting that the rate of pressure ulcers continues to vary.

In terms of infection control, it was reported that NHS Fife is doing well in this area, achieved through enhanced surveillance. An update was provided on C Diff, and it was highlighted that NHS Fife has the lowest infection rate of all mainland Health Boards, which has been achieved through strong antimicrobial stewardship. Challenges in meeting the ECB target were outlined, as detailed in the paper.

The Director of Nursing advised that complaints continue to be challenging, however, there has been a significant improvement in the number of complaints being closed off each month, and open complaint numbers have reduced. It was reported that additional staff have been recruited into the Patient Experience Team.

A Haston, Non-Executive Member requested more detail on the work being done to address urinary catheter related infections. In response, it was advised that discussions are taking place with our microbiologists, medical and nursing staff around addressing the issue and looking at lessons learned.

Following questions from A Lawrie, Area Clinical Forum Representative, it was advised that the establishment gap is still a work in progress and updates will be provided through the Staff Governance Committee. The Medical Director noted that there is a lot of work being carried out in relation to adverse events and looking at innovative ways to support teams.

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

8.2   Healthcare Associated Infection Report (HAIRT)

The Director of Nursing advised there has been no unannounced inspections from Healthcare Improvement Scotland (HIS) and they have temporarily paused inspections due to the current system pressures.   It was advised that preparation work has been carried out in relation to mental health hospitals, and a large amount of work has been carried out for the safe delivery of care inspections.

The Director of Nursing reported that bays had been closed due to norovirus and seasonal influenza.

In terms of cleaning and healthcare environment, it was reported that the standard is 90% for the overall cleaning compliance with NHS Fife reaching 96%, which is positive.

The Committee took **assurance** from the HAIRT report.

8.3   NHS Fife Response to the Letter from Health Improvement Scotland (HIS)

The Medical Director advised that a response has been prepared to the letter from HIS describing the supporting activities that are being undertaken in Fife to mitigate against some of the areas of concern. The Chief Executive added that the paper includes mitigations against risks.

It was advised that the paper will go to the Executive Directors' Group at their meeting on 19 January 2023, before being shared with the Committee for assurance on our commitment to patient safety.

The Director of Acute Services noted that it has been a particularly challenging time due to significant overcrowding in the Emergency Department and lessons have been learned. S Fevre, Area Partnership Forum Representative commented that staff are living through the issues outlined in the letter.

The Committee **noted** the letter and took **assurance** that there is a plan being devised and will be presented to the Committee in due course.

8.4   High Risk Pain Medicines Patient Safety Programme – Year One Update

The Director of Pharmacy & Medicines advised that this item was discussed at the Public Health & Wellbeing Committee on 11 January 2022, as there is a Public Health and overall strategy component of the programme
The Director of Pharmacy & Medicines spoke to paper and highlighted the main points. It was noted year one has been mainly around identifying the problem and year two will focus on ingests of change.

The Medical Director highlighted the significant issues and risk around high-risk pain medicines due to delays in planned treatments due to the Covid pandemic.

The Committee took **assurance** from the Year One delivery of the HRPM Patient Safety Programme.

8.5   Fife Specialist Palliative Care Services - Service Model Presentation

The Consultant in Palliative Medicine presented on the Fife Specialist Palliative Care Services. The presentation will be shared with the Committee.

Action: Board Committee Support Officer

The Director of Health & Social Care advised that the decision making route for this service will be through the Integration Joint Board, and that clinical governance and quality aspects will come through this Committee.

A Haston, Non-Executive Member requested clarity on risks. It was advised that no active risks have been detailed, as the service was a requirement of the response to the pandemic, and that what was set out to be delivered is being achieved. It was noted that the challenge is the growing need for the service and expansion. The next steps were outlined. The Clinical Services Manager added that work has been carried out to determine the optimal service model along with staffing requirements to sustain the service. Opportunities for training and development are being explored and it was noted there is no financial risk at this time.

The Consultant in Palliative Medicine explained that there is a large scale of unmet palliative care needs in all care settings across the sectors, and that work is being carried out with other delivery partners to ensure families and individuals can receive the support they need.

The Committee thanked the Consultant in Palliative Medicine and Clinical Services Manager for their presentation.

The Committee **supported** the new service outreach delivery model.

9   DIGITAL / INFORMATION

9.1   Update on Digital Strategy 2019-2024

The Associate Director of Digital & Information spoke to the report which details the challenges, alterations, and successes of implementation of our digital strategy, which was endorsed by the Board in September 2020. It was reported the strategy is aligned to the Population Health & Wellbeing Strategy.

The Committee:

- **Noted** the delays in progress to the TrakCare and Clinical Portal improvement work due the prioritisation of the LIMS project and the impact from suppliers on the ability to deliver the strategy in a timely manner
- Took **assurance** of the progress for the Digital and Information Strategy - 2019-2024.

9.2   Records Management Plan - National Registers of Scotland Keeper's Report

The Associate Director of Digital & Information spoke to the report noting it outlines the records management plan, particularly around patient records and that it also sets out the governance arrangements.

The Medical Director highlighted the importance of records management.

The Committee **considered** that the Keeper's report provides **assurance**, and the governance arrangements for implementing the Records Management Plan are adequate.

10   PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1   Patient Experience & Feedback Report

The Director of Nursing reported an improving position around the closure of stage 2 complaints and advised that the paper sets out more detail on progress of each complaint. It was advised that this detail is shared on a weekly basis with services and teams. It was also highlighted that work is ongoing to stratify the table of complaints, as some complaints require input from specific areas where the likelihood of responding will not meet the 20-day target.

The Committee acknowledged the ongoing pressures associated with closing complaints within the 20-day standard and took assurance from the ongoing work to address this.

The Committee took **assurance** from the Patient Experience & Feedback Report.

11   ANNUAL REPORTS

11.1   Equality Outcomes and Mainstreaming Interim Report 2021-2023

The Director of Nursing spoke to the report and highlighted the progress made towards each of the specified equality outcomes. It was advised that discussions are taking place through a Board Development Session on improving and embedding knowledge & skills through learning, mentoring and leadership.

S Fevre, Area Partnership Forum Representative commented that further work is required in terms of improvements to equality, and it should be extended wider than through the Black, Asian and minority ethnic (BAME) Network. The Director of Nursing advised that an Equalities and Human Rights Lead is now post, and that a refresh of the Equalities & Human Rights Strategic Group is being carried out, with the first meeting scheduled for February 2023.

The Chair welcomed the report and asked if progress and outcomes against health inequalities in section 4 could be incorporated into the report.

Action: Director of Public Health

The Committee:
- Took **assurance** that the report details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years;
- **Considered** the content of report; and
- **Agreed** to publish the Interim Report by 31 March 2023

11.2 Research & Development (R&D) Strategy Review 2021/2022 and Research, Innovation and Knowledge (RIK)Strategy 2022-2025

The Medical Director advised that the strategy sets out the ambitions and priorities for research, innovation and knowledge.

It was agreed a Development Session is to be arranged this year and the Medical Director suggested an area of focus would be the research relationship between NHS Fife and the University of St Andrews.

Action: Board Committee Support Officer

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

11.3 Research, Innovation & Knowledge Annual Report 2021/2022

The Medical Director advised that the Annual Report sets out activity that has been carried out throughout 2021/22.

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

12. FOR ASSURANCE

12.1 Delivery of Annual Workplan

The Associate Director of Quality & Clinical Governance agreed to confirm a timeline for the Resilience Annual Report coming to Committee. The Board Secretary advised it had been agreed a position statement would be provided before year-end, until the Annual Report has been concluded.

Action: Associate Director of Quality & Clinical Governance

The Committee took **assurance** from the tracked workplan.

12.2 Proposed Annual Workplan 2023/2024

The Associate Director of Quality & Clinical Governance welcomed any additions to the proposed workplan for 2023/24 and advised a final version will be brought back to the Committee at the March 2023 meeting for final approval.

The Committee:
- **Considered** and **approved** the proposed workplan for 2023/2024; and
- **Approved** the approach to ensure that the workplan remains current

13. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes.

13.1 Acute Services Division Clinical Governance Committee held on 16 November 2022 (unconfirmed)

- The Medical Director advised that formal recognition has been provided through the escalation paper for Acute Services Division Clinical Governance Committee in relation to reigniting the work that had previously existed in relation to deteriorating patients. It was noted the cover paper from the Clinical Governance Oversight Group details the same point.

- The Medical Director noted that the Acute Services Division Clinical Governance Committee minutes link into the Clinical Governance Oversight Group and can therefore be removed from the Clinical Governance Committee workplan.

Action: Board Committee Support Officer

13.2 Area Clinical Forum held on 1 December 2022 (unconfirmed)

- The Medical Director noted the pressures and demands on General Practitioners and the sustainability of staffing longer term. It was agreed assurance will be provided to the Area Clinical Forum that the Clinical Governance Committee are aware of the pressures within General Practice. The Medical Director reported that the Primary Care Strategic Plan was discussed at the Public Health & Wellbeing Committee, where it was agreed that the majority of primary care issues will go through this Committee.

13.3 Area Medical Committee held on 11 October 2022 (unconfirmed)

13.4 Cancer Governance & Strategy Group held on 19 August 2022 (confirmed) & 4 November 2022 (unconfirmed)

- The Medical Director advised that the cover paper from the Cancer Strategy Group is not an escalation and is for information only.

13.5 Clinical Governance Oversight Group held on 18 October 2022 (confirmed)

13.6 Fife Drugs & Therapeutic Committee held on 7 December 2022 (unconfirmed)

13.7 Infection Control Committee held on 5 October 2022 (confirmed) & 7 December 2022 (unconfirmed)

13.8 Information Governance & Security Steering Group held on 11 October 2022 (unconfirmed)

13.9 Research, Innovation & Knowledge Oversight Group held on 14 December 2022 (unconfirmed)

The Chair and Medical Director agreed to discuss preparing responses to the various groups outwith the meeting.

Chair/Medical Director

14. ESCALATION OF ISSUES TO NHS FIFE BOARD

14.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

14.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to escalate for assurance, the Cancer Framework and Clinical Governance Framework, to the Board at their January 2023 meeting. (Post meeting, it was agreed both topics would be scheduled for the March Board meeting).

15. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 3 March 2023 at 10am via MS Teams.

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 17 JANUARY 2023 AT 9.30AM VIA MS TEAMS

Alistair Morris
Chair

Present:

A Morris, Non-Executive Director (Chair)	M McGurk, Director of Finance & Strategy
A Grant, Non-Executive Director	J Tomlinson, Director of Public Health
Cllr D Graham, Non-Executive Director	M Mahmood, Non-Executive Director
J Kemp, Non-Executive Director	C McKenna, Medical Director
C Potter, Chief Executive	A Lawrie, Area Clinical Forum Representative

In Attendance:

N Connor, Director of Health & Social Care

B Hannan, Director of Pharmacy & Medicines

N McCormick, Director of Property & Asset Management

G MacIntosh, Head of Corporate Governance & Board Secretary

M Michie, Deputy Director of Finance

C Dobson, Director of Acute Services

N Robertson, Associate Director of Nursing (*for the Director of Nursing*)

F McKay, Head of Strategic Planning, Performance & Commissioning *(item 6.1 only)*

K Donald, Interim PA to the Director of Finance & Strategy *(minutes)*

Chair's Opening Remarks

The Chair welcomed everyone to meeting. Acknowledgement was made of staff efforts and their continued hard work during this time of unrelenting pressure on the system.

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

1.   **Apologies for Absence**

Apologies were noted from J Keenan, Director of Nursing, and W Brown, Employee Director.

2.   **Declaration of Members' Interests**

There were no declaration of members' interests.

3.   **Minute of the last Meeting held on 15 November 2022**

6

The Committee formally **approved** the minute of the last meeting.

4. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

5. GOVERNANCE MATTERS

5.1 CORPORATE RISKS ALIGNED TO FINANCE, PERFORMANCE AND RESOURCES COMMITEE

The Director of Finance & Strategy presented the corporate risk paper, noting it is the second iteration of the new presentation and advised the paper will further iterate and improve as the new process embeds. The description of Risk 8 has expanded to include the 31-day standard due to current removal of waiting times adjustments for social isolation and also to include robotic prostatectomy, which has been recently repatriated from NHS Lothian and is now an NHS Fife service.

Following a question from the Chair regarding the process for actions to be taken after risks are identified, the Director of Finance & Strategy advised that the Risk and Opportunities Group are currently working on how best to articulate follow-up actions to identified risks.

The Chair requested the wording of Risk 13 be updated to reflect the predicted financial position as detailed in the IPQR. The Director of Finance & Strategy proposed a change of wording of the risk to read: "There is a risk that the Board will not achieve its statutory financial revenue budget target in 2022/23 without additional in-year support from Scottish Government.

Action: Director of Finance & Strategy

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

6. STRATEGY / PLANNING

6.1 MINISTERIAL STRATEGIC GROUP INDICATORS

F McKay, Head of Strategic Planning, Performance & Commissioning, was welcomed to the meeting.

The Director of Health & Social Care introduced the report, noting this paper is coming to the Committee through a recommendation from Internal Audit to share the paper on an annual basis with the Finance, Performance & Resources Committee.

The report details the performance of the Fife partnership against other partnerships and considers progress against the Ministerial Strategic Group Indicators and the requirements of integration, to ensure targets are being met. The Director of Health & Social Care highlighted Fife were the first Health and Social Care Partnership to be inspected, with several areas being highlighted as good practice and other areas where further improvement is required.

The Chief Executive highlighted there has been a lot of scrutiny and coverage on the delivery of objectives noted within the report and commended the work completed by the Partnership.

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

6.2 **POPULATION HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE**

The Director of Finance & Strategy presented the paper, noting the Executive team discussed the content, focus and range of activities referenced within the strategy at the Portfolio Board on 12 January 2023. Pending agreement from the Chair of the Board, the Board Development Session scheduled for February will allow Board and Non-Executive Members the opportunity to contribute to the review of the document. The Director of Finance & Strategy further noted that an annual or bi-annual review process will be established, in order to keep the document dynamic and responsive.

The Chief Executive noted the draft Population Health and Wellbeing Strategy will be circulated once the document is ready for consideration by members and welcomed scrutiny from Board members to ensure the Strategy is bold, ambitious, and delivering against the needs of the communities across Fife.

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

7. **QUALITY / PERFORMANCE**

7.1 **INTEGRATED PERFORMANCE AND QUALITY REPORT**

The Director of Acute Services provided an overview of the report, highlighting there was an improvement in performance for the 4-hour access target in November 2022. However, long waits remained high, with 8-hour and 12-hour breaches due to capacity issues, with long waits for beds over certain periods. Demand has remained high and has continued to be unrelenting over the festive period. Information on long wait targets has been included within the IPQR, noting NHS Fife will deliver against the 2-year target but will not achieve the 12-month and 18-month targets.

Following a question from the Chair, the Director of Acute Services confirmed the system pressures should not have an impact on the opening of the new NTC – Fife Orthopaedics, and the team are on track to pause procedures in mid-February to transition over the new National Treatment Centre.

The Director of Health & Social Care noted that the report shows the ongoing challenge with Delayed Discharges, but also highlights sustaining improvement on Standard Delays due to the improvement work previously undertaken.

The Chair queried if re-admission rates are increasing due to patients being at risk of limited support after discharge. The Director of Health & Social Care advised data on re-admission rates is available and highlighted work is ongoing around supporting community teams with patient rehabilitation within the community setting to prevent re-admission. Focused work is also ongoing with teams such as Hospital@Home, to prioritise people in the community who have unmet needs, to ensure support is provided and to prevent admission to hospital.

Following a question from M Mahmood, Non-Executive Member, querying what actions are being taken to reduce the cause of unsuitable housing being the primary reason for a delayed discharge, the Director of Health and Social Care highlighted a weekly verification meeting with all partners, including housing, is held to discuss reasons why patients are delayed, and to agree next steps. Work is also ongoing through the Home First Strategy, which is a preventative model, encompassing a strong engagement from partners within the housing service at Fife Council.

The Director of Finance & Strategy provided an overview of the report, highlighting NHS Fife are reporting a significant overspend of £19.6m at the end of November 2022, with forecasts indicating NHS Fife will close the financial year at £19m overspend, pending all mitigation actions being in place as agreed in the mid-year review report.

The Committee took **assurance** from the paper.

7.2 FINANCIAL IMPROVEMENT AND SUSTAINABILITY PROGRAMME PROGRESS REPORT

The Deputy Director of Finance spoke to the report, advising that a target of £11.7m was set at the beginning of the financial year, and a total of £6m has been delivered as of November 2022, with £2.4m on a recurring basis. A non-delivery risk of £2m has been forecast due to challenges in Procurement savings and reducing Supplementary staffing.

The Chair highlighted concern regarding the limited recurring savings being made, noting the next year and subsequent years to follow will be harder to achieve recurring savings.

The Medical Director queried what changes can be made to reduce the use of paper within NHS Fife, especially due to the increase in paper costs by 35%. The Director of Finance & Strategy highlighted new business cases should incorporate the potential savings of going paperless.

The Committee took **assurance** from the Report.

7.3 FIFE CAPITAL INVESTMENT GROUP REPORT 2022/23

The Deputy Director of Finance provided an overview, noting that at November 2022 a total of £17m had been allocated, with plans in place to ensure the remaining balance is allocated and spent before the end of the financial year.

Following a question from the Chair regarding the position on the Kincardine and Lochgelly Health Centres, the Deputy Director of Finance advised there has been no confirmation regarding the projects' timescale for continuation. The Director of Property & Asset Management noted that Scottish Government are looking for Boards to prioritise capital requests across the whole system and highlighted the Fife Capital Investment Group are holding a workshop on 18 January 2023 to review projects across all systems within NHS Fife.

The Committee took **assurance** from the Report.

8. FOR ASSURANCE

8.1 Delivery of Annual Workplan 2022/23

The Director of Finance & Strategy noted the 'FPR Development Session 2' should be moved to March 2023, once a date has been confirmed.

Action: Director of Finance and Strategy / Committee Secretary

The Committee **approved** the tracked workplan, pending the changes noted above.

8.2 Proposed Annual Workplan 2023/24

The Committee **approved** the proposed workplan.

9. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

9.1   Fife Capital Investment Group held on 7 December 2022 (unconfirmed)

9.2   IJB Finance, Performance & Scrutiny Committee held on 11 November 2022 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

The Committee agreed the IPQR Finance Performance should be escalated to the Board, pending an update to the wording as detailed in this minute.

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

There were no issues to escalate to the Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 14 March 2023 at 9.30am via MS Teams.

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON WEDNESDAY 11 JANUARY 2023 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Member (Vice Chair)
Mansoor Mahmood, Non-Executive Member
Arlene Wood, Non-Executive Member
Carol Potter, Chief Executive
Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
Janette Owens, Director of Nursing
Joy Tomlinson, Director of Public Health

In Attendance:
Nicky Connor, Director of Health & Social Care
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Pharmacy & Medicines
Emma O'Keefe, Consultant in Dental Public Health *(item 7.1 & 7.2 only)*
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a warm welcome to Ben Hannan, who has now joined the Committee as a regular attendee.

The Chair thanked everyone throughout the whole organisation, noting that we are living through exceptional circumstances, and the hard work that is being carried out to provide the best healthcare during this time of extremely heavy demand is recognised.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. **Apologies for Absence**

    Apologies were received from members Tricia Marwick (Chair) and Wilma Brown (Employee Director).

2. **Declaration of Members' Interests**

    There was no declaration of members' interests.

3. **Minutes of Previous Meeting held on Monday 7 November 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.

5   GOVERNANCE MATTERS

5.1   Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health advised that four risks have been identified from the Corporate Risk Register that are aligned to the Public Health & Wellbeing Committee. It was highlighted that the overall risk levels for 'Health Inequalities' and 'Primary Care Services' are high and both of those are relatively new risks added to the Corporate Risk Register.

It was reported that a focus of the Health Inequalities risk is to ensure that NHS Fife actions in relation to Health Inequalities are in place and that these will be embedded within the new Population Health & Wellbeing Strategy. A deep dive on this risk will be provided at the March 2023 Committee meeting. It was reported that there are emerging governance structures in relation to the Primary Care Services risk, and a deep dive will be provided at the May 2023 Committee meeting.

A Wood, Non-Executive Member, sought clarification around the Health Inequalities risk and queried how the risk connects to the work that is being carried out across all localities, and how the interventions and mitigations also connect. The Director of Public Health advised that the scheduled deep dive would provide more detail in this area, noting that discussions are ongoing in relation to mitigations and the actions that are required to be taken The Director of Health & Social Care noted that there are groups now working in each of the localities and are linking in with Public Health colleagues for a joined-up approach.

The Committee **agreed** the scheduling of Deep Dive reviews as follows:

- Health Inequalities corporate risk on 1 March 2023
- Primary Care Services corporate risk on 15 May 2023

6   STRATEGY / PLANNING

6.1   Population Health & Wellbeing Strategy

The Director of Finance & Strategy reported that a first draft of the strategy document will be presented to the Portfolio Board at their meeting on 12 January 2023. The content of the strategy document has been prepared with input from all the Directors, who have been working on developing and drafting the strategy within their own areas. Further work will take place and the strategy document will be brought to the March 2023 Board Committee meetings.

The Director of Finance & Strategy noted that there is a focussed section within the strategy document around Health & Inequalities, and the various roles within NHS Fife that are working towards reducing this. The document also sets out our ambition to be an Anchor Institution.

The Committee took **assurance** on the progress of the strategy through the contents of this report.

6.2 Anchor Institution Programme Board Update

The Director of Public Health provided an overview of the paper which describes youth employment and employability, and the Community Benefit Gateway portal. The themes set out by the Health Foundation were outlined, and the new and additional opportunities for engagement was highlighted. The Director of Public Health noted that a detailed three-year outline is provided in appendix 1 and lists specific future actions.

A Wood, Non-Executive Member, queried the timeline within appendix 1, and noted it would be helpful to have sight of the intended outcomes that have been achieved. The Director of Public Health agreed to seek clarity.

Action: Director of Public Health

The Chief Executive reported that planned employability, youth employment & apprenticeship activities are a priority, and that further discussions will take place through this Committee and the Staff Governance Committee. The Chief Executive also noted that these areas will feature as a significant part of our corporate objectives in their next iteration.

The Director of Public Health reported that the Community Benefit Gateway portal is a national initiative that matches community groups and voluntary sector organisational needs with NHS suppliers for required resources. It was reported that there is joint activity in the development work between NHS Fife and Fife Council, and it was noted that there is no cost to NHS Fife. Following a question from the Vice Chair, it was advised that there are currently no local examples of the Community Benefit Gateway portal, however, the national examples are being used to develop the approach.

It was advised that an operational group of the Anchor Institution Programme Board will be meeting and setting out ambitions for the priority areas over the coming year, and that this detail will be included in the next update to the Committee.

The Committee took **assurance** on progress and ambitions of the Anchor Institutions Programme Board.

6.3 Fife Mental Health Strategy – Progress Report

The Director of Health & Social Care provided an update, as detailed in the paper, and advised that the Mental Health Strategy contains the ambition to develop and improve our services across seven areas of commitment. The summary of the funded key areas and strategic commitments were outlined, along with an overview of the risks.

The Director of Health & Social Care advised that the refresh of the Mental Health Strategy in Fife will underpin the Health & Social Care Partnership Strategic Plan and will also connect into the Population Health & Wellbeing Strategy. The refresh will be based on the National Mental Health Strategy, which is expected to be received this month. Following a question from A Wood, Non-Executive Member, it was advised that performance and outcomes monitoring aligned to any new indicators within the national strategy will be enhanced. This will also link into performance reporting.

The Director of Health & Social Care highlighted that there is strong engagement from people with lived experience, which is also informing the Mental Health Strategy, and that this will continue throughout the development of our strategy work.

Following a question from A Wood, Non-Executive Member, assurance was provided that the funded services are connected to wider services to support pathways.

The Vice Chair highlighted the financial and recruitment challenges and questioned whether this would pose a risk for the strategy. The Director of Health & Social Care advised that workforce and the change in financial climate will be included in the Mental Health Strategy refresh as a risk. It was also advised that the extent of the risk is not yet fully understood for mental health, until the national strategy is released. The Director of Finance & Strategy noted that there will be varying levels of risk associated with revenue and capital required to support the delivery of the new Mental Health Strategy.

The Committee took **assurance** from the progress report.

6.4   Primary Care Update

The Medical Director provided an overview on the paper and advised that it sets out the work undertaken on Primary Care, noting that Primary Care is a combination of NHS Fife services and four independent contracted providers, who meet through the newly convened Primary Care Governance & Strategic Oversight Group. The Medical Director outlined the extent of the challenges, which will be an important area of work going forward.

A Wood, Non-Executive Member, queried the sustainability of General Practice and the challenges with supporting the wider areas of Primary Care. The Medical Director explained that the landscape for General Practitioners has changed, and that there is a renewed relationship between contractors and NHS Fife, which provides a better opportunity for oversight. The Medical Director provided assurance that oversight across the whole system is much more robust. In terms of General Practitioners, the Medical Director reported that there is renewed engagement from General Practitioners, system support and the NHS Fife Board around sustainability. It was noted discussions are taking place regularly internally on day-to-day issues and longer term a strategy is in development. Assurance was provided there will be more transparency and opportunity, with it being noted that more work is still required.

Following a question from the Vice Chair on risks to Dental Practices, the Medical Director advised that due to Dental Practices having a private service, they have a choice on whether to contract NHS patients and that this is a greater risk compared to General Practitioners. The Director of Public Health noted that our Corporate Risk Register Deep Dive on Primary Care Services will provide a good opportunity to discuss mitigations that have been put in place through the various layers of governance.

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

7   QUALITY / PERFORMANCE

7.1   Integrated Performance & Quality Report (IPQR)

The Director of Health & Social Care reported on smoking cessation and advised that there is a time lag with the data provided in the report. The challenges and opportunities were outlined, and assurance was provided that the challenges are being worked through.

An overview on the Child & Adolescent Mental Health Services (CAHMS) was provided, noting that performance has improved. A lot of work has been carried out and staff are being proactive in addressing the challenges. It is expected the target will be met by March 2023, and this is being closely monitored in terms of staffing and demand on service.

In relation to Psychological Therapies (PT), it was reported that there have been challenges with performance, which has been due to demand on the service and recruitment of staff. It was noted actions that are being undertaken are included within the report, and that it is anticipated the target will be delayed due to pressure on services.

A Public Health & Wellbeing Committee Development Session is being arranged to discuss PT and CAHMS in more depth.

It was reported that the target was achieved by November 2022 for Covid vaccinations and Seasonal Flu vaccinations. Work continues to support and promote these vaccinations, including for staff, and to make these vaccinations accessible for people across all our services.

The Director of Public Health provided an update on the narrative within the report for immunisation, noting that, due to timings, this has since been updated. It was reported that there is a small reduction in uptake for NHS Fife, which is slightly below target. It was advised that the aim going forward is to ensure that the target is consistently achieved above target, and that we improve our ranking within the other mainland Health Boards. It was reported a Quality Improvement Group was formed in September 2022, who are carrying out an evidenced-based review and looking at quality improvement actions. Similarly, for MMR2, uptake has fallen slightly, and the aim is to achieve the target consistently and the Quality Improvement Group will work towards a detailed project plan.

It was highlighted that seasonal flu levels within the report are noted as moderate, and since the time of writing the report, this has been updated to extraordinary levels.

A Wood, Non-Executive Member, questioned if the current performance levels have returned to pre-Covid levels, and if we are close to meeting this level over the short term. The Director of Public Health advised that more detail will be included in the next iteration of the IPQR.

Action: Director of Health & Social Care/Director of Public Health

The Committee discussed, examined and considered the NHS Fife performance as summarised in the IPQR, and took **assurance** from the report.

7.2 Dental Services & Oral Health Improvement

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E O'Keefe, Consultant in Dental Public Health, joined the meeting to present on Dental Services & Oral Health Improvement. She highlighted the successes detailed in the paper, noting that Fife is not an outlier in terms of pressures on the system. Assurance was provided that the Consultant in Dental Public Health regularly links in with the Chief Dental Officer at the Scottish Government and other Directors in dentistry to look at overcoming some of the issues.

The current situation was outlined, and it was advised that there is a backlog following the pandemic and issues with recruitment and workforce for both dentists and the wider dental team.

In terms of governance and risk mitigation, the Consultant in Dental Public Health provided assurance that due process is being followed within the limited resources that are available.

It was highlighted that dental services also contribute to general health and wellbeing and noted that dental disease is highly preventable. An overview was provided on the oral health improvement programmes, and areas of remobilisation. In terms of promoting oral health improvement, it was noted the challenges are around access and that a number of complaints have been received around this.

Assurance was provided that a lot of hard work continues on oral health improvement and to deliver high quality and efficient dentistry.

Following a question from A Wood, Non-Executive Member, the Consultant in Dental Public Health explained the dental body corporate model, how this works and accountability structures.

A Wood, Non-Executive Member, also questioned the Covid-19 incidents associated with dentistry and queried the definition of the incident themes. It was advised that an increase in Covid levels within Dental Practices increased with the spread of Covid. It was also noted that NHS Fife supported Dental Practices to ensure they were operating safely, with patient wellbeing at the forefront.

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

7.3 Medication Assisted Treatment Standards Progress Report

The Director of Health & Social Care reported that there is a concerning challenge across Scotland in relation to drug & alcohol related deaths. The Fife Alcohol and Drug Partnership (FADP), which includes a number of agencies and those with lived experience, are addressing the National Mission on Drugs plan set out by the Scottish Government. It was advised that a focus for the FADP is on the Medication Assisted Treatment (MAT) Standards for the improvement in care.

The ten simple standards were highlighted, and it was advised that they are intended to be understood by those who access drug and alcohol services. It was noted the current particular focus is on standards 1 – 5. For standards 6 – 10, national funding has not been received yet, and April 2025 is the target date for those standards.

It was reported a new Steering Group will be formed to take forward the work in relation to Medication Assisted Treatment, and that this will also link into the wider work of primary care.

An Annual Report from the Alcohol and Drugs Partnership, including Medical Assisted Treatment will be brought back to the Committee in due course.

The Director of Public Health and Director of Pharmacy & Medicines, and their teams, were thanked for all their support.

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

7.4 High Risk Pain Medicines (HRPM) Patient Safety Programme – Year One Update

The Director of Pharmacy & Medicines provided an overview on the programme, as detailed in the paper. It was highlighted that high risk pain medicines are a complex issue, and it is important to ensure that work is carried out fully for any interventions. It was advised that monthly scrutiny is carried out through the Executive Directors' Portfolio Board, who receive the detail on delivery against the plans.

Assurance was provided that a first stage Equality & Diversity Impact Assessment (EQIA) has been published and close working is being carried out between NHS Fife teams and the Health & Social Care Partnership to ensure that the patient voice forms part of this programme. The EQIA stage two submission is scheduled to be completed by the end of January 2023.

Following a question from the Director of Public Health on over-the-counter purchasing, the Director of Pharmacy & Medicines advised that these medicines have a limited therapeutic benefit in the doses that are given, however they still contribute to problems with addiction. The Director of Pharmacy & Medicines advised that he meets with the General Pharmaceutical Council on a quarterly basis, who regulate and inspect Community Pharmacies in Fife, and any areas of concern would be raised through this group. It was noted that over-the-counter purchasing is decreasing, which is due to Community Pharmacies who are now the first port of call, and that this will form part of the evaluation of data.

The Committee took **assurance** from the Year One delivery of the HRPM Patient Safety Programme.

8 INEQUALITIES

8.1 Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021-2025

The Director of Nursing spoke to the report and highlighted the progress made towards each of the specified equality outcomes. It was advised that the NHS Fife Equalities and Human Rights Lead will attend a future Board Development Session on improving and embedding knowledge & skills through learning, mentoring and leadership.

It was noted the format of the report will be revised before being published.

Following a question from M Mahmood, Non-Executive Member, it was advised feedback from international recruits has been positive, and the Spiritual Care Team have been providing pastoral support to help these new staff settle in.

A Wood, Non-Executive Member, queried progress on the key pieces of data detailed in section 4 of the report. The Director of Nursing advised that there will be various committees and groups who will take this forward, and the Equality & Human Rights Strategy Group will support in the collation of data. It was noted that the final report is scheduled to be published in two years' time, and that further work will be carried out on the detail which will be included.

The Committee:
- took **assurance** that the report details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years;
- **considered** the contents of the report; and
- **agreed** to publish the Interim Report by 31 March 2023

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

9.2 Proposed Annual Workplan 2023/2024

The Director of Public Health welcomed any additions to the proposed workplan for 2023/24 and advised a final version will be brought back to the Committee at the March 2023 meeting for final approval.

The Committee:
- **considered** and **approved** the proposed workplan for 2023/2024; and
- **approved** the approach to ensure that the workplan remains current

10. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

10.1 Fife Partnership Board held on 8 November 2022 (unconfirmed)
10.2 Portfolio Board held on 15 September 2022 (confirmed) & 13 October 2022 (unconfirmed)
10.3 Public Health Assurance Committee held on 7 December 2022 (unconfirmed)

A Wood, Non-Executive Member, queried the Cost of Living Report, which was highlighted from the Fife Partnership Board minutes. The Director of Public Health explained that a programme of work in the Tackling Poverty Crisis Board are looking at opportunities in relation to available resources and where the focus should sit. It was reported at the last meeting that a discussion took place to raise awareness with all partner organisations to ensure that we are considering what we could do to amplify and ensure as many people as possible can be reached through the various initiatives to address the cost of living crisis.

11.   ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

11.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

12.   ANY OTHER BUSINESS

There was no other business.

13.   DATE OF NEXT MEETING

Wednesday 1 March 2023 at 10am via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 12 JANUARY 2023 AT 10.00 AM VIA MS TEAMS

Present:
Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Alistair Morris, Non-Executive Member
Wilma Brown, Employee Director
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Janette Owens, Director of Nursing
Carol Potter, Chief Executive

In attendance:
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance *(item 6.1 only)*
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property and Asset Management
Margo McGurk, Director of Finance & Strategy *(part)*
David Miller, Director of Workforce
Sandra Raynor, Head of Workforce Resourcing & Relations
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A warm welcome was extended to David Miller, joining NHS Fife as the new Director of Workforce, who is attending his first Staff Governance Committee meeting.

In addition, the Chair acknowledged the on-going significant service pressures affecting colleagues and thanked them for their ongoing efforts during what continues to be a very challenging time.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the Minutes.

1. **Apologies for Absence**

Apologies for absence were received from Andrew Verrecchia (Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum).

2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

3. **Minutes of the last Meeting held on Thursday 10 November 2022**

The minutes of the meeting of Thursday 10 November 2022 were **agreed** as an accurate record.

4. **Matters Arising / Action List**

The Committee **noted** the updates and the closed items on the Action List.

5.1 **Corporate Risks Aligned to Staff Governance Committee**

The Director of Workforce advised that Staff Experience & Wellbeing is the main risk aligned to the Staff Governance Committee and that a review of work in this area is scheduled to be carried out.

Following a query from S Fevre, Co-Chair, Health & Social Care LPF, the Director of Nursing clarified that the Practitioner role mentioned under the deep-dive section of the paper refers to the Band 4 Assistant Practitioner roles, and not the Advanced Practitioner roles.

W Brown, Employee Director, highlighted that improving staff experience and wellbeing is the responsibility of the whole organisation and not solely Staff Governance Committee and the Workforce Directorate. The Director of Workforce agreed, noting that a balance is required. He also noted that we need to attract and retain people within NHS Fife, and discussion took place on how this could be achieved locally.   Examples included continuing conversations with clinicians alongside their day-to-day work, going out to schools to promote nursing & midwifery as careers, and encouraging retired nurses to return on a part-time basis. The Chief Executive added that supporting local employment and attracting local people into the workplace, as per our Anchor Institution ambitions, will sit high within our 2023/24 corporate objectives.

The Committee took **assurance** from the report and:

- **Noted** the Corporate Risks as at 5 January 2023 set out at Appendix 1;
- **Reviewed** the updates provided and **considered** the Assurance Principles set out at Appendix 2; and
- **Considered** and were **assured** of the mitigating actions to improve the risk level.

5.1.1 Deep Dive – Workforce Planning - Nursing and Midwifery Staffing Levels

The Director of Nursing reported that there is a continuing risk that safe nursing and midwifery staffing levels cannot be achieved, which is similar to other Health Boards across Scotland. The Director of Nursing described the risk, as detailed in the paper, and advised that there are recruitment issues with work underway to try and attract new staff to NHS Fife.

It was reported that there has been a reduction in the number of students applying to study nursing, along with the issues of high attrition rates and those who complete the degree moving to a different career. It was also reported, that due to the pandemic, students training was disrupted, which has also impacted on vacancies.

The Director of Nursing advised that a programme of work commences in February 2023 for 25 Assistant Practitioners from both Acute Services and the Health & Social Care Partnership. The subjects within the Professional Development Award were outlined.

An update was provided on international recruitment, and it was reported that there are 27 nurses and 3 radiographers who are all now registered. It was advised funding is being sought for more international recruits. The Director of Nursing thanked the Workforce Directorate for all their support provided to international recruits.

The Director of Nursing advised that a Band 2 – Band 4 development framework is being created to support the development of our staff, and this will be based on the NHS Education for Scotland (NES) framework, which was recently published.

It was advised that work is ongoing in conjunction with the Nursing Workforce Planning Group around safe staffing and nursing and midwifery recruitment. Discussions are also ongoing around looking closely at supplementary staffing and it was noted work is ongoing at a national level in this area.

The Committee took **assurance** from the content.

5.2   Staff Governance Standard

5.2.1 Improved and Safe Working Environment

The Director of Property & Asset Management advised that work is ongoing to improve and ensure that the physical environment for staff is safe. It was reported that best practice is clearly set out on the Health & Safety Executive's (HSE) website. The current position was described, and it was advised that a Steering Group has been formed, which is multidisciplinary, to identify how to take this issue forward. It was reported the proposal is to use the 'Talking Toolkit – Preventing work-related stress in Health & Social Care in Scotland', which is provided by the HSE, and volunteers have been identified to go out and talk to staff. It was noted that support from the Property & Asset Management Team will be available for the process. The Head of Workforce Planning & Staff Wellbeing added that colleagues from the Health & Social Care Partnership will be involved,

as they are engaging with the University of Hull around stress risk assessment work, and feedback will be collated.

An overview on the Talking Toolkit was provided, and it was advised that this will also feed into a formal risk assessment, where the highest risks will be identified, and mitigations put in place.   It was noted that once the pilot has been complete, areas of the toolkit will be used for other areas of NHS Fife.

W Brown, Employee Director, highlighted the importance of all staff taking breaks, which is included as part of the Talking Toolkit.

S Fevre, Co-Chair, Health & Social Care LPF, queried where the feedback and results from the work of the pilot will be reported, noting it should come back to this Committee at strategic level. He also highlighted the difficulty for staff to find time to have discussions around feedback on the pilot.

The Head of Workforce Planning & Staff Wellbeing expressed thanks to Wendy McConville, Senior Charge Nurse Learning Disabilities Service, for offering to pilot the Talking Toolkit in two areas.

The Committee took **assurance** from the content of the report.

5.2.2 iMatter Report

The Deputy Director of Workforce spoke to the report and advised that it covers all areas of the Staff Governance Standards, with a particular focus around well-informed and decision-making categories. It was noted that there had been some concern from Boards on the timescale for the 2022 survey, which had been due to a national aim to have the full report released before the end of the calendar year, to help inform the work of the next cycle of iMatter and conclusion of activities.   The national report was released in November 2022, and it was highlighted that Fife's performance was not an outlier and is aligned to the national average. A brief overview was provided on the results, with the trends apparent in Fife.

It was reported that a deep dive was carried out at the Area Partnership Forum (APF) in September 2022 on the content of the report and actions arising.

S Fevre, Co-Chair, Health & Social Care LPF, noted it would be beneficial to carry out further questionnaires throughout the year with different questions that reflect what individuals are thinking.

W Brown, Employee Director, highlighted the importance of staff having sight of and involvement in the action plans (or a simplified version), noting that there should be more focus in this area as part of the process. It was noted this may also encourage more positive good news stories.

Members queried the definition and meaning of appendix 3 and were advised that it demonstrates the threads that run through national themes.

C Grieve, Non-Executive Member, questioned how the outcomes of the iMatter survey will be mapped against the outcomes of the Talking Toolkit to identify where there are similarities. It was confirmed this will be taken forward.

A Morris, Non-Executive Member, noted electronic surveys have a limited value and suggested having a matrix of intelligence of staff feedback.

The Chief Executive advised that conversations are in the early stages around engagement with staff and building on the Talking Toolkit, and she noted that NHS Fife is committed to moving this forward.

The Committee **noted** the update on iMatter Comparative National results, which will inform plans for work being undertaken in relation to staff experience.

6.   STRATEGY / PLANNING

6.1   Population Health and Wellbeing Strategy

The Associate Director of Planning & Performance provided a verbal update and reported that a first draft of the strategy document will be presented to the Portfolio Board at their meeting on 12 January 2023. The content of the strategy document has been prepared and influenced by all the Directors, who have been working on developing and drafting the strategy within their own areas. Further work will take place and the strategy document will be brought to the March 2023 Board Committee meetings.

The Associate Director of Planning & Performance noted that there is a focussed section within the strategy document around workforce and it details the ambitions which set out the five pillars of the workforce strategy.

It was reported that significant progress has been made in concluding the engagement work, with the final report on the feedback of the focus groups and one-to-one interviews awaited from the external company. It was noted the quality of information will be informative for the strategy.

The Committee **noted** the updated and the ongoing activity to develop the Strategy.

7.   QUALITY / PERFORMANCE

7.1   Integrated Performance & Quality Report

The Director of Workforce provided an overview on sickness absence and noted that resources will be used in the most meaningful way to support improving sickness absence. It was also noted that Occupational Health provides a great offering, however the focus going forward will be on what benefits staff the most from the service. The Director of Workforce added that the presentation of sickness absence will be reviewed and will allow the Committee to scrutinise actions being taken against projections. Members welcomed the review of the sickness absence performance report. It was highlighted it would be beneficial to identify areas of high absence, and the factors, and the Director of Workforce replied that he was fully supportive of understanding this in more detail.

A Morris, Non-Executive Member, suggested measuring absence against vacancies, noting it is critical that these roles are filled for service and staff benefit.

S Fevre, Co-Chair, Health & Social Care LPF, requested clarity on Covid-19 related absence impacting sickness absence rates. The Director of Workforce agreed to provide an explanation outwith the meeting.

Action: Director of Workforce

C Grieve, Non-Executive Member, suggested a discussion around visible leadership in terms of improving the compliance rate for the personal development and performance reviews (PDPR).

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

8. PROJECTS / PROGRAMMES

8.1 Workforce Implications of Memorandum of Understanding (MoU2) Implementation – General Medical Services Contract

The Director of Health & Social Care advised that this item is part of a regular series of reporting to the Committee and has been recognised as a risk.

It was advised that the report provides detail on the three services for transitioning, which are a focus. It was noted the Vaccination Transformation Programme was completed within the projected timeframe. It was reported that the Community Treatment and Care service is an ongoing risk in terms of Band 5 recruitment, and the potential impact on the wider system is recognised. In terms of Pharmacotherapy, it was noted that this was an area agreed to be focussed on nationally. It was advised that this has been a challenge and is influenced by a number of reasons, including describing the model on a national basis, and a risk in terms of recruiting Pharmacists. It was noted that work continues for the other workstreams, as detailed in the paper.

The ongoing risks in relation to finance and workforce were highlighted, and it was noted that a lot of work is currently underway for the Primary Care Strategy. Work is also being carried out in terms of governance and refreshing improvement plans.

A Morris, Non-Executive Member, questioned if the General Medical Services Memorandum of Understanding is deliverable due to the funding gap and if we should accept that this will not be delivered to its full extent. The Director of Health & Social Care noted the significant challenges and advised that NHS Fife is doing everything possible to support Primary Care colleagues and General Practices, whilst also strongly escalating local concerns.

S Fevre, Co-Chair, Health & Social Care LPF, raised concerns over the requirement of additional staff, particularly with specialist skills, in terms of recruiting and funding. A Morris, Non-Executive Member, queried the reason and growth for fixed-term contracts. It was advised that this was due to short-term funding, and that an analysis is being carried out through the General Medical

Services Implementation Group and Workforce Subgroups, who support that activity, to identify opportunities.

The Committee **noted** the progression and challenges in respect of recruitment of the GP workforce. The Committee took **assurance** regarding the on-going identification and mitigation of the associated workforce and financial risks to support progression.

9. ANNUAL REPORTS

9.1 Training Compliance Report 2021/2022

The Deputy Director of Workforce advised that the overall training compliance rate has declined, which has impacted our ability to maintain the level of required compliance. It was noted that a commitment to improving the compliance rate will be prioritised, to support effective training and maximise the ability for staff to attend and engage effectively in the required training. An overview was provided on the work that is ongoing in the development of our training system and with our training providers.

S Fevre, Co-Chair, Health & Social Care LPF, questioned where performance and the impact of actions taken will be monitored at an operational level. He also suggested prioritising some elements of training.

W Brown, Employee Director, highlighted the corporate risk around the compliance rate, in terms of potential risks to patient and staff safety, noting that mandatory training for staff within wards can also impact on their registration and put pressure on other staff. W Brown noted an improvement action plan is required, with timelines, that would also provide appropriate assurance of progress in this area.

The Director of Acute Services advised that staff performance around training levels is considered at each Acute Directorate monthly review. It was noted that different ways of providing training is being explored and is very challenging, and that action is required to be taken to improve training compliance. The Director of Health & Social Care provided assurance that this is being discussed, closely monitored and supported by an improvement plan within the Health & Social Care Partnership through a range of forums, including the Health & Safety Forum and Senior Leadership Team.

The Director of Nursing provided assurance with regards to cardiopulmonary resuscitation (CPR) training and advised that the model of training is being revised through the Resuscitation Committee. It is expected the new model will support the increase in uptake of CPR training.

The Chief Executive, as Accountable Officer, provided assurance that there is a commitment to take all the work discussed forward.

It was noted that training performance reporting will form part of the Integrated Performance & Quality Report (IPQR) on a routine basis. It was agreed a further update, through a written report, will be brought back to the next Committee meeting in March 2023.

The Committee **considered** the training position and agreed the proposed actions.

9.2   NHS Fife Workforce Information Overview

The Head of Workforce Planning & Staff Wellbeing provided an overview on the contents of the Workforce Information Overview report. It was noted the report does not yet provide the triangulation discussed earlier in the meeting and it was confirmed that changes to the report will be taken forward on an iterative basis.

It was reported that in terms of employee relations (ER) case activity, operational HR colleagues continue to work with staff side and service representatives to progress cases, albeit recognising the service pressures.

A Morris, Non-Executive Member, highlighted the reliance of bank and agency staff and the associated costs, noting that a long-term ambition is required to reduce this reliance, particularly for agency staff. The Director of Workforce agreed and advised that more work is required to be carried on the establishment gap. The Director of Finance & Strategy noted that a review of bank and agency staff is a priority area, and a focus will be on reducing the numbers. It was also advised that this links into the e-rostering work being carried out and will be reviewed as part of a programme of work.

It was agreed to bring the Workforce Information Overview back to the Committee at the March 2023 meeting for assurance.

Action: Director of Workforce

The Committee took **assurance** from the report, which provides an:

- Overview of the NHS Fife workforce information at 30 September 2022; and
- Summary of the Staff Health and Wellbeing Support activities and statistics for July to October 2022

10.   FOR ASSURANCE

10.1   Annual Workplan 2022/2023

The Deputy Director of Workforce proposed that the workplan is updated to reflect the work carried out in terms of the Staff Governance Standard particularly for Well Informed and Involved in Decisions, noting that extensive work had been carried out as part of the audit compliance. This was agreed and will be included in the 2023/2024 workplan.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the updated workplan.

10.2   Proposed Annual Workplan 2023/2024

The Director of Workforce welcomed suggestions on deep dive topics for 2023/2024.

The Committee took **assurance** from the report and **considered** and **endorsed** the content of the proposed Staff Governance Committee Annual Workplan for 2023/2024, with any further suggestions on content or deep dives to be submitted to the Head of Workforce Planning & Staff Wellbeing by 17 February 2023.

11.   LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

11.1   Area Partnership Forum held on 23 November 2022 (unconfirmed)
11.2   Acute Services Division & Corporate Directorates Local Partnership Forum held on 27 October 2022 (unconfirmed)
11.3   Health and Social Care Partnership Local Partnership Forum held on 21 September 2022 (confirmed)
11.4   Strategic Workforce Planning Group held on 22 November 2022

12.   ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1   To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary, notwithstanding the Committee noting the continuing challenges around managing the Board's sickness absence position.

12.2   Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to escalate to the Board in private session, the training compliance risk.

13.   ANY OTHER BUSINESS

There was no other business.

14.   DATE OF NEXT MEETING

Thursday 9 March 2023 at 10.00 am via MS Teams.

Fife Integrated Performance & Quality Report

Produced in January 2023

Introduction

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

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

a) **Corporate Risk Summary**
   Summarising key Corporate Risks and status.

b) **Indicatory Summary**
   Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.

c) **Projected & Actual Activity**
   Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.

d) **Assessment**
   Summary assessment for indicators of continual focus.

e) **Performance Exception Reports**
   Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

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

Prepared by:

MARGO MCGURK
Director of Finance & Strategy
19 January 2023

SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	**18**	**14**	**4**	**0**	**0**		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

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

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

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

Movement Key

▲ Improved - Risk Decreased

◀▶ No Change

▼ Deteriorated - Risk Increased

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking	
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Nov-22	47	○	▼	▼	●	
	Major/Extreme Adverse Events - % Actions Closed on Time	TBD	Month	Nov-22	42.9%	●	▲	▼	●	
	HSMR	N/A	Year Ending	Jun-22	0.99	●	▲	▲	●	
	Inpatient Falls	6.91	Month	Nov-22	7.37	○	▲	▲	●	
	Inpatient Falls with Harm	1.65	Month	Nov-22	1.68	○	▲	▼	●	
	Pressure Ulcers	0.89	Month	Nov-22	1.05	○	▼	▲	●	
	SAB - HAI/HCAI	18.8	Month	Nov-22	20.1	○	▼	▼	●	QE Jun-22
	C Diff - HAI/HCAI	6.5	Month	Nov-22	10.1	○	▼	▼	●	QE Jun-22
	ECB - HAI/HCAI	33.0	Month	Nov-22	26.8	○	▲	▲	●	QE Jun-22
	S1 Complaints Closed in Month on Time	80%	Month	Nov-22	44.4%	○	▼	▼	●	2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Nov-22	6.7%	○	▲	▼	●	2021/22
	S2 Complaints Opened in Month and Closed On Time	N/A	Month	Nov-22	9.4%	●	▼	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Nov-22	100.0%	●	◄►	◄►	●	
	4-Hour Emergency Access	95%	Month	Dec-22	63.2%	○	▼	▼	●	Nov-22
	Patient TTG % <= 12 Weeks	100%	Month	Nov-22	53.3%	●	▲	▼	●	Sep-22
	New Outpatients % <= 12 Weeks	95%	Month	Nov-22	49.9%	●	▼	▼	●	Sep-22
	Diagnostics % <= 6 Weeks	100%	Month	Nov-22	62.8%	●	▲	▼	●	Sep-22
	18 Weeks RTT	90%	Month	Nov-22	64.8%	●	▼	▼	●	QE Sep-22
	Cancer 31-Day DTT	95%	Month	Nov-22	95.3%	○	▲	▲	●	QE Sep-22
	Cancer 62-Day RTT	95%	Month	Nov-22	79.3%	○	▲	▼	●	QE Sep-22
	Detect Cancer Early	29%	Year Ending	Mar-22	22.2%	●	▼	▼	●	2020, 2021
	Freedom of Information Requests	85%	Month	Nov-22	95.0%	●	▲	▲	●	
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Dec-22	11.5%	●	▲	▲	●	QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Dec-22	5.8%	○	▲	▼	●	QE Jun-22
	Antenatal Access	80%	Month	Sep-22	86.1%	●	▼	▼	●	CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Nov-22	(£19.6m)	●	▼	—	●	
	Capital Resource Limit Performance	£29.3m	Month	Nov-22	£17.8m	●	—	—	●	
Staff Governance	Sickness Absence	4.00%	Month	Nov-22	7.31%	○	▼	▼	●	YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Dec-22	33.3%	●	▼	—	●	
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Aug-22	113	●	—	▼	●	2021/22
	CAMHS Waiting Times	90%	Month	Nov-22	71.6%	○	▼	▲	●	QE Sep-22
	Psychological Therapies Waiting Times	90%	Month	Nov-22	76.1%	○	▲	▼	●	QE Sep-22
	Drugs & Alcohol Waiting Times	90%	Month	Oct-22	97.6%	●	▼	▲	●	QE Sep-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Dec-22	89.3%	●	▲	—	●	
	Flu Vaccination (Age 65+)	80%	Month	Dec-22	87.5%	●	▲	—	●	
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Sep-22	94.4%	○	▼	▼	●	QE Sep-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Sep-22	88.4%	○	▼	▼	●	QE Sep-22

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

SPC Key
- ○ Within control limits
- ○ Special cause variation, out with control limits
- ● No SPC applied

Change Key
- ▲ "Better" than comparator period
- ◄► No Change
- ▼ "Worse" than comparator period
- — Not Applicable

Benchmarking Key
- ● Upper Quartile
- ● Mid Range
- ● Lower Quartile
- ● Not Available

c. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)		Quarter End Jun-22	Quarter End Sep-22	Month End Oct-22	Month End Nov-22	Month End Dec-22	Quarter End Dec-22	Quarter End Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	1,029	1,029	1,029	3,087	3,087
	Actual	2,878	2,996	1,012	1,046	910	2,968	0
	Variance	-158	-57	-17	17	-119	-119	
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	6,400	6,395	6,361	19,156	19,166
	Actual	20,951	21,448	6,709	8,616	6,415	21,740	0
	Variance	2,384	2,642	309	2,221	54	2,584	
Urgent	Actual	10,868	11,377	3,684	4,181	3,415	11,280	0
Routine	Actual	10,083	10,071	3,025	4,435	3,000	10,460	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	497	497	497	1,491	1,491
	Actual	1,550	1,608	595	558	525	1,678	0
	Variance	59	117	98	61	28	187	
Upper Endoscopy	Actual	575	630	227	189	225	641	0
Lower Endoscopy	Actual	182	191	77	71	58	206	0
Colonscopy	Actual	738	742	268	277	224	769	0
Cystoscopy	Actual	55	45	23	21	18	62	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	3,996	3,996	3,996	11,988	11,988
	Actual	13,471	12,936	3,950	4,311	3,614	11,875	0
	Variance	1,483	948	-46	315	-382	-113	
CT Scan	Actual	4,083	3,989	1,140	1,304	1,175	3,619	0
MRI	Actual	2,936	2,923	913	927	814	2,654	0
Non-obstetric Ultrasound	Actual	6,452	6,024	1,897	2,080	1,625	5,602	0

d. Assessment

CLINICAL GOVERNANCE

To improve the quality of health and care services	5	5	-	-	-	◄►	Moderate

		Target	**Current**
Major & Extreme Adverse Events	*TBD% of Action from Major and Extreme Adverse Events to be closed within time*	**70%**	**42.9%**

The eLearning module (TURAS) Managing a Significant or Local Adverse Event review has gone live with bespoke follow up sessions planned for early next year. This is an educational tool to assist staff who may be tasked with being involved in the adverse events review process and is applicable to both clinical and non-clinical events. While the training is not mandatory, uptake will be monitored and feedback on the content is requested on completion of the module. This will be reviewed annually or sooner if an issue is identified.

The number of major and extreme events reported continues to rise slowly; this coupled with the decreasing number of significant and local adverse event reviews being concluded is presenting a challenge that NHS Fife has not faced previously. A 5-year synopsis will be presented at the Clinical Governance Oversight Group in December that describes the challenges and will raise discussion on the best way forward.

A working group, chaired by the Deputy Medical Director has been commissioned at the Clinical Governance Oversight Group to focus on the increasing numbers of cardiac arrests and associated improvement work.

	Target	**Current**
HSMR	**1.00**	**0.99**

Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2022 showing a ratio below the Scottish average.

		Target	**Current**
Inpatient Falls	*Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22*	**6.91**	**7.37**

The number of inpatient falls reduced in November in both ASD and across the Partnership, but the overall rate remained higher than target for March 2023 although significantly better than in November 2021 (8.32). The rate in FY 2022/23 to date is 7.35; for the same period of FY 2021/22, it was 7.66. The vast majority of falls in the last 3 months (96%) were classified as 'Minor Harm' or 'No Harm'.

Work is progressing well with the rapid testing of the updated falls documentation, which should be ready to launch by February. The supervision protocol is currently being tested in a few areas. A meeting will be held with colleagues in late January to progress the falls link practitioner work.

		Target	**Current**
Pressure Ulcers	*Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22*	**0.89**	**1.05**

The rate of pressure ulcers continued to vary in November but was below the 2-year average (1.14) for the 5th successive month. The rate continues to be significantly higher in ASD than in the HSCP.

The cumulative rate in the first 8 months of FY 2022/23 was slightly less than for the same period in FY 2021/22 (1.09 against 1.16) but remains above the target for FY 2022/23.

Fife HSCP have commenced PU LAER meetings to develop recommendations and Learning summaries. Improvement work will start on the quality of learn summaries and their dissemination. These meetings are well attended by community nursing teams and feedback has been positive. The HSCP Clinical Governance team will start to produce a new report on PU data for inpatient services on a monthly basis.

Target for use of data has been challenging to meet in ASD – the work to implement is ongoing but December has been a very difficult month to progress quality improvement initiatives. Focus is on displaying and using pressure ulcer data within clinical area; use of the safety cross has been identified as a method of ensuring staff are aware of and use data.

HIS are reviewing and updating the HIS PU standards, TVN representation is on this group and will continue to provide updates.

		Target	**Current**
SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023*	**18.8**	**20.1**

The SAB infection rate varies from month to month and has been below the March 2023 target in 6 of the 8 months of FY 2022/23 to date, most recently in November. The cause of the majority of infections during that period has been Skin & Soft Tissue (16), VAD (9) and Devices other than VAD (4) although almost half are categorised as 'Other / Not Known'

	Target	Current

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife has the second lowest infection rate (14.9) of all Mainland Health Boards. Fife has been below the Scottish average for 6 successive quarters. This has been achieved by enhanced surveillance and targeted QI work including; standardising vascular access devices (VAD) care and the implementation of ePVC insertion and maintenance bundles.

The IPCT performs the following actions:
- Enhanced surveillance and analysis of SAB data to understand the magnitude of the risks to patients in Fife
- Timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs
- Examination of the impact of interventions targeted at reducing SABs
- Uses results locally for prioritising resources
- Uses data such as the weekly ePVC compliance report to inform clinical practice improvements
- Continues to liaise and support Drug Addiction Services with people who inject drugs (PWID) and SABs
  (Note: 2022 has seen an increase in PWIDs cohort SAB infections, when compared to 2021)

In order to maintain such low rates and to further reduce SABs further the local and national intelligence highlights the following areas for focus; medical devices (including VADs) and non-vascular access medical devices, skin & soft tissue infections (including PWIDs).

		Target	Current
C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023*	**6.5**	**10.1**

The C Diff infection rate varies from month to month but has been above the March 2023 target for much of FY 2022/23. In November, it was also above the 2-year average (8.0). A key improvement aim is the reduction of 'recurrent' infections, and this continues to be a challenge, with 4 of the 36 HAI/HCAI and Community infections in the past year being identified under this category.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife has the lowest infection rate (9.2) of all Mainland Health Boards. Fife has been below the Scottish average for each of the last 7 quarters. This has been achieved with strong antimicrobial stewardship, Consultant Microbiologist establishing optimum antimicrobial therapy for patients at high risk of recurrent CDI, enhanced surveillance and analysis of risk factors.

The challenge is to further reduce the noted low rates of CDI. Work focuses on recurrent CDI - each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high-risk patients. Bezlotoxumab has been used in cases where other modalities have failed.

		Target	Current
ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023*	**33.0**	**26.8**

The ECB infection rate varies from month to month and has been below the March 2023 target in 2 out of 8 months of FY 2022/23 to date, most recently in November. The cumulative rate for the first 8 months of FY2022/23 was 39.1, a 10% reduction compared to the first 8 months of FY 2021/22 (43.6).

Urinary Catheter-related infections have been responsible for 33 of the 125 infections in the last year (26%) and remains a key focus for improvement work.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife (40.2) lay in the mid-range of Mainland Health Boards and has been above the Scottish average for each of the last 4 quarters.

In both hospital-acquired and non-hospital-acquired infections, the renal tract is the major source of infection (with cystitis/lower UTI the major entry point) along with hepato-biliary infections.

To achieve the reduction target, NHS Fife continues to focus on enhanced surveillance, to gain learning, evaluate preventative measures and improve practices. One current initiative within the HSCP includes the Infection Control Surveillance team alerting the patient`s care team Manager by Datix when an ECB is a urinary catheter associated infection and exploring the case via a Complex Care Review (CCR). The aim of the process is to provide further learning from all ECB CAUTIs.

Ongoing work to support best practice in urinary catheter care continues with NHS Fife`s Urinary Catheter Improvement Group (UCIG) targeting quality improvement work. This group aims to minimize urinary catheters, thus helping to prevent catheter associated healthcare infections and trauma and, furthermore, to establish catheter improvement work in Fife.

CAUTI insertion and maintenance bundles were developed and installed onto Patientrack in February 2022 and this is being piloted prior to roll out across the board. This bundle should ensure that the correct processes for the insertion and maintenance of all urinary catheters are adhered to within NHS Fife inpatient wards. Acute services engagement and a HoN lead are required to assist the roll out.

A QI project led by the IPC Care Home Senior IPCN for NHS Fife has introduced CAUTI maintenance bundles within 4 care homes in Fife. The staff are supported with an education package and the aim is to eventually roll it out across all Fife care homes, thus optimising urinary catheter maintenance and reducing the risk of CAUTIS and ECBs.

		Target	Current
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%**	**6.7%**

Performance (against the measure of all complaints closed in the month) improved slightly in November. As any development in processes of handling new complaints would not be demonstrated in this metric, due to closure of any of the backlog of outstanding complaints, an additional metric has been incorporated based on receipt of new complaints and whether they are closed within 20-day response target. The provisional figure for this in November is 9.4%. The number of Stage 2 complaints in received in November was 32 with 30 closed.

The Patient Experience Team (PET) has developed processes to identify where system delays occur within the complaints process. Delays have been identified with receiving statements and final response approval. Initial discussions have taken place with digital and information, and they are currently unable to identify digital solutions to support a shared platform/documents which will help to streamline the complaint process. MS Forms, Teams, SharePoint, and Planner were explored. Issues were identified with providing multiple user access to documents, the sharing of confidential and sensitive information on an insecure shared platform, and an inability for users to save the information and update it at a later stage. There are ongoing inquiries with other health boards exploring their systems and processes.

Preliminary discussions have also taken place to explore a live complaints data dashboard. Data and Screenshots from another health boards dashboard have been sent to digital information, and this will be reviewed along with current static reports from Business Objects reporting software. Further discussions and reviews will take place in January 2023.

Two Band 6 fixed term 6-month Patient Experience Team Officers have been recruited and will commence in February 2023. We are currently recruiting a Band 4 Patient Experience Administrator to focus on the administration and navigation of complaints. We continue to work with services and review new ways of working.

Increased clinical pressures continue to impact performance. At the end of December, 49% of all live complaints were awaiting statements, and 39% were awaiting final approval. The number of live complaints has reduced from 156 to 141 in the past quarter despite 89 new complaints being submitted during that period.

OPERATIONAL PERFORMANCE

	To improve the quality of health and care services	5	5	-	-	-	◄►	Moderate

		Target	Current
4-Hour Emergency Access	*95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**63.2%**

Monthly performance fell significantly in December and is now below the recovery trajectory target set with the Scottish Government. In ED only, monthly performance also fell. The Scottish average for ED in November was 64.1%.

In December, there were 923 8-hour breaches, 375 of which breached 12 hours. This compares to 615 and 168, respectively, in November. The vast majority of breaches (75% in December) continued to be due to waits for a bed or first assessment.

Unplanned attendance at ED in the first 9 months of the FY was 9% higher than in the equivalent period of FY 2021/22 and was 8.5% more if all MIUs are included.

Improvement work continues with use of the Rapid Triage Unit and parallel tests of change adopting a push model from front door areas to wards to improve flow throughout the day.

The high number of daily attendances was sustained throughout the month and over the festive period. OPEL continues to be a significant tool for site management and a review of whole site capacity and flow is being undertaken through MDT workshops with focus on the emergency access target and patient safety.

		Target	Current
Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**53.3%**

Monthly performance improved in November to its highest level since June, although still 12% lower than a year ago. NHS Fife continues to be top quartile of Mainland Health Boards, as at the most recent publication in November (for the period up to the end of September), where performance was 51.1% against the Scottish average of 31.2%.

Actual activity in the first 8 months of the FY is marginally less than forecast, but the Waiting List has increased in each of the last 18 months and is more than 50% higher than in November 2021.

It has not been possible to undertake any additional activity to deliver the long waiting targets given the level of funding received, and core inpatient surgery capacity continues to be restricted at Victoria Hospital due to sustained pressures in unscheduled care, staff absence and vacancies. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH.

As waiting times increase there are proportionally more patients being referred and assessed as urgent which is leading to increasing waits for routine patients particularly those who are complex and/or require an inpatient bed.

Revised trajectories have been submitted to the SG showing that the 2-year target will not be sustained by March 2023 for General Surgery, Orthopaedics and Gynaecology, that progress against the 18 months target will deteriorate and concerningly that there will be increasing numbers of patients waiting over a year for Orthopaedics, Urology and General Surgery.

Every effort will be made to maximise the use of capacity, particularly for day case activity at QMH, and to validate the waiting lists. If additional funding becomes available from SG this will be prioritised for long waiting routine patients where possible.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**49.9%**

Monthly performance has continued to fall steadily and is around 7% lower than it was a year ago. NHS Fife is in the mid-range of Mainland Health Boards, as at the most recent publication in November (for the period up to the end of September), where performance was 50.5% against the Scottish average of 46.3%.

Actual activity in the first 8 months of the FY (including DNAs) is 15% higher than forecast but the Waiting List is now 28% higher than it was a year ago although it did fall in November.

It has not been possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding received and continued pressures in unscheduled care, staff absence and vacancies. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 18 months and 2 years.

As waiting times increase there are proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients.

Revised trajectories have been submitted to the SG showing that the 2-year target will be sustained by March 2023 for most specialities apart from Vascular Surgery and that the 18-month and 1-year target will not be met by December 2022 and March 2023 for Cardiology, Gastroenterology, Endocrinology, Neurology, Haematology, Vascular, General Surgery, Urology, Gynaecology and Medical Paediatrics.

Every effort will be made to maximise the use of capacity and validate the waiting lists. If additional funding becomes available from SG this will be prioritised for long waiting routine patients where possible.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**62.8%**

Monthly performance is around 5% lower than it was at the equivalent time in FY 2021/22. In comparison to other Mainland Health Boards, NHS Fife remains in the mid-section as at the most recent publication in November (for the period up to the end of September), where performance was 64.7% against the Scottish average of 47.9%.

Despite achieving 8% greater activity than planned in the first 8 months of FY 2022/23 (this figure including DNAs), the combined Waiting List for Endoscopy and Radiology is 8% higher than it was a year ago (Endoscopy 18% higher and Radiology 7% higher). It should be noted, however, that the Waiting List for Endoscopy has fallen in each of the last 7 months.

In endoscopy it has not been possible to undertake any additional activity this year to reduce the backlog as no additional funding was received. There has been a reduction in long waits as efforts are made to contact patients and clinical validation of the waiting list progresses. There continue to be challenges in maintaining core activity due to unscheduled care and staffing pressures. It is likely that the number of patients waiting over 6 weeks will rise over the next 6 months although if additional funding is made available this position may improve.

In Radiology additional activity was undertaken in Q1 and Q2 of this year particularly in CT and MRI which enabled a reduction in long waits for specialist CT scans and significant reduction in those waiting over 6 weeks. The majority of patients waiting over 6 weeks continue to be in ultrasound where there are particular challenges in capacity due to vacancies and staff absence.

Given the reduced level of funding available in Q3 and Q4, the increase in the proportion of urgent referrals and the continued increase in demand for inpatient scans it will not be possible to sustain performance and the numbers waiting over 6 weeks will begin to rise for all modalities over the next 3 months.

There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care.

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%**	**79.3%**

Performance improved in November after two successive poor months, with the number of patients starting treatment also increasing. The majority of breaches continued to be in the Urology (Prostate) specialty, 12 last month and 23 in the last 3 months.

The number of patients starting treatment in the first 8 months of the FY was 3% higher than in the same 8 months of FY 2021/22 (602 against 587).

Performance improved for November. Referrals continue to exceed pre pandemic numbers however we continue to appoint many within 14 days of referral. Prostate remained our most challenged pathway where delays, leading to breaches are across almost all steps, with the exception of MRI. Breaches for breast and haematology were attributed to a delay to surgery and delay due to capacity issues with US guided biopsies. The range of breaches was 2 to 125 days (average 36 days (previous month 58 days)). We anticipate breaches will be seen across most tumour groups for December.

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce*	**5%**	**5.8%**

The % of bed lost to 'standard' delays in December was the lowest since January 2022, significantly below the 2-year average of 7.8% and also less than it was in December 2021. Actual patient numbers were, however, more than a year ago (52 against 43).
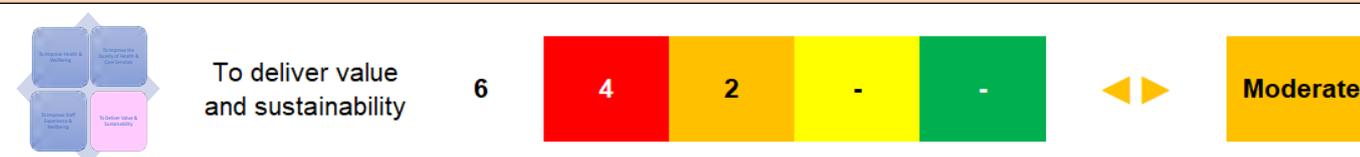
Looking at 'Code 9' delays, the number of patients in delay was more than double what it was a year ago (55 against 25).

NHS Fife has been in the mid-range of Mainland Health Boards for bed days lost for both 'standard' and 'Code 9' delays in each of the last 3 quarters, covering October 2021 to June 2022.

The Front Door team is focusing on redirecting patients to prevent admission to the VHK, while PDD is being rolled out to ensure that patients leave hospital on their planned day of discharge. There is also focused work being undertaken to look at guardianship processes in Fife.

Measures to effectively mitigate against proposed winter pressure are progressing following the Grand Round.

FINANCE

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

		Forecast	**Current**
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£10.4m)**	**(£19.6m)**

The Health Board retained position at the end of November is an overspend of £19.6m. This overspend comprises:

- £8.865m core overspend (includes £3.214m overspend relating to acute set aside services)
- £6.939m of the financial gap identified in the board's approved financial plan
- £3.758m unfunded Covid surge and associated costs

The core overspend reflects the significant and ongoing service pressures across acute unscheduled care services, a reduction in planned care funding and an increasing cost pressure within external care commissioning. The forecast year-end position is now significantly beyond the approved financial plan and there is a high level of risk in relation to the delivery of our full savings target programme for the year.

Health Delegated Services report an underspend at the end of November 2022 of £3.827m including fully funded Covid costs of £6.982m.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorate*	**£29.3m**	**£17.8m**

The overall anticipated capital budget for 2022/23 is £29.282m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to November records spend of £17.831m. Therefore, 61% of the anticipated total capital allocation has been spent to month 8.

STAFF GOVERNANCE

		Target	Current

To improve staff experience and wellbeing 2 | 2 | - | - | - | Moderate

		Target	**Current**
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**4.00%**	**7.31%**

The sickness absence rate in November increased by 0.91% compared to October. COVID-19 related absence, with the exception of the infection control period, is now included within the sickness absence figures.

Increases were reported across all main Divisions and Directorates, with Emergency Care reporting a figure above 10% (ASD overall was just under 8%).

The sickness absence rate within the Health & Social Care Partnership continued to be lower than within Acute Service Division where the Emergency Care and Planned Care Directorates have trended upwards since the start of FY 2022/23.

The national picture (from monthly management information) is the same across all mainland Health Boards. NHS Fife had the 4th highest absence rate of all Mainland Health Boards for the 12-month period from November 2021 October 2022.

The Attendance Management Operational Group meets regularly to consider and implement preventative measures relating to sickness absence including, for example, promotion of 'how are you?' built into the beginning of 1-1 discussions and encouraging walking 1-1 meetings. An Attendance Management balance scorecard is being developed by the group for use by managers.

To complement the NHS Workforce Policies and the TURAS attendance training module, our more detailed local Attendance Management training has been revised to incorporate a focus on managing and supporting staff experiencing mental health issues and understanding attendance triggers and setting targets. It is anticipated that this will improve managers' confidence in dealing with these common issues. Promoting Attendance Review and Improvement panels are in place across NHS Fife reviewing hot spots and complex cases.

Despite a wide range of health and wellbeing supports available to staff, there continue to be unprecedented workforce pressures as the NHS recovers from the pandemic and this, along with the related personal pressures due to COVID-19, is impacting on staff resilience and wellbeing. The current cost of living crisis may also result in additional stressors to some staff and a financial wellbeing guide has been developed alongside the promotion of Moneyhelper.org and Boost your Income, with a financial wellbeing section added to StaffLink. The Live Positive Stress Toolkit has been updated and will be promoted across NHS Fife.

Sickness absence trends remain elevated with mental health as one of the main reasons for OH referral. A number of services are available to staff including confidential, independent counselling, OH Mental Health Nurse support, Psychology and self-guided resources and toolkits, supplemented by a number of wellbeing activities throughout the organisation. The Staff Health & Wellbeing Framework for 2022 to 2025 has just been published and the NHS Fife Live Positive Stress Toolkit has been modernised and relaunched, providing another supportive resource for staff and managers.

PDPR Compliance	*To achieve an annual PDPR compliance rate of 80%*	**80%**	**33.3%**

Following the slight increase in performance for the 12-month period ending 30 November 2022, engagement decreased marginally by 0.2% during December. At Directorate / Divisional level, Emergency Care and Complex & Critical Care continue to have the greatest challenge in improving performance and the decline in completion levels in December 2022 along with other areas of Acute reflect the current service pressures. Corporate reflect a 2% increase with the HSCP showing an overall increase of 0.5% with most other areas showing small increases.

The number of reviews held (184) showed a decrease compared to the previous month (207) and again relates to current challenges. The aim as we move forward in 2023 will be to get back above the level reached for several of the last 12 months (250+). Staffing levels and competing priorities have continued to hinder PDPR progress over the winter period and it is unlikely that this will change in the coming months. Ongoing attempts to encourage engagement in the PDPR process following the pause implemented during the Covid-19 pandemic still prove challenging. As a result, and as discussed with the Executive Group, Staff Governance Committee and Area Partnership Forum a performance improvement plan will be developed to take a staged approach to achieving the desired compliance percentage for introduction in the 2023/24 performance year.

Daily enquiries regarding KSF, Appraisal and PDPR are reducing due to other pressures in the Board further reflecting the reduced activity. PDPR compliance reports have now been issued to all managers in NHS Fife and the HSCP; an update will be provided at the end of March 2023 to inform managers of their teams PDPR status as we move into the new reporting year. TURAS Appraisal Lunchtime Bytes sessions continue to be offered twice monthly for the foreseeable future.

PUBLIC HEALTH & WELLBEING

		5	3	2	-	-	◄►	High

To improve health and wellbeing

		Target	**Current**
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**473**	**113**

The number of successful quits in the first 5 months of the FY was 57% of the figure which would be required if the end target is to be achieved by March 2023. The number recorded in the traditionally 'slow' summer months has been especially low. At this stage in FY 2021/22, the successful quit number was 165 (84%).

The quit success rate in specialist services is more than double that delivered by pharmacies (where the number of attempts is much higher but where there are difficulties with following up on results).

Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data will not be available until around August next year.

A radio marketing campaign has been running to highlight service availability. Plans are in place to ensure clients can be seen across the festive period, ensuring continued access to medication and support.

Two new advisors have been recruited with start dates at the end of January; one post is still outstanding. Saturday provision is up and running and has been visible within the community, where initial feedback has been positive. There is ongoing movement across community and GP practice provision as footfall fluctuates and we plan to do targeted awareness in these areas.

Referrals from maternity service are slowing with challenges about retention of pregnant mums following initial engagement. Development of a new intervention with pregnant mums is being considered.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**71.6%**

Monthly performance continued to vary in November and was slightly below the 2-year average. However, at month end, there was only a single young person waiting over 35 weeks for initial treatment, the overall waiting list (188) was the lowest ever reported and 83.5% of patients had waited less than 18 weeks. At the end of November 2021, this figure was 65%.

NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in December (for the quarter ending September) and was just below the Scottish average (67.1% compared to 67.9%).

Focus continues to be on sustaining the current improvements which has seen all children and young people waiting beyond 16 weeks with appointments booked. The ability of the service to maintain this is dependent on the level of acuity, demand and staffing capacity linked to increased absences, which all historically increase over the January/February period. RTT will remain below the national standard of 90% and will fluctuate during this process due to the nature of how activity is reported. Total appointments offered during November (2,601 – 226 New and 2,375 Return) was the highest recorded.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**76.1%**

Monthly performance improved in November but remained below the 2-year monthly average (80%) as well as being below the Standard.

NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in December (for the quarter ending September) and was below the Scottish average (74.2% compared to 80.7%).

The number of patients starting treatment in the first 8 months of the FY was 10% less than for the same period in FY 2021/22. This was due to a reduction in referrals for computerised CBT. Treatment starts over this period for specialist PTs show a 23% increase. The overall waiting list has increased by 3% since November 2021. The number of patients waiting more than 52 weeks has, however, reduced by 22% in that period.

Due to national workforce pressures we continue to experience some challenges around recruitment. We have responded to this, where possible, by making adjustments to skill mix within services.

The workforce pressures which are affecting the wider mental system, have reduced capacity within the CMHTs. This has impacted negatively on some aspects of adult mental health care pathways that were designed to support delivery of PTs. Plans for alternative delivery options, e.g. via increasing capacity in third sector partners, are in development but it will be some months before any new services will be operational.

Adult Mental Health Psychology Service

- A pilot of group delivery of Compassion Focused Therapy is underway. This is an evidence-based approach which provides a treatment option for people with complex presentations and will increase service capacity. It complements the development of the Schema Therapy group, now mainstreamed.

		Target	Current

- The 2021/22 training programme to upskill the Clinical Associate staff group to work with less complex Eating Disorders presentations has been completed. Evaluation of effectiveness underway.
- NES funding has been secured to train another Clinical Associate in specific therapy (IPT) which will increase PT delivery options.
- Delivery of training to support staff in conceptualisation of therapy with the most complex patients completed. Preliminary evaluation indicates this improving flow and helping with reduction in backlog.

Clinical Health Psychology Service

The increase in capacity following recruitment of 1.0wte Clinical Psychologist (external appointee) with specialist expertise in working with Functional Neurological Disorder (FND) has resulted in all patients on the General Medical Clinical Health WL having now been seen for assessment. Resource now targeted on provision of therapy and contributing to strategic service development.

Addictions Psychology Service

The recent recruitment to 3.0wte new posts has already impacted positively on PT waiting times. These staff will also support whole systems change via progression of the training and implementation plan focused on increasing capacity within the third sector.

COVID Vaccination	*At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination*	**80%**	**89.3%**

At the end of 31st December, NHS Fife had administered the Autumn/Winter Booster Vaccination to 89.3% of the Age 65+ population. The annual target was achieved by the end of 1st November.

A key objective of the winter vaccination programme was to increase immunity in those who continue to be more at risk of severe COVID-19 and flu to prevent severe illness, hospitalisation and death. Age continues to be the biggest risk factor for severe COVID-19 illness. The uptake of the vaccine in the oldest age groups across Fife has been high

Flu Vaccination	*At least 80% of the Age 65+ population will receive a Flu vaccination*	**80%**	**87.5%**

At the end of 31st December, NHS Fife had administered the Flu Vaccination to 87.5% of the Age 65+ population. The annual target was achieved by the end of 2nd November.

Uptake of flu vaccine in the older age groups reflects the successes seen for COVID-19. Free flu vaccinations for those eligible have also been available in community pharmacies across Fife, with some residents preferring this option.

Flu activity levels reached 'extraordinary' levels over the last 3 weeks of December (week ending to 18th December 2022 to w/e 1st January 2023), with current activity levels based on laboratory reporting now decreased to high (22.2 per 100,000 population, week ending 08/01/23). Achievement of the 80% target has ensured that high population coverage in the oldest age groups was achieved ahead of the peak of winter flu activity in the community.

Immunisation: 6-in-1	*At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age*	**95%**	**94.4%**

The latest published data (for quarter ending September) shows that NHS Fife performance fell slightly below the target. This was the lowest figure of all Mainland Health Boards. The aim going forward is to consistently achieve the target and also improve our ranking across all Mainland Health Boards.

A multidisciplinary Quality Improvement Group formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation and ongoing review.

Immunisation: MMR2	*At least 92% of children will receive their MMR2 vaccination by the age of 5*	**92%**	**88.4%**

The latest published data (for quarter ending September) shows that NHS Fife performed below the local target for the 4th successive quarter. This was the lowest figure of all Mainland Health Boards. The aim going forward is to achieve the target and also improve our ranking across all Mainland Health Boards.

A multidisciplinary Quality Improvement Group formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation and ongoing review.

e. Performance Exception Reports

CLINICAL GOVERNANCE

Adverse Events	Number 47

Severity; Nov-22

Pie chart values:
- Major/Extreme 47
- Moderate 300
- Minor 141
- No Harm 931

Line chart labels: Average, Control Limit, Outlier
Bar chart legend: LAER, SAER

Actions from Significant and Local Adverse Event Reviews	Closure Rate 42.9%

Open Actions; Nov-22 (346)
- within time 84
- overdue 262

Key Deliverable	End Date
Adverse Event Process and Policy	Mar-23 On track

	Key Milestones	
	Review of Policy	Dec-23 Complete
	Increased focus on governance/assurance in relation to improvement actions from adverse events reviews	Mar-23 On track
	Training and Education	Mar-23 On track

HSMR *Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.*	**Performance 0.99**

Reporting Period; July 2021 to June 2022[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.

HSMR by Scotland: July 2021 to June 2022
Allows comparisons to be made between each hospital and the average for Scotland for a particular period.

Victoria Hospital
Within Limits
Observed Deaths: 1,780
Predicted Deaths: 1,807
HSMR: 0.99

Commentary

Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2022 showing a ratio below the Scottish average.

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

**Performance
7.37**

Local Performance

with Harm; QE Nov-22

Performance by Service Area

	2021/22				2022/23							
	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
NHS Fife	8.25	8.26	7.33	7.59	7.13	7.94	6.91	6.48	6.45	8.44	8.00	7.37
Acute Services	8.47	9.32	7.55	7.10	8.25	8.18	7.83	8.13	6.67	9.56	7.88	8.29
HSCP	8.06	7.34	7.16	8.01	6.14	7.72	6.08	4.97	6.25	7.47	8.11	6.58

Key Deliverable	End Date
Reduction in number of Patient Falls in order to achieve specified reduction target in this FY	Mar-23 On track

	Key Milestones		End Date
	Refresh Falls Champions Register and Network		Jan-23 On track
	Ensure that monthly falls data continues to be discussed and displayed in each ward setting along with associated improvement plans		Mar-23 On track
	Develop an Audit programme for 2022/23		Jun-22 Complete
	Review and refresh Falls Toolkit		Apr-23 On track
	Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales		Feb-23 On track
	Review LEARN summaries to support shared learning		May-23 On track
	Explore feasibility of implementation of Falls module on Patient Trak		Mar-23 At risk
	Explore QI resource to support clinical staff and enhance local improvement work		Feb-23 On track

| **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* | **Performance 1.05** |

Local Performance
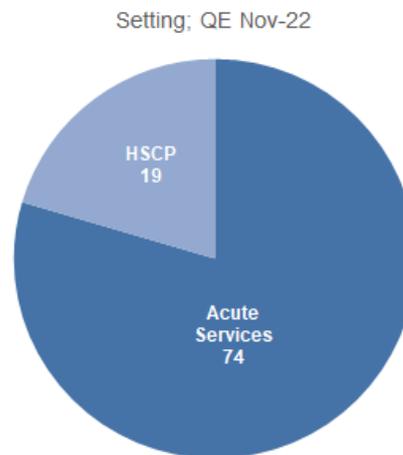
Setting; QE Nov-22

Performance by Service Area

	2021/22				**2022/23**							
	DEC	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**
NHS Fife	1.30	1.25	1.23	1.03	0.87	1.18	1.40	1.02	1.07	1.11	1.03	1.05
Acute Services	2.16	2.10	1.84	1.76	1.37	1.77	2.05	1.48	1.69	2.02	1.90	1.51
HSCP	0.55	0.52	0.72	0.40	0.41	0.66	0.82	0.60	0.52	0.32	0.25	0.65

Key Deliverable	**End Date**
Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY	Mar-23 Off track

Key Milestones		
	Refresh PU Link Practitioner Register and Network	Oct-22 Complete
	Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Mar-23 On track
	PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 Complete
	PU Documentation Audit to support compliance	Mar-23 On track
	Review LEARN summaries to support shared learning	Mar-23 On track
	Measurement against the revised HIS Prevention and Management of Pressure Ulcer Standards (October 2020)	Mar-23 At risk
	Establish an operational TV group	Jan-23 At risk
	Embed the revised HIS Pressure Ulcer Standards (October 2020)	Oct-23 Suspended
	Develop and test electronic PURA and SSKIN bundle on Patientrack	Oct-22 Complete
	Embed the use of the CAIR resource	Mar-23 On track
	Clinical teams with an increase in PU harms to collect process measures to identify and plan improvements	Mar-23 On track
	Develop a training and education plan	Oct-22 Complete

CLINICAL GOVERNANCE

SAB (HAI/HCAI) *Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23*	Performance 20.1

Local Performance

Infection Source; YE Nov-22

- Skin & Soft Tiss 16
- VAD 9
- Device - not VAD 4
- SSI 2
- Other/ Unknown 22

National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	20.6	17.8	6.3	16.6	12.7	15.2	14.9
Scotland	18.9	18.4	18.6	18.3	17.3	16.3	17.3

Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-23 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-23 On track

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

Performance 10.1

Local Performance

Recurrence; YE Nov-22

Recurring 4
Non-Recurring 32

National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	7.7	14.0	10.0	9.5	4.6	7.0	9.2
Scotland	16.4	15.8	14.6	16.8	13.3	12.6	14.3

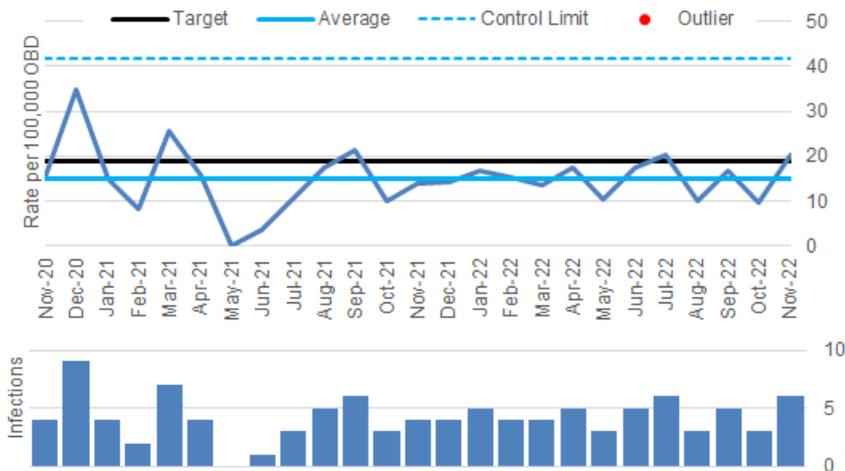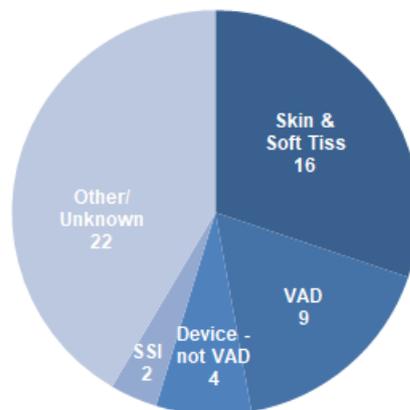| Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-23 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
	Reduce overall prescribing of antibiotics	Mar-23 On track
	Reducing recurrence of CDI	Mar-23 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-23 On track

CLINICAL GOVERNANCE

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

Performance 26.8

Local Performance
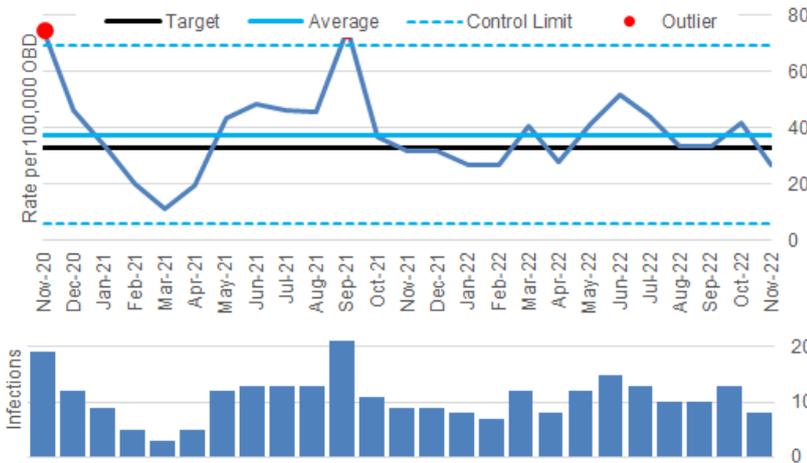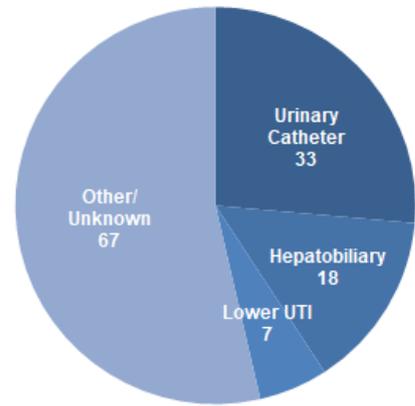
Target — Average — Control Limit - - - Outlier ●

Rate per 100,000 OBD

Infections

Infection Source; YE Nov-22

- Urinary Catheter 33
- Other/Unknown 67
- Hepatobiliary 18
- Lower UTI 7

National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23
	Dec	**Mar**	**Jun**	**Sep**	**Dec**	**Mar**	**Jun**
NHS Fife	50.3	21.6	37.6	60.3	33.6	31.6	40.2
Scotland	40.9	34.7	38.2	41.5	34.1	30.5	34.8

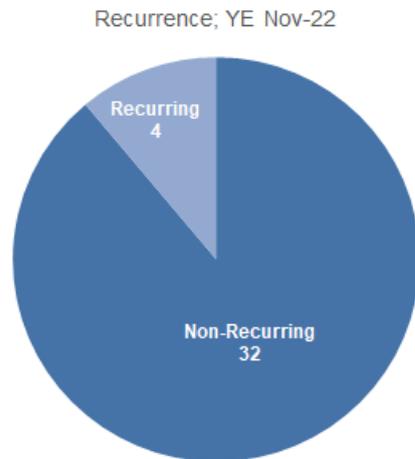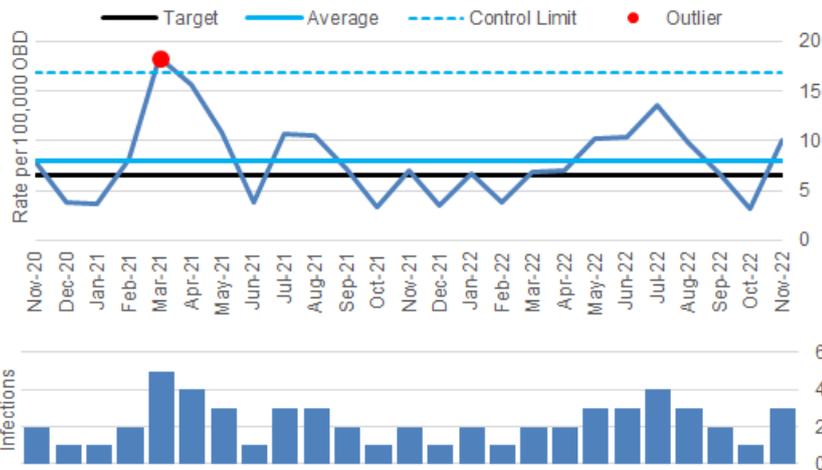| Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-23 On track
Key Milestones — Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patientrack- further rollout	Mar-23 At risk
Enhanced surveillance - led by Consultant Microbiologist	Mar-23 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-23 On track

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

Performance 6.7%

Local Performance

Open Complaints; Dec-22

<=20 Days 31
21-40 Days 19
41-80 Days 36
>80 Days 64

Performance by Service Area
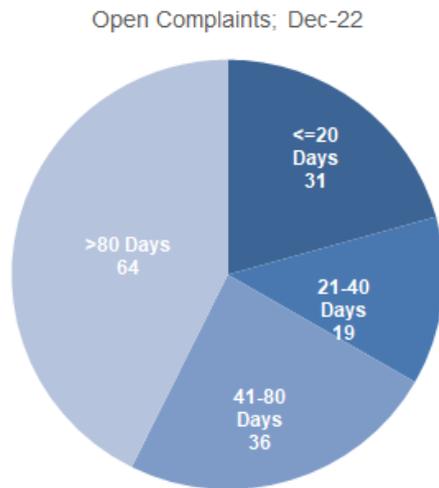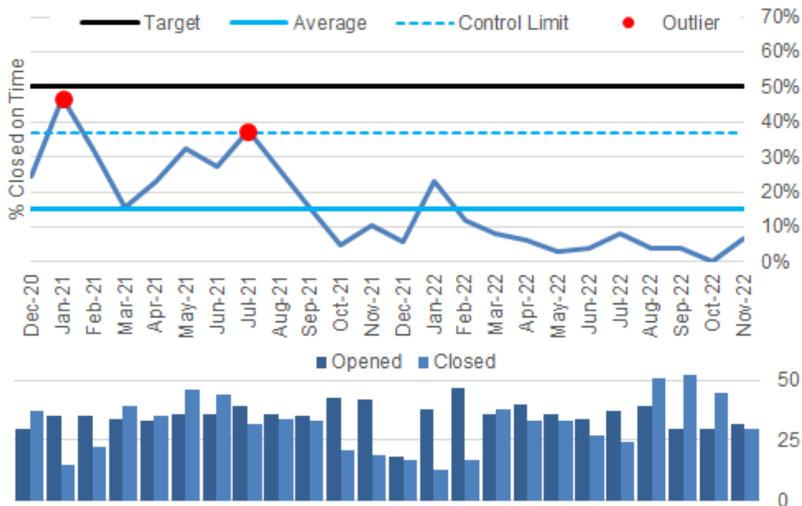
			2021/22				2022/23							
			Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	Opened in Month	Opened	18	38	47	36	40	36	34	37	39	30	30	32
		% Closed on time	0.0%	13.2%	6.4%	2.8%	2.5%	5.6%	5.9%	8.1%	2.6%	3.3%	10.0%	9.4%
	Closed in Month	Closed	17	13	17	38	33	33	27	24	51	52	45	30
		% Closed on time	5.9%	23.1%	11.8%	7.9%	6.1%	3.0%	3.7%	8.3%	3.9%	3.8%	0.0%	6.7%
		% Acknowledged (3 days)	88.2%	84.6%	100.0%	89.5%	87.9%	90.9%	92.6%	83.3%	80.4%	80.8%	75.6%	93.3%
Acute Services	Closed in Month	% Closed on time	7.7%	30.0%	18.2%	3.6%	8.0%	0.0%	5.0%	14.3%	2.3%	0.0%	0.0%	9.1%
HSCP	Closed in Month	% Closed on time	0.0%	0.0%	0.0%	14.3%	0.0%	9.1%	0.0%	0.0%	0.0%	6.3%	0.0%	0.0%

Key Deliverable	End Date
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Mar-24 Off track
Adherence to NHS Fife's Participation and Engagement Framework	Mar-23 Complete
Rebrand Patient Relations to Patient Experience Team	Dec-22 Complete

FINANCE, PERFORMANCE & RESOURCES: OPERATIONAL PERFORMANCE

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

Performance 63.2%

Local Performance
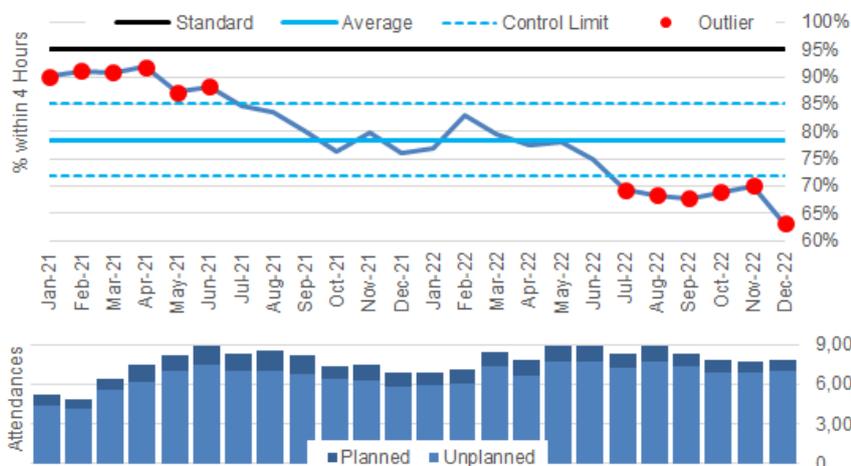
Breach Reason; Dec-22
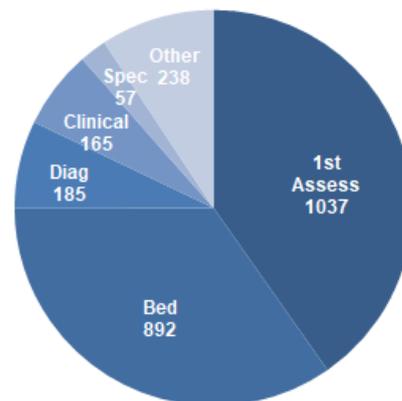
National Benchmarking

	2021/22			2022/23								
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
NHS Fife	77.0%	83.0%	79.6%	77.5%	78.2%	74.9%	69.3%	68.3%	67.7%	68.9%	70.1%	63.2%
Scotland	76.0%	74.2%	71.6%	72.1%	73.0%	71.3%	69.9%	69.7%	69.0%	67.6%	67.5%	62.1%

Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Key Milestones	Review Au1 assessment area	Mar-23 On track
	Enhance pathways into ECAS	Apr-23 At risk
	Rapid Triage Unit to be Established and link with ECAS	Apr-23 On track
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 Complete
	Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.	Sep-23 Off track
	Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Sep-23 At risk
Implement an enhanced triage model within ED to support scheduling with FNC		Mar-23 On track
Redesign of Urgent Care in close working with partners		Apr-23 At risk

Patient TTG

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

Performance 53.3%

Local Performance
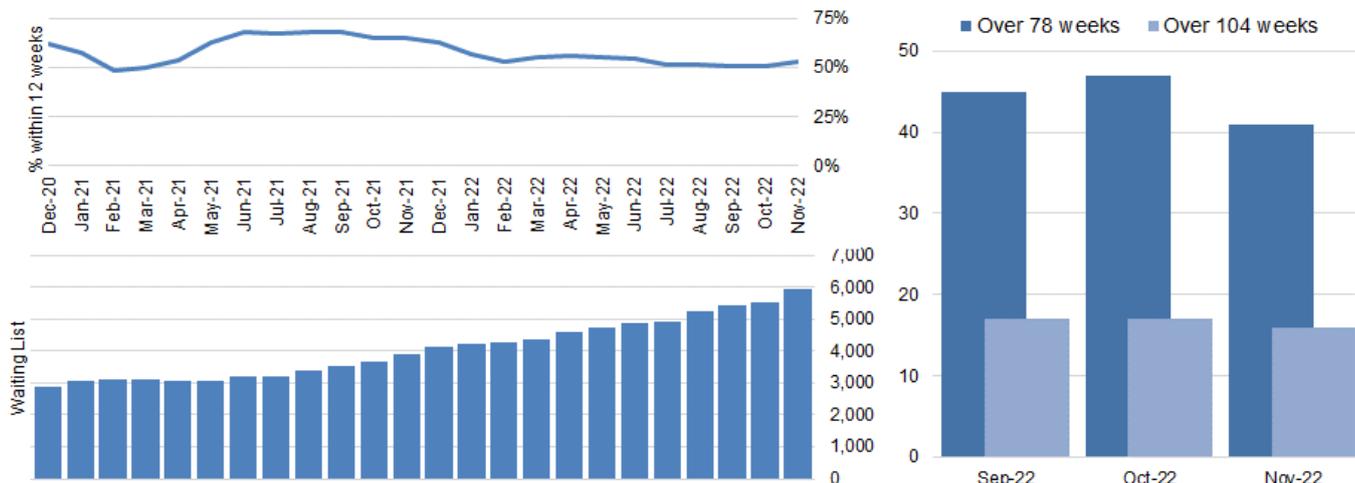
National Benchmarking

| | 2021/22 | | | | 2022/23 | | | | | | | |
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	63.1%	56.6%	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%	53.3%
Scotland	34.6%	33.7%	32.5%	34.0%	32.8%	32.5%	31.5%	30.9%	31.4%	31.2%		

Key Deliverable	End Date
Reducing long waits; TTG	Mar-23 Off track

Key Milestones		End Date
	Preassessment	Mar-23 On track
	Elective Orthopaedic Centre	Jan-23 Off track
	Maximise utilisation of QMH Theatres	Mar-23 On track
	Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 On track

FINANCE, PERFORMANCE & RESOURCES: OPERATIONAL PERFORMANCE

New Outpatients	Performance
95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	**49.9%**

Local Performance

Over 78 weeks
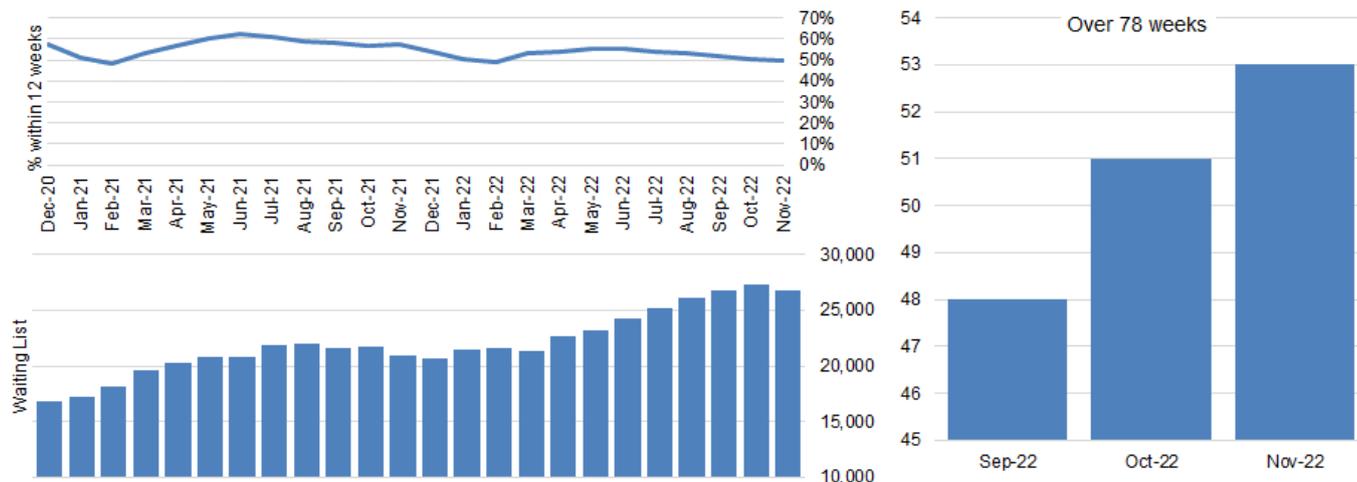
National Benchmarking

	2021/22				2022/23							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	53.8%	50.1%	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%	49.9%
Scotland	46.5%	45.5%	45.9%	49.6%	48.9%	49.6%	49.1%	49.1%	48.4%	46.3%		

Key Deliverable		End Date
Reducing long waits; Outpatients		Mar-23 Off track
Key Milestones	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services	Mar-23 At risk
	Three step validation process of waiting lists will be implemented	Mar-23 Off track

Diagnostics Waiting Times	Performance
No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment	**62.8%**

Local Performance
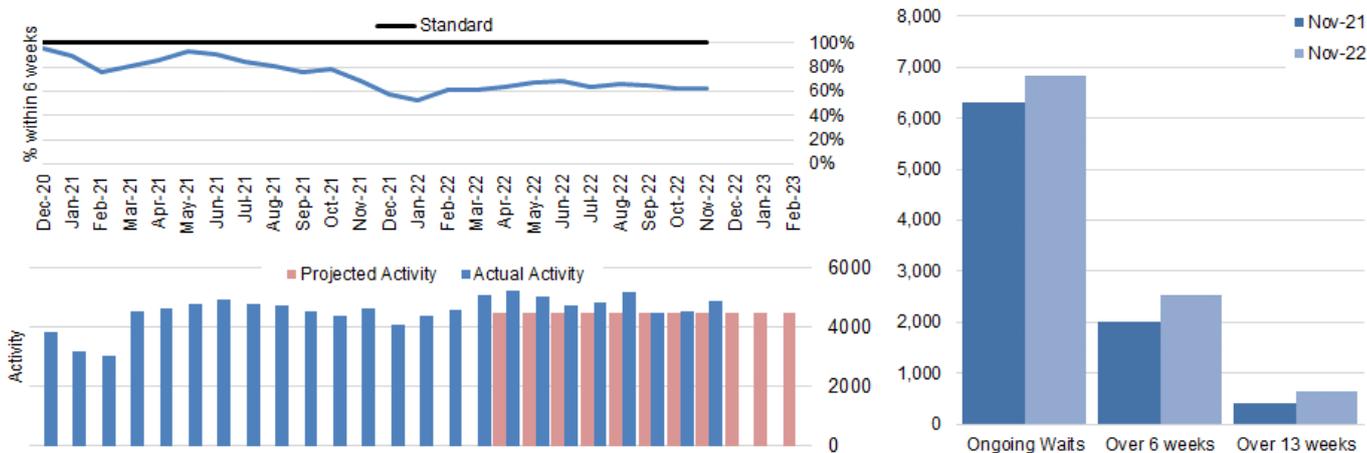
National Benchmarking

	2021/22				2022/23							
	DEC	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**
NHS Fife	57.8%	52.7%	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%	64.6%	62.5%	62.8%
Scotland	49.6%	48.1%	50.8%	49.6%	45.2%	47.0%	47.5%	44.7%	46.0%	47.9%		

Key Deliverable	End Date
Reducing long waits; Diagnostics	Mar-23 Off track
Radiology -7 day working	Mar-24 Off track

Cancer 62-Day Referral to Treatment
At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

Performance
79.3%

Local Performance
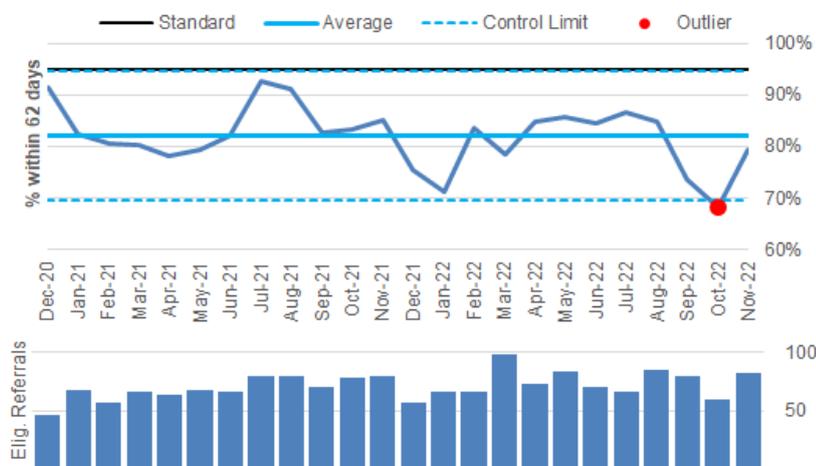
Breaches: QE Nov-22
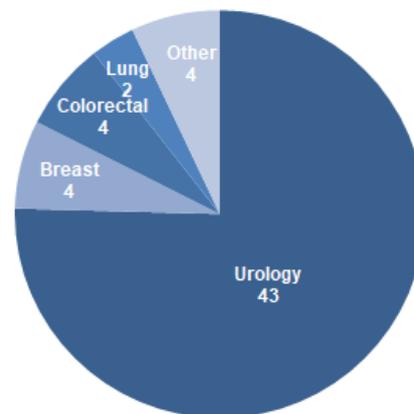
National Benchmarking

Month	2021/22				2022/23							
	DEC	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**
NHS Fife	75.4%	71.2%	83.6%	78.6%	84.9%	85.7%	84.5%	86.6%	84.7%	73.8%	68.3%	79.3%
Scotland	78.3%	76.3%	77.4%	75.5%	77.0%	75.8%	73.5%	75.8%	73.6%	72.1%	70.3%	69.8%

Key Deliverable	End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services	Mar-23 On track
Key Milestones — ECDC development/expansion	Mar-23 On track
Development of single point of contact hub (SPOCH)	Sep-22 Complete
Review of cancer workforce	Mar-23 Complete
Environmental needs of cancer services	Mar-23 On track
Continued public and patient engagement	Mar-23 Complete
Increased access to trials linking with R, I & K	Mar-23 On track
Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-23 Off track
Delivery of Cancer Waiting Times	Mar-23 Off track
Key Milestones — Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 Complete
Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-23 Off track

Delayed Discharges (Bed Days Lost)

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

Performance 5.8%

Local Performance
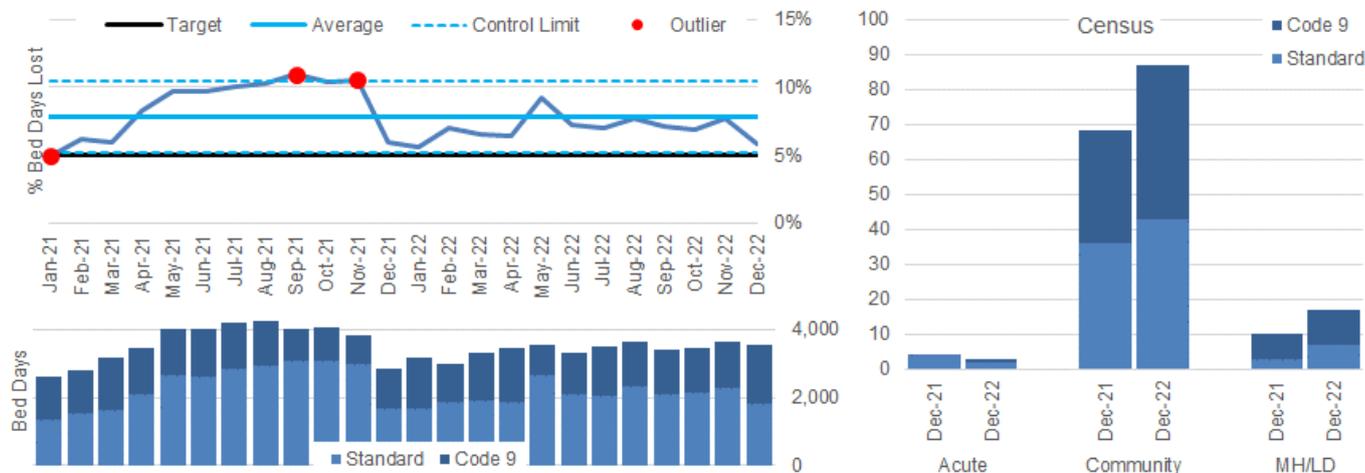
National Benchmarking

% Bed Days Lost		2020/21			2021/22				2022/23	
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	#DIV/0!
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	#DIV/0!
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%	#DIV/0!
	All	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%	#DIV/0!

(The "Quarter Ending" label spans the year columns.)

Key Deliverable	End Date
Deliver Home First and enable Prevention and Early Intervention	Dec-23 On track
Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter.	Jun-23 At risk
Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach	Jun-23 At risk
Support citizens to have greater control and choice of care preferences in event of a future deterioration, or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP.	Mar-23 On track
Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation	Dec-22 Suspended
Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time	Mar-23 On track
Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy.	Jul-23 At risk
Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge	Mar-23 On track
Commissioning and Resourcing - support the Home First model by working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future	Oct-22 Complete
Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend length of stay	Mar-23 On track
Continue to reduce delayed discharge	Dec-23 On track
Reduce hand offs in discharge processes	Feb-23

(Left vertical label for milestone rows: **Key Milestones**)

		On track
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 On track
	Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care	Apr-23 On track
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 On track
	Planned Date of Discharge Project	Mar-23 On track
	Front Door Model	Mar-23 On track
	Electronic referrals	Dec-23 At risk

	Revenue (£19.6m)
Finance NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)	**Capital £17.8m**

1. Executive Summary

The Health Board retained position at the end of November 2022 is an overspend of £19.562m. This overspend comprises:

- £8.865m core overspend (includes £3.214m overspend relating to acute set aside services).
- £6.939m of the financial gap identified in the board's approved financial plan.
- £3.758 unfunded Covid surge and associated costs.

Health Delegated Services report an underspend at the end of November 2022 of £3.827m including fully funded Covid costs of £6.982m.

Revenue Financial Position as at 30 November 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	249,437	165,992	174,593	-8,601
IJB Non-Delegated	9,574	6,471	6,423	48
Non-Fife & Other Healthcare Providers	95,847	63,921	66,421	-2,500
Non Clinical Services				
Estates & Facilities	78,856	52,121	52,134	-13
Board Admin & Other Services	71,259	43,773	43,638	135
Other				
Financial Flexibility & Allocations	23,188	2,288		2,288
Income	-22,326	-11,541	-11,625	84
Grip and Control	-3,412	-2,275	-1,969	-306
Sub-total Core position	**502,423**	**320,750**	**329,615**	**-8,865**
Financial Gap	-10,408	-6,939		-6,939
HB Retained Surge Capacity			2,145	-2,145
HB retained Covid 19	10,255	7,755	9,368	-1,613
SUB TOTAL	**502,270**	**321,566**	**341,128**	**-19,562**
Health & Social Care Partnership				
Fife H & SCP	374,941	242,239	238,412	3,827
Health delegated Covid 19	6,982	6,982	6,982	0
SUB TOTAL	**381,923**	**249,221**	**245,394**	**3,827**
TOTAL	**884,193**	**570,787**	**586,522**	**-15,735**

1.2 The NHS Fife financial plan approved in March 2022 identified cost improvement plans of £11.7m and a capital to revenue transfer of £2m resulting in a residual financial gap of £10.4m against an original £24.1m financial gap position. The financial plan also assumed that additional costs incurred in responding to Covid 19 would be fully funded, however all Health Boards Covid-19 funding has been capped with NHS Fife receiving £7.5m for 2022/23

(notified in October) and any overspend beyond the funding cap is disclosed as part of our core overspend position: £3.758m at the end of November 2022.

1.3 The November 2022 allocation letter was received on 7 December 2022. We continue to make assumptions on anticipated allocations including critically the required level of funding to cover the final agreement on the national AFC pay award. As previously reported the planned care funding allocation received from SG was significantly reduced and although work has been taken forward to mitigate the impact of the shortfall in funding, a £1m overspend will materialise and is reflected in our position. Details of our funding allocations, both received and anticipated, are attached at Appendix 1.

1.4 At the end of November 2022, we are £1.2m short of the level of savings we planned to deliver by this time. The forecast outturn assumes all CIPs will be delivered at the financial year end, however there is a high level of risk that £2m of our Acute Services savings plan may now not be achieved and therefore has the potential to increase the Board's overspend position.

It is important to note that the cost of living crisis, inflationary increases, the level of service pressure and staff absence are increasing the challenge on the financial position and delivery of savings across the entire organisation.

Where plans are slipping pipeline schemes are being identified and are currently being further explored for presentation at the FIS Programme Board for approval it is doubtful however that we will be able to deliver newly identified schemes in full this financial year.

1.5 The delivery of our approved financial position (£10.4m overspend agreed with Scottish Government) is at a high level of risk with the Board's forecast overspend at this time projected to be £19m. This position assumes the delivery of our Cost Improvement Programme in full this year and assumes HSCP funding for surge beds and expenditure on Primary Care and Mental Health out of area treatment costs. This is a significant change to our financial position which will be discussed in detail at EDG in early January 2023. In the meantime directors are reviewing their forecast outturn projections, noting that difficult choices lie ahead for the remainder of 2022/23 and into 2023/24.

1.6 The overall anticipated capital budget for 2022/23 is £29.282m (net of a capital to revenue transfer value of £2.6m). This reflects: the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government; anticipated allocations expected during the year to support a number of ongoing projects; as well as additional funding received from successful bids submitted to SG over the summer months. The capital position for the period to November records spend of £17.831m equivalent to 61% of the net allocation. The capital programme is expected to deliver in full, with activity in the latter part of the financial year in respect of completion of the National Treatment Centre facility.

2. **Health Board Retained Services**

Clinical Services financial performance as at 30 November 2022 excluding Covid-19 costs

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services (HB Retained)	205,245	136,714	142,101	-5,387
Acute Services (Acute Set Aside)	44,192	29,278	32,492	-3,214
Subtotal Acute Services Division	**249,437**	**165,992**	**174,593**	**-8,601**
IJB Non Delegated	9,574	6,471	6,423	48
Non-Fife & Other Healthcare Providers	95,847	63,921	66,421	-2,500
Income	-22,326	-11,541	-11,625	84
SUB TOTAL	**332,532**	**224,843**	**235,812**	**-10,969**

2.1 Acute Services reports a core **overspend of £8.601m.** This position reflects the financial consequences of the significant ongoing service pressures across unscheduled care with increased demand and higher acuity than pre-pandemic levels. Increased lengths of stay together with delayed discharges and high levels of vacancy are driving the reliance on supplementary staffing for both nursing and medical workforces. Despite appointment of newly qualified practitioners, international recruits and introducing the role of B4 nurse practitioner, supplementary staffing remains very high with vacancy levels being sustained at similar levels to earlier in the year. In addition, the Acute Services position has been impacted by a change in policy regarding covid absence with these costs now reflected in the core position. Separately, work is underway to investigate control issues relating to spend on premium agency staff in our efforts to ensure non-contract agency is minimised. The middle grade rota in WCCS has been confirmed as non-compliant which adds to the financial challenge, with other departments also

monitoring rota compliance. In month 8 cancer funding has been redirected to address some of the gap which resulted from the shortfall in Planned Care Funding for cancer waiting lists and the funding gap remains under review. There is significant cost pressure within non pay cost due to additional medicines growth of £2.608m, particularly within haematology services where new cancer medicines are being made available. Patients eligible for multiple sclerosis medicines in neurology have increased by 50% compared to this time last year, with more patients being added weekly. This growth is also being seen by other boards as early treatment has been evidenced to reduce both long term disabilities and reliance on rehabilitation. Continued growth and replacement of diabetic pumps, the increased cost of consumables for robotic procedures and theatres supplies are collectively overspending at £0.975m. The reported overspend to November includes unachieved cost improvement plans of £0.812m.

Included in the core Acute Services position is an overspend on core set aside services of £3.214m which is being funded on a **non-recurring** basis by the board.

2.2 The IJB Non-Delegated budget reports an **underspend of £0.048m.** This relates in the main to relates to nursing vacancies across the Acute Services within the Northeast Fife Hospitals and the Forensic unit (Daleview) at Lynebank.

2.3 The budget for healthcare services provided outwith NHS Fife is **overspent by £2.5m** (detail per Appendix 2). Notwithstanding a £3m budget allocation as part of this year's financial planning process; there has been increased activity in patients requiring mental health support; and substance misuse support. In addition, discussions continue nationally on an additional inflationary uplift to SLAs re increased energy costs. Information has been received this month on 2 very high-cost patients who no longer meet the criteria for NSD funding. This increases our costs by £0.9m. We are in discussion with the HSCP in relation to the alignment of both budget and spend for SLAs relating to Mental Health services for which there is now a forecast overspend of £2.5m.

2.4 **Corporate Functions and Other Financial performance at 30 November 2022**

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Non Clinical Services				
Estates & Facilities	78,856	52,121	52,134	-13
Board Admin & Other Services	71,259	43,773	43,638	135
Other				
Financial Flexibility & Allocations	23,188	2,288	0	2,288
SUB TOTAL	**173,303**	**98,182**	**95,772**	**2,410**

2.5 The Estates and Facilities budgets report a slight overspend **of £0.013.** Whilst pays are reflecting an underspend this is being offset as previously reported by energy and clinical waste pressures, and this month has seen an increase in provision costs which are being further investigated.

2.6 Within the Board's corporate services there is **an underspend of £0.135m**. Whilst there are a range of underspends across corporate service areas, there are offsetting areas of overspend within our Workforce Department which reflects cost pressures associated with the Regional Recruitment consortium and legal costs.

Financial Flexibility
2.7 Financial flexibility at the end of November includes allocations and anticipated budget provision for supplies, medical supplies and drugs uplifts. A summary of funding held in **financial flexibility** and the release of **£2.288m** to month 8 is shown at Appendix 3.

Financial Gap
2.8 The **financial plan gap** reflects the pro-rata share of the planned £10.4m deficit **(£6.939m** to month 8) which we will require to address on a recurring basis as part of our medium term financial strategy.

Approved Cost Improvement Plans
2.9 The year-to-date target at month 8 is £7.260m with £6.099m achieved, resulting in a current year shortfall of £1.161m. Recurring savings achieved are £2.337m, equivalent to 20% of the full year target, a 1% increase against the position in month 8. This represents a significant challenge going into 2023/24 as the non-recurring element of the in-year target will require to be carried forward.

Significant risk remains against delivery of the full in-year target. It is important to note that the cost of living crisis, inflationary increases, the level of service pressure and staff absence are increasing the challenge on the financial position and delivery of savings across the entire organisation.

There is a high level of risk that £2m of our Acute Services savings plan may now not be achieved and therefore has the potential to increase the Board's forecast overspend position by a further £2m.

Approved Cost Improvement Plans - Position at 30 November 2022

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute Services	5,752	3,466	2,654	-812
Estates & Facilities	1,652	902	905	3
Corporate	4,296	2,892	2,540	-352
Total	**11,700**	**7,260**	**6,099**	**-1,161**

By the end of month 8 Acute Services delivered £2.654m, a year-to-date shortfall of £0.812m. To date Acute Services has identified £1.370m on a recurring basis. Further detail is included in Appendix 4 to this report.

3. Health Board Covid-19 spend

3.1 Formal notification of a funding cap on the Health Board Covid-19 funding of £7.5m for 2022/23 has meant that any overspend beyond the funding cap is part of our core position. The table below shows Covid-19 spend of £8.758m to month 8. This includes £2.145m unfunded Covid surge costs for Ward 6 and other surge beds and the costs of additional resources deployed to other wards/clinical areas required to support surge activity across the hospital. For 2020/21 and 2021/22 these costs were accounted for as Covid expenditure. However, the Covid funding cap means this expenditure is now an overspend against our available Covid budget. Discussions are underway with the HSCP to determine a system wide approach to support the cost of surge activity for the full financial year.

3.2 In addition, we have incurred fully funded £2.755m spend for Test and Protect costs.

HB & Acute set aside Covid-19 spend	Year to Date Budget £'000	YTD Spend HB Retained £'000	YTD Spend Set Aside £'000	YTD Spend Total £'000	YTD Variance £'000
Acute Services	2,080	2,080	3,042	5,122	-3,042
HB Retained Surge Capacity	0	0	2,145	2,145	-2,145
Estate & Facilities	76	76	448	524	-448
Corporate	866	866	101	967	-101
Funding Envelope	1,978				1,978
Subtotal	**5,000**	**3,022**	**5,736**	**8,758**	**-3,758**
Test & Protect	2,755	2,755	0	2,755	0
Total	**7,755**	**5,777**	**5,736**	**11,513**	**-3,758**

3.3 Local policies have been reviewed to ensure that national guidance is adhered to and bring consistency with other boards.

4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £3.827m.** This position is after a £2.4m budget realignment to Social Care in October 2022. The underspend position predominantly relates to vacancies with attempts to recruit ongoing by services. In common with HB retained services, there are high usage/costs associated with medical locums and nurse bank/agency to cover vacancies, sickness and increased patient supervision requirements. Prescribing data available to inform the position is 2 months in arrears so the position to month 8 is based on 6 months actual data with 2 months informed estimated costs. Using that data, other available indicators and 3 years previous positive outturns, the GP Prescribing position to October is estimated to be £0.945m underspent.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	374,941	242,239	238,412	3,827
SUB TOTAL	**374,941**	**242,239**	**238,412**	**3,827**

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding budgets in respect of large hospital services, also referred to as Set Aside. The financial pressure related to set aside services is currently held within the NHS Fife financial position. Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

4.2 **HSCP Covid-19 spend**
The Health Delegated covid spend of £6.982m to month 8, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

Health Delegated Covid-19 spend	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	2,551	2,551	0
Complex and Critical Services	94	94	0
Primary Care and Prevention Services	85	85	0
Professional/Business Enabling	78	78	0
Covid-19 Vaccination Costs	4,174	4,174	0
Total	**6,982**	**6,982**	**0**

5. Forecast Outturn

5.1 The forecast outturn for Health retained services at the end of March 2023 is a potential overspend of £19m. This position assumes HSCP funding to support the cost of surge activity which is predicted to remain for the full financial year and the non-Fife and other Healthcare providers overspend relating to Primary Care and Mental Health. The forecast further assumes Acute Services will deliver their full CIP targets in-year, there is a high level of risk associated with this latter assumption.

5.2 There is a clear expectation from Scottish Government that we deliver our forecast financial position (an overspend of £10.4m) as notified to them in March 2022. Currently the board requires further mitigating actions of £9m to be identified and actioned prior to the financial year end which is extremely challenging.

This is a significant change to our financial position which will be discussed in detail at EDG in early January 2023. In the meantime directors are reviewing their forecast outturn projections, noting that difficult choices lie ahead for the remainder of 2022/23 and into 2023/24.

6. Capital

6.1 The overall anticipated capital budget for 2022/23 is £29.282m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to November records spend of £17.831m. Therefore, 61% of the anticipated total capital allocation has been spent to month 8.

6.2 The programme of £31.882m detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	365
Lochgelly Health Centre	506
National Equipping - Traunch 1	1,506
QMH Theatres PH2	1,500
Mental Health	100
HEPMA	900
Ferno Trollies	50
Estates NIB Bid	2,720
D&I NIB Bid	1,928
NIB Equipment	914
Total Before Capital to Revenue Transfer	**31,882**
Capital to Revenue Transfer	- 2,600
Total	29,282

NHS Fife has received £1.191m in charitable funding to support both the modernisation works associated with the VHK Hospice of £0.350m and £0.841m for the Audio Visual Theatre and Artwork for the new National Treatment Centre.

The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to Full Business Case, subject to NHS Assure approval and a Benefits Realisation incorporated into the Outline Business Case.

6.3   Expenditure / Major Scheme Progress

The summary expenditure position across all projects is set out in the dashboard summary below. The expenditure to date amounts to £17.831m, this equates to 60.89% of the total anticipated capital allocation, as illustrated in the spend profile graph below.
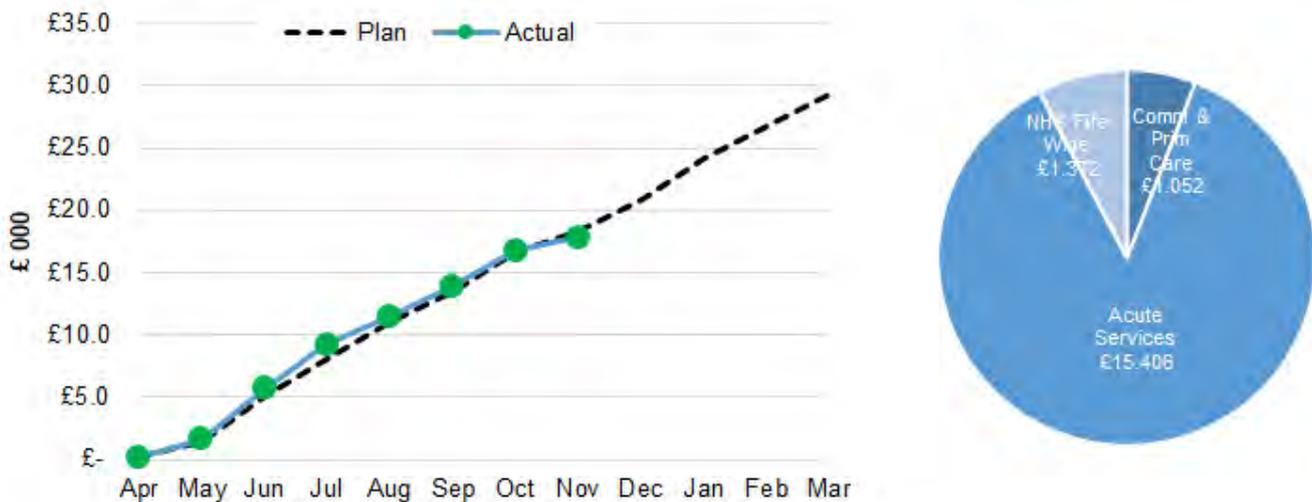
The main areas of spend to date include:

Statutory Compliance	£2.842m
Equipment	£1.193m
Digital	£1.155m
Elective Orthopaedic Centre	£11.535m
Health Centres	£0.764m

6.5   The capital programme is expected to deliver in full with significant activity in the final months of the year working towards a balanced capital position. Further detail on capital expenditure is detailed in Appendices 6 and 7.

7   **Recommendation**

7.1   Members are invited to approach the Director of Finance and Strategy for any points of clarity on the month 8 position reported and are asked to:

- **Discuss** the reported core YTD overspend of £19.562m
- <u>**Note**</u> the Health delegated core YTD underspend position of £3.827m
- <u>**Discuss** and agree mitigations to reduce</u> the forecast outturn position of £19m
- <u>**Note**</u> the capital expenditure spend of £17.831m.

Appendix 1: Revenue Resource Limit

	Baseline Recurring £'000	Earmarked Recurring £'000	Non-Recurring £'000	Total £'000	Narrative
June letter	748,855		125	748,980	
July Letter			101	101	
August Letter		8,828	4,765	13,593	
September Letter		1,408	4,363	5,771	
October Letter	600	5,132	1,966	7,698	
Benzodiazepine Service			273	273	
Nursing support for Adult Social care			1,053	1,053	Continuation of Funding
Development Hospital at Home			287	287	Continuation of Funding
Integrated Primary & Community Care			357	357	Second part of annual allocation
Breast Feeding Support project		66		66	
Primary Care Out of Hours			240	240	First past of allocation information to follow
District Nursing			605	605	Annual allocation in line with estimates
Additional funding Imaging			114	114	Additional funding as per discussion with SG
Drug Tariff Reduction			-19	-19	Corrction to last month figure
Planned Care		8,635		8,635	As per letter
Total Core RRL Allocations	**749,455**	**24,069**	**14,230**	**787,754**	
Primary Medical Services		59,263		59,263	
Mental Health Bundle		1,363		1,363	
Distinction Awards		139		139	
Community Pharmacy Champions		20		20	
NSS Discovery		-37		-37	
Pharmacy Global Sum Calculation		-204		-204	
NDC Contribution		-843		-843	
Community Pharmacy Pre-Reg Training		-165		-165	
New Medicine Fund		6,683		6,683	
Golden Jubilee SLA		-25		-25	
PCIF		3,499		3,499	
Action 15 Mental Health strategy		2,121		2,121	
Veterans First Point Transisition Funding		116		116	
ADP		989		989	
School Nurse		276		276	
Perinatal and Infant Mental Health		663		663	
Primary care development funding		30		30	
CAMHS		704		704	
Mental Health Funding Pharmacy recruitment		64		64	
Mental health & Wellbeing primary care services		105		105	
Capital to Revenue			2,600	2,600	
Midwife Training			7	7	
NSD etc		-1,535		-1,535	
Additional Pay Award	8,513			8,513	
Depreciation			1,420	1,420	
NTC			975	975	
MND Nurse			19	19	
	8,513	**73,226**	**5,021**	**86,760**	
	757,968	**97,295**	**19,251**	**874,514**	
IFRS			8,516	8,516	
Donated Asset Depreciation			137	137	
Impairment			526	526	
AME Provisions			500	500	
Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,679**	**9,679**	
Grand Total	**757,968**	**97,295**	**28,930**	**884,193**	

Appendix 2: Service Agreements

	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	101	68	67	1
Borders	47	31	39	-8
Dumfries & Galloway	26	17	39	-22
Forth Valley	3,311	2,207	2,527	-320
Grampian	374	250	194	56
Greater Glasgow & Clyde	1,724	1,149	1,153	-4
Highland	141	94	140	-46
Lanarkshire	120	80	149	-69
Lothian	32,822	21,882	23,361	-1,479
Scottish Ambulance Service	105	70	37	33
Tayside	41,258	27,504	29,066	-1,562
	80,029	**53,352**	**56,772**	**-3,420**
UNPACS				
Health Boards	14,214	9,477	7,981	1,496
Private Sector	799	533	1,160	-627
	15,013	**10,010**	**9,141**	**869**
OATS	740	493	440	53
Grants	65	65	67	-2
Total	**95,847**	**63,920**	**66,420**	**-2,500**

Appendix 3: Financial Flexibility

		Flexibility Released to Nov-22
	£'000	£'000
Drugs :NMF	459	
Junior Doctor Travel	29	7
Consultant increments	251	167
Discretionary Points	281	
AME impairments	0	
AME Provisions	723	
Prior Years Approved Developments, National Initiatives	588	588
Health Retained 22-23 Uplifts	12,854	
Cost pressures 22-23	3,428	535
Allocations to be distributed	4,575	991
Total	**23,188**	**2,288**

Appendix 4: Detailed Cost Improvement Plans

Area	Plan	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
PCD	Instruments & Sundries	1,000	587	378	(209)
PCD	Investment in Theatres Procurement / Cost Reduction	500	278	110	(168)
PCD	Repatriation of Radical Prostatectomy	205	0	0	0
WCCS	Travel & Printing	60	40	48	8
WCCS	Managed Service Contract for Labs	425	283	283	0
WCCS	Skill Mix Review	50	25	25	0
ECD	Pirfenidone / Nintedanib	40	27	27	0
ECD	Patent Expiry / Homecare	160	107	0	(107)
WCCS	Community Paediatric Drugs	20	13	13	0
Acute	Reduction in Non Core Staffing	2,000	1,167	1,019	(148)
WCCS	Vacancy Release	210	133	100	(33)
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	552	641	89
P&I	Major Contract Review	250	0	0	0
P&I	Property Maintenance Minor Works Team	100	0	0	0
P&I	Energy Savings - NDEE Project	150	0	0	0
P&I	Rates Review	500	500	503	3
P&I	Roster Review	250	0	0	0
P&I	Terminate Lease for Evans Business Park	80	80	80	0
P&I	Grip and Control	402	402	402	0
All	Vacancy Factor	1,183	790	501	(289)
					0
All	Financial Grip & Control	3,415	2,277	1,969	(308)
	Total	**11,700**	**7,260**	**6,099**	**(1,161)**

Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000
Covid-19 earmarked reserve	33,522	620	327	379	364	281	524	305
Vaccine	2,472	1,053	472	330	372	453	753	749
ADP (from Core)	1,700							
Primary Care Improvement Fund	6,585		145	18	167	240	328	244
Care homes	817		41	15	599	15	15	15
Urgent Care Redesign	950	139	110	105	87	76		
Action 15	1,791							
District Nurses	213							
Fluenz	18							
Mental Health Recovery & Renewal	3,932	100	122		63		1217	
Workforce Wellbeing	196							
Budival	213							
Child Healthy Weight	23							
Acceleration of 22/23 MDT recruitment	300							
Multi Disciplinary Teams	1,384							
GP Premises	430							
Afghan Refugees	47							
Dental Ventilation	669		72		1	236	80	
Interface care	170			30				
School Nursing	146							
Remobilisation of dental services	313							
Psychological Therapies	264							
Uncommitted Reserves								
RT Funding	1,500							
Core general reserve	3,402		127	98	524	15	-56	
Core underspend	3,550							
TOTAL	**64,607**	**1,912**	**1,416**	**975**	**2,177**	**1,316**	**2,861**	**1,313**

Appendix 6 : Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	67	37	67
Statutory Compliance	354	202	354
Capital Equipment	229	21	229
Condemned Equipment	0	0	0
Total Community & Primary Care	650	260	650
ACUTE SERVICES DIVISION			
Statutory Compliance	2,041	1,633	2,041
Capital Equipment	800	350	800
Clinical Prioritisation	123	53	123
Condemned Equipment	97	6	97
QMH Theatre	734	255	734
Total Acute Services Division	3,795	2,297	3,795
NHS FIFE WIDE SCHEMES			
Equipment Balance	381	0	381
Information Technology	877	877	877
Clinical Prioritisation	59	0	59
Statutory Compliance	1	0	1
Condemned Equipment	0	0	0
Fire Safety	0	0	0
Scheme Development	0	0	0
Vehicles	0	0	0
Capital to Revenue Transfer	2,000	0	2,000
Total NHS Fife Wide Schemes	3,318	877	3,318
TOTAL CAPITAL ALLOCATION FOR 2022/23	7,764	3,434	7,764

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
ANTICIPATED ALLOCATIONS 2022/23			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	365	322	365
Lochgelly Health Centre	506	443	506
Mental Health Review	100	28	100
Elective Orthopaedic Centre	13,629	11,535	13,629
National Equipping Tranche 1	1,506	444	1,506
HEPMA	900	218	900
Ferno Trollies	50	0	50
Estates NIB Bid	2,720	753	2,720
D&I NIB Bid	1,928	278	1,928
National Equipping Tranche 2	914	377	914
Anticipated Allocations for 2022/23	24,118	14,397	24,118
Total Anticipated Allocation for 2022/23	31,882	17,831	31,882

Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to October £'000	November Adjustment £'000	Total November £'000
Community & Primary Care				
Capital Equipment	0	229	0	229
Condemned Equipment	0	0	0	0
Clinical Prioritisation	0	67	0	67
Statutory Compliance	0	354	0	354
Total Community & Primary Care	**0**	**650**	**0**	**650**
Acute Services Division				
Capital Equipment	0	748	52	800
Condemned Equipment	0	14	83	97
Clinical Prioritisation	0	117	7	123
Statutory Compliance	0	2,041	0	2,041
QMH Theatre	734	734	0	734
	734	**3,653**	**142**	**3,795**
Fife Wide				
Backlog Maintenance / Statutory Compliance	2,396	-2,395	0	1
Fife Wide Equipment	1,407	-977	-49	381
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-184	-7	59
Condemned Equipment	100	-14	-86	0
Capital to Revenue Transfer	2,000	0	0	2,000
Fife Wide Fire Safety	0	0	0	0
Fife Wide Vehicles	0	0	0	0
Total Fife Wide	**7,030**	**-3,570**	**-142**	**3,318**
Total Capital Resource 2022/23	**7,764**	**734**	**0**	**7,764**

ANTICIPATED ALLOCATIONS 2022/23				
QMH Theatres PH2	1,500	0	0	1,500
Kincardine Health Centre	365	0	0	365
Lochgelly Health Centre	506	0	0	506
Mental Health Review	100	0	0	100
Elective Orthopaedic Centre	13,629	0	0	13,629
National Equipping Tranche 1	1,506	0	0	1,506
HEPMA	900	0	0	900
Ferno Trollies	50	0	0	50
Estates NIB Bid	2,720	0	0	2,720
D&I NIB Bid	1,928	0	0	1,928
National Equipping Tranche 2	914	0	0	914
Anticipated Allocations for 2022/23	**24,118**	**0**	**0**	**24,118**

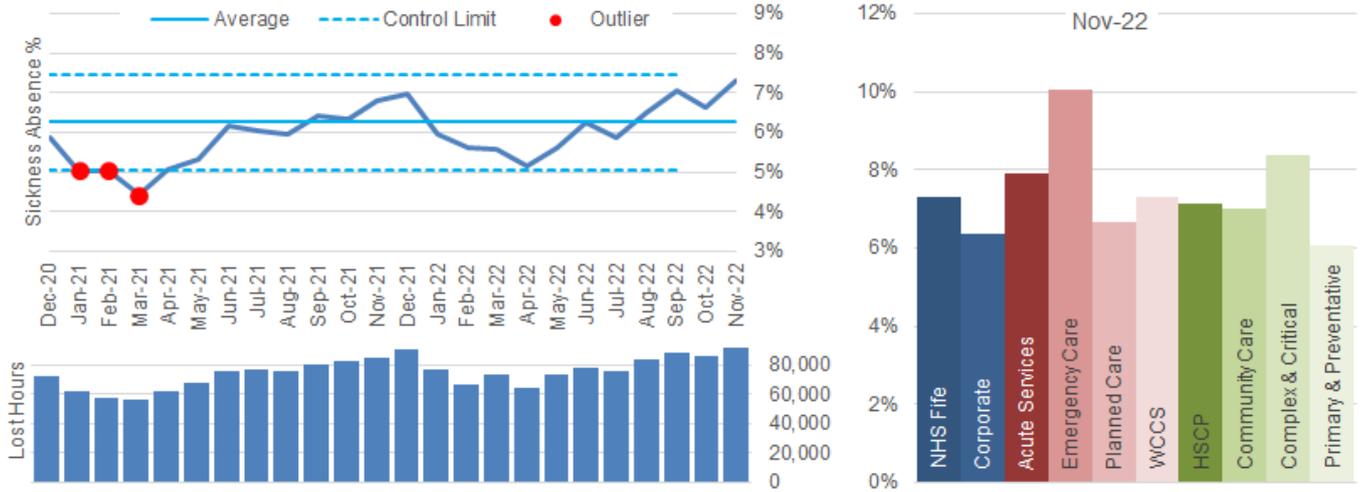| **Total Planned Expenditure for 2022/23** | **31,882** | **734** | **0** | **31,882** |

Sickness Absence
To achieve a sickness absence rate of 4% or less

Performance
7.31%

Local Performance

National Benchmarking

Month	2021/22				2022/23							
	Dec	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**
NHS Fife	6.98%	5.93%	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%	6.63%	7.31%
Scotland	6.23%	5.37%	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%	

Key Deliverable	End Date
Support the Health and Wellbeing of our Staff	Mar-23 At risk

	Key Milestones		End Date
	Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions		Mar-23 On track
	Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence		Mar-23 At risk

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

Performance
33.3%

Local Performance

Key Deliverable	End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate	Mar-23 At risk

	Key Milestones	End Date
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 On track
	Provide RAG status reports to all Managers during September 2022	Sep-22 Complete
	Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis	Dec-22 Complete
	Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDP&R activity	Dec-22 Complete

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

Performance 113

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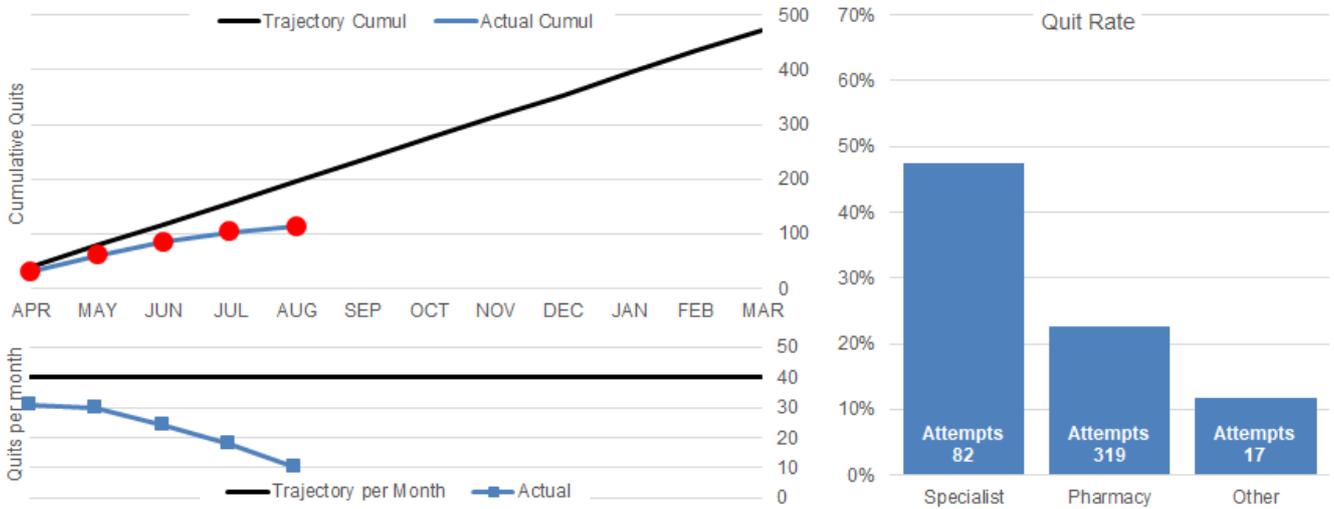
National Benchmarking

		2022/23											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	31	30	24	18	10							
	Actual Cumul	31	61	85	103	113							
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	77.5%	77.2%	72.0%	65.2%	57.4%							
Scotland	Achieved												

Key Deliverable	End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23	Mar-23 At risk

	Key Milestones	End Date
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 On track
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 On track
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Sep-22 Complete
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	Mar-23 On track
	Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage	Sep-22 Complete

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

Performance 71.6%

Local Performance
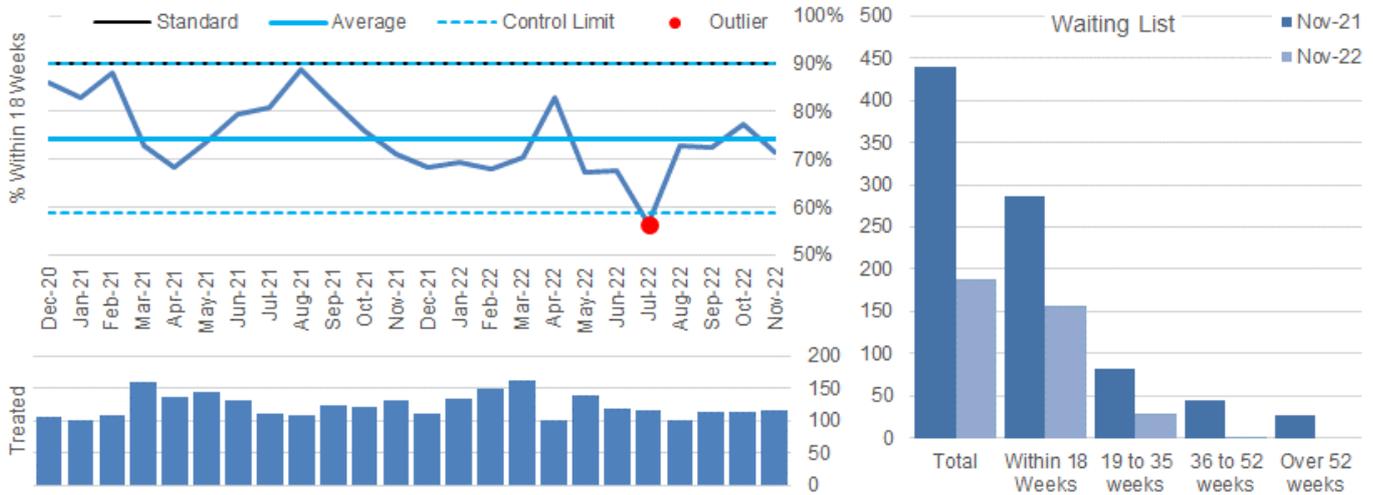
National Benchmarking

Month	2021/22				2022/23							
	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
NHS Fife	68.2%	69.4%	68.0%	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%	71.6%
Scotland	68.9%	73.9%	71.9%	73.8%	71.1%	66.7%	67.4%	67.4%	66.4%	69.3%		

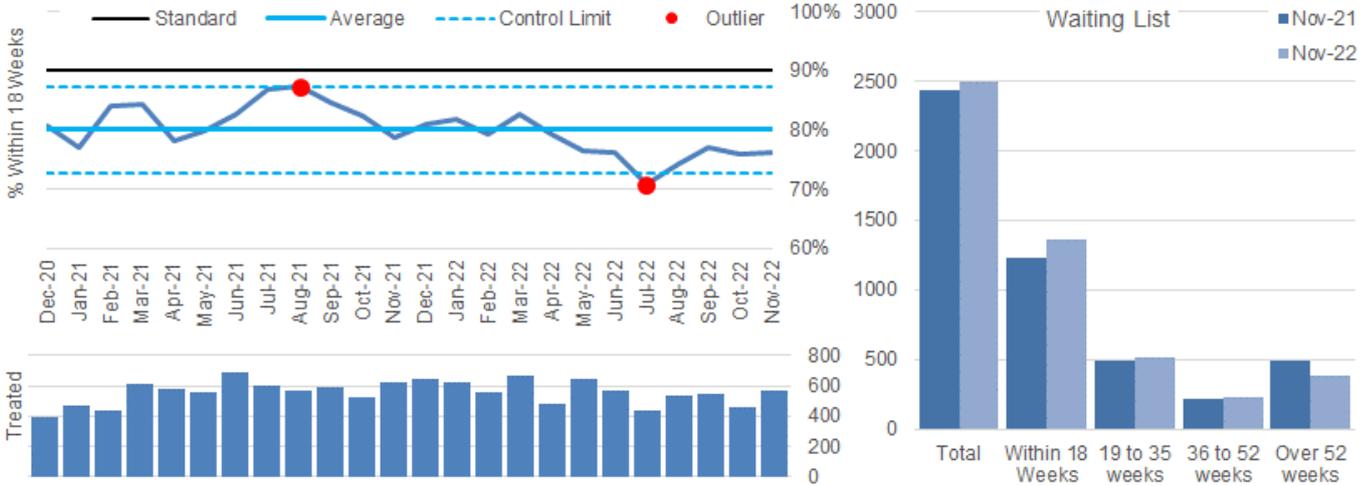| Key Deliverable	End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS	Mar-23 On track
Key Milestones Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 Complete
Recruitment of Additional Workforce	Mar-23 On track
Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Mar-23 On track

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

**Performance
76.1%**

Local Performance

National Benchmarking

| Month	2021/22				2022/23							
	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
NHS Fife	81.1%	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%
Scotland	85.1%	82.6%	82.0%	84.5%	81.2%	80.9%	82.3%	79.2%	81.6%	81.2%		

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-23 On track
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Mar-23 On track
	Recruit new staff as per Psychological Therapies Recovery Plan	Mar-23 On track
	Waiting list management within General Medical Service in Clinical Health	Dec-22 Complete
	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit	Mar-23 At risk
	Support and develop the NHS Fife response to Long COVID	Dec-22 Suspended

Covid-19 and Flu Vaccination
At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination
At least 80% of the Age 65+ population will receive a Flu vaccination

Performance
COV: 89.3%
Flu: 87.5%

Local Performance
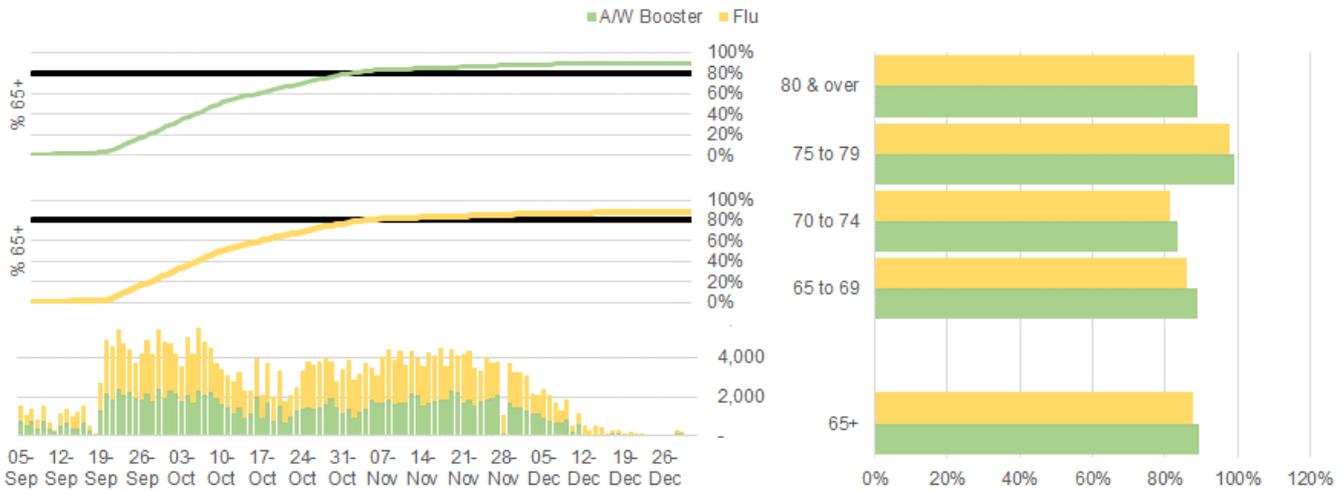
National Benchmarking

Scotland figures as per publication by Public Health Scotland on 11th January 2023, covering period up to end of 8th January 2023

NHS Fife figures as per local calculations at end of 31st December 2022

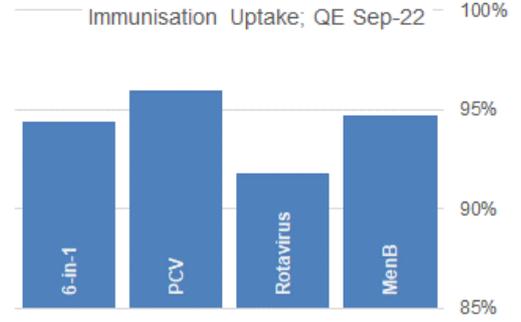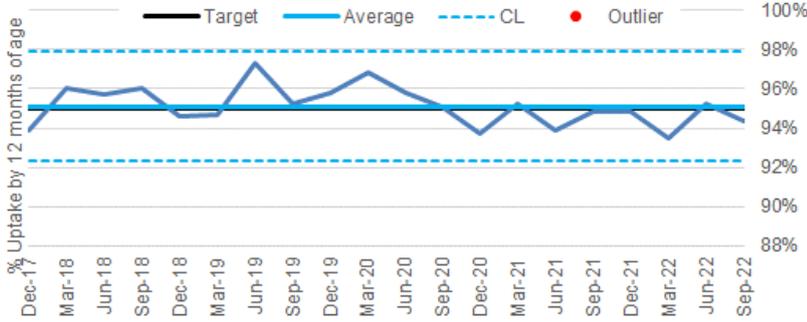| Month Ending		2022/23				2023/24						
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
COVID A/W	NHS Fife	30.1%	78.3%	87.1%	89.3%								
	Scotland		76.0%	88.1%	90.1%								
Flu	NHS Fife	30.1%	76.9%	85.5%	87.5%								
	Scotland		80.6%	82.9%	85.0%								

Key Deliverable		End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife		Dec-22 Complete
Key Milestones	COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 Complete
	COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population *Latest PHS data (13/7/22) - Fife uptake for booster 2 (dose 4) in 75+ = 94.5%.* *Programme completed though rolling offer ongoing.*	Jul-22 Complete
Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife		Jan-23 On track
Key Milestones	COVID uptake for 75+ in Fife, Autumn/Winter 22-23	Dec-22 On track
	Flu Vaccination uptake for 18-59 years at risk group in Fife, Autumn/Winter 22-23	Jan-23 On track
	Flu vaccination uptake for 65+ Fife population, Autumn/Winter 22-23	Dec-22 On track
	Flu vaccination uptake in 2-5 years, primary & secondary school programme	Jan-23 On track

Child Immunisation: 6-in-1

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

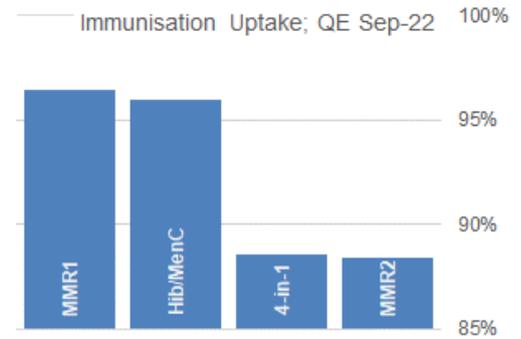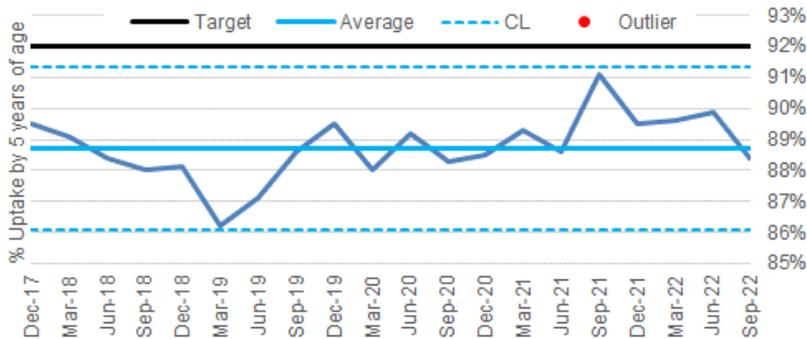**Performance 94.4%**

Local Performance

Immunisation Uptake; QE Sep-22

National Benchmarking

Quarter	2020/21			2021/22				2022/23	
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Performance 88.4%

Local Performance

Immunisation Uptake; QE Sep-22

National Benchmarking

Quarter	2020/21			2021/22				2022/23	
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%

Key Deliverable	End Date
Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population	Mar-23 At risk
Key Milestones — 6-in-1 primary vaccination uptake at age 12 months for Fife population	Mar-23 On track
MMR2 uptake at age 5 years for Fife population	Mar-23 At risk