

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 27 SEPTEMBER 2022

(enclosed) *TM*

 Item 04 - Minute 20220927 FINAL.pdf (13 pages)

10:10 - 10:10
0 min

5. MATTERS ARISING

TM

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 (October)

(enclosed) *CP*

 Item 06.2 - SBAR Board November.pdf (4 pages)

 Item 06.2 - IPQR October 2022 Revised.pdf (44 pages)

10:30 - 10:35
5 min

7. CHAIRPERSON'S REPORT

(verbal) *TM*

7.1. Board Development Session - 25 October 2022

(enclosed) TM

📎 Item 07.1 - Board Development Session Note 20221025.pdf (1 pages)

10:35 - 10:45 8. DEVELOPING OUR POPULATION HEALTH & WELLBEING STRATEGY 10 min

8.1. Report on Outcomes from Clinical Strategy 2016 - 21

(enclosed) CM

📎 Item 08.1 - SBAR Report on Outcomes from Existing Clinical Strategy.pdf (4 pages)

📎 Item 08.1 - Appendix 1 Review of the Clinical Strategy Draft Report 2016-21.pdf (17 pages)

10:45 - 10:55 9. PHARMACEUTICAL CARE SERVICES REPORT 2021/22 10 min

(enclosed) BH

📎 Item 9 - SBAR Pharmaceutical Care Services Report for NHSF Board.pdf (3 pages)

📎 Item 9 - Pharmaceutical Care Services in NHS Fife June 22 (281022).pdf (49 pages)

10:55 - 11:05 10. ANNUAL PROCUREMENT REPORT 2021/22 10 min

(enclosed) MM

📎 Item 10 - SBAR - Annual Procurement Report 2021-22.pdf (4 pages)

📎 Item 10 - Appendix 1 NHS Fife Annual Procurement Report 2021-22.pdf (20 pages)

11:05 - 11:15 11. CORPORATE RISK REGISTER 10 min

(enclosed) MM

📎 Item 11 - SBAR & Appendix 1 - Corporate Risk Register to Fife NHS Board on 291122.pdf (7 pages)

📎 Item 11 - Appendix 2 NHS Fife Corporate Risk Register as at 171122.pdf (7 pages)

📎 Item 11 - Appendix 3 Risk 13- Deep Dive Delivery of a balanced in-year financial position.pdf (2 pages)

📎 Item 11 - Appendix 4 Assurance Principles.pdf (1 pages)

11:15 - 11:25 12. WHISTLEBLOWING QUARTER 2 REPORT 2022/23 10 min

(enclosed) KR

📎 Item 12 - NHS Fife Board Whistleblowing Quarter 2 Report - 29.11.22.pdf (8 pages)

11:25 - 11:30 13. STATUTORY AND OTHER COMMITTEE MINUTES 5 min

13.1. Clinical Governance Committee dated 4 November 2022 (unconfirmed)

(enclosed)

📎 Item 13.1 - Minute Template CGC.pdf (1 pages)

📎 Item 13.1 - Clinical Governance Committee Minutes (unconfirmed) 20221104.pdf (11 pages)

13.2. Finance, Performance & Resources Committee dated 15 November 2022 (unconfirmed)

(enclosed)

📎 Item 13.2 - Finance Performance Resources Committee Minutes (unconfirmed) and Minute Template 20221115.pdf (8 pages)

13.3. Public Health & Wellbeing Committee dated 7 November 2022 (unconfirmed)

(enclosed)

📎 Item 13.3 - Minute Template PHWC Minutes 20221107.pdf (1 pages)

📎 Item 13.3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20221107.pdf (7 pages)

13.4. Staff Governance Committee dated 10 November 2022 (unconfirmed)

(enclosed)

📎 Item 13.4 - Minute Template SGC - 10 November 2022 SGC V.01.pdf (1 pages)

📎 Item 13.4 - Staff Governance Committee Minutes (unconfirmed) 10.11.2022.pdf (9 pages)

13.5. Communities & Wellbeing Partnership dated 8 September 2022 (unconfirmed)

📎 Item 13.5 - Minute Template CWP_LD_JT.pdf (1 pages)

📎 Item 13.5 - Community & Wellbeing Partnership Minute 22 09 08 unconfirmed.pdf (2 pages)

13.6. East Region Programme Board dated 16 September 2022 (unconfirmed)

📎 Item 13.6 - Minute Template ERPB.pdf (1 pages)

📎 Item 13.6 - East Region Programme Board Minutes 160922 V4 unconfirmed.pdf (4 pages)

13.7. Fife Health & Social Care Integration Joint Board dated 29 July 2022

(enclosed)

📎 Item 13.7 - Minute Template IJB 290722.pdf (1 pages)

📎 Item 13.7 - IJB 290722 Final Minute.pdf (9 pages)

13.8. Clinical Governance Committee dated 2 September 2022

(enclosed)

📎 Item 13.8 - Clinical Governance Committee Minutes (confirmed) 20220902.pdf (12 pages)

13.9. Finance, Performance & Resources Committee dated 13 September 2022

(enclosed)

📎 Item 13.9 - Finance Performance Resources Committee Minutes (confirmed) 20220913.pdf (8 pages)

13.10. Public Health & Wellbeing Committee dated 29 August 2022

📎 Item 13.10 - Public Health Wellbeing Committee Minutes (confirmed) 20220829.pdf (9 pages)

13.11. Staff Governance Committee dated 1 September 2022

(enclosed)

📎 Item 13.11 - Staff Governance Committee Minutes (confirmed) 20220901_.pdf (12 pages)

11:30 - 11:35
5 min

14. FOR ASSURANCE:

14.1. Integrated Performance & Quality Report - September 2022

(enclosed) MM

📎 Item 14.1 - IPQR September 2022.pdf (44 pages)

11:35 - 11:35 **15. ANY OTHER BUSINESS**
0 min

11:35 - 11:35 **16. DATE OF NEXT MEETING: Tuesday 31 January 2023 at 10.00 am via MS
Teams**
0 min

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 27 SEPTEMBER 2022 AT 10:00 AM VIA MS TEAMS

TRICIA MARWICK

Chair

Present:

T Marwick (Chairperson)	A Haston, Non-Executive Director
C Potter, Chief Executive	A Lawrie, Non-Executive Director
M Black, Non-Executive Director	M Mahmood, Non-Executive Director
S Braiden, Non-Executive Director	M McGurk, Director of Finance & Strategy
W Brown, Employee Director	A Morris, Non-Executive Director (part)
C Cooper, Non-Executive Director	J Tomlinson, Director of Public Health
Cllr D Graham, Non-Executive Director	A Wood, Non-Executive Director
A Grant, Non-Executive Director	

In Attendance:

L Barker, Associate Director of Nursing (for the Director of Nursing)
N Connor, Director of Health & Social Care
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
C Grieve, Observer
B Hannan, Director of Pharmacy & Medicines
J Kemp, Observer
K Macgregor, Associate Director of Communications
G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormick, Director of Property & Asset Management
P King, Corporate Governance Support Officer (Minutes)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular our three new Non-Executive Directors Anne Haston (appointed from 1 August 2022) and Colin Grieve and John Kemp, who are both observing today and will officially join the Board on 1 October 2022. They will replace M Black and C Cooper when their term ends later this year. A welcome was also extended to Lynn Barker, Associate Director of Nursing, deputising for J Owens, Director of Nursing.

The Chair acknowledged that this is L Douglas' last Board meeting as she is retiring at the end of the year and she warmly thanked her, on behalf of the Board, for her contribution to NHS Fife over the last few years.

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

The Chair began her opening remarks by conveying thanks once again, on behalf of the Board, to all staff and volunteers for their continued dedication when health care services continue to be under pressure.

The Chair was pleased to advise that a 'Thank You' Garden Party was held on 3 September 2022 to mark and reflect on the amazing contribution and resilience shown by healthcare staff in Fife throughout the response to the global pandemic. The event, which was organised following feedback from healthcare staff across Fife earlier this year, replaced the annual Staff Achievement Award, which have been suspended for the last two years. The 'Thank You' Garden Party was held at no cost to NHS Fife, with funding for the event provided by the Fife Health Charity and with support from local suppliers. For those staff unable to attend the Thank You Garden Party, the Fife Health Charity has agreed to make additional funds available to support wards and departments who wish to hold smaller localised events to thank staff.

The Chair, on behalf of NHS Fife, our colleagues, patients and visitors, extended condolences to His Majesty King Charles III and the Royal Family following the death of the late Her Majesty Queen Elizabeth II. Books of condolence have been made available for staff and patients, with our spiritual care team available to offer support to staff and patients as part of the period of national mourning. An online book of condolence is also available.

The Chair congratulated Queen Margaret Hospital-based volunteer, Muriel Bremner, who has been awarded the Order of Mercy from the League of Mercy Foundation, which celebrates those who have made a difference in their communities by dedicating themselves to volunteering. Muriel was the only Scottish-based recipient of the award, which was presented by Lord Lingfield during a ceremony in London.

She also congratulated Dental Nurse, Claire Woods, on her recent success at the Kingdom FM Local Hero Awards. Claire took home the Charity Champion Award, sponsored by Cadham Pharmacy, for her incredible fundraising efforts over the last few years. Claire has raised money for local football teams, NHS Fife, Edinburgh Sick Kids, Fife Cat Shelter and many other worthy causes, and the Board is grateful for her efforts.

The Chair advised that NHS Fife has been recognised for its continued commitment to the armed forces community. The Chief Executive was joined by local Armed Forces and Veterans' Champion, Mairi McKinley, to receive a renewal of the Defence Employer Recognition Scheme (ERS) Silver Award. Launched in 2014, the Defence Employer Recognition Scheme encourages employers to support defence and inspire others to do the same. NHS Fife's Silver Award is our second and recognises flexibility around the training commitments of reservists and the support we provide to instructors, veterans, military spouses and partners.

It was noted that the two visits referred to at the last meeting had since taken place. National Clinical Director Professor Jason Leitch visited Queen Margaret and Victoria Hospitals on 5 August 2022 to meet our teams and to thank them for their ongoing efforts to provide high quality care for people in Fife. Caroline Lamb, Chief Executive of NHS Scotland, and Director General of Health and Social Care, accompanied by John Burns, Chief Operating Officer NHS Scotland, and David Miller, Chief People Officer NHS Scotland, visited services at both Queen Margaret and Victoria Hospitals, as well as the Orthopaedic National Treatment Centre on 19 August 2022.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

Apologies for absence were received from K Macdonald, Non-Executive Director Whistleblowing Champion, C Mckenna, Medical Director, and J Owens, Director of Nursing.

4. Minutes of Previous Meeting Held on 26 July and 2 August 2022

The minute of the meetings noted above were **agreed** as an accurate record.

5. Matters Arising

There were no matters arising.

6. CHIEF EXECUTIVE'S REPORT

6.1 Chief Executive Update

The Chief Executive took the opportunity to thank everyone across NHS Fife and our partners for their ongoing commitment, care and compassion in an unrelenting situation. There is a continuing pressure on all aspects of our services with no respite over the summer months, and staff are continuing to dig deep on a daily basis.

The Chief Executive reported that she continued to meet monthly with Scottish Government colleagues and the Health Board Chief Executives from across Scotland to consider the longer-term strategic priorities for NHS Scotland, as well as the immediate pressures. It is clear the Board is facing similar operational challenges in Fife as those reported elsewhere in Scotland. These include:

- continuing high level of attendances in the Emergency Department, with an unacceptable number of patients waiting much longer than 4 hours, despite the best efforts of our teams;
- rise in 'walk-in patients' who have not accessed care via NHS 24;
- high in-patient admission rate from the Emergency Department (linked to acuity);
- hospital occupancy at a maximum level on a daily basis, with all additional capacity in use;

- difficulties in getting the required level of flow through our hospitals due to similar capacity issues in both the community and social care setting.

The Chief Executive stated that, historically, Fife has performed well with emergency access performance, but these factors are challenging the organisation right now. The issues cannot be addressed quickly or easily but she assured the Board that actions are underway to improve the position, including increased workforce, changes to physical capacity and process improvements. Work is also underway with the Scottish Ambulance Service on some actions. Further detail will be provided as part of the Integrated Performance & Quality Report update later in the meeting agenda.

It was reported that despite the challenges with capacity and flow, the elective programme has progressed over recent months, mostly urgent and cancer surgery but with increasing routine activity, and NHS Fife is performing well against the rest of Scotland in addressing long waits and the totality of our waiting lists.

The Chief Executive reported that the Autumn / Winter Flu and Covid vaccination programmes are in place to support safe and effective delivery of the programmes to the people of Fife through the Community Immunisation Service in NHS Fife. Delivery of the programme commenced the week of 5 September 2022 for frontline health and social care staff, care home residents and those who are housebound, and appointments for the wider community cohorts commenced on 19 September.

There had been issues with queues for a period at the Kirkcaldy vaccination clinic last week, which led to some people having to wait around an hour for their flu or Covid jabs. Vaccination clinics had remained open during the public holiday on 19 September, however, this resulted in congestion later in the week after a considerable number of people requested to reschedule their appointment due to the funeral of Her Majesty Queen Elizabeth II taking place on 19 September. Staff were quickly redeployed from other clinics to increase capacity and help reduce waiting times. Measures were also put in place to enable patients to wait comfortably in seated areas within the clinic. The Chief Executive apologised to those who were required to wait longer than planned for their appointment. An update will be provided on the Seasonal Flu and Covid Vaccination Programme later in the agenda

Finally, the Chief Executive acknowledged that L Douglas, Director of Workforce, is retiring at the end of the year. Linda has played a crucial role, particularly throughout the pandemic (having taken up her role just a few months before), and thanks are given for all her work and effort during her time in NHS Fife.

6.2 Integrated Performance & Quality Report (IPQR)

The Chief Executive confirmed that the August IPQR had been scrutinised through the Governance Committees, with no specific issues escalated from those discussions. The report covers the performance activity data up to June 2022. The IPQR has recently been refined and includes some additional information to previous iterations as set out in the paper. Executive Leads made comment on the key issues emerging from those discussions:

Clinical Governance

The Associate Director of Nursing acknowledged that there are still challenges in investigating and responding to Stage 2 complaints within the national timescale. A new Head of Patient Experience has recently been appointed and work is underway to review systems and processes and to make improvements, ensuring there is system-wide learning and reflection on the complaints being made.

As Chair of the Clinical Governance Committee, C Cooper reported that the Committee acknowledged the hard work and commitment of staff and volunteers throughout this challenging period and was aware of the challenges outlined in the IPQR, taking assurance from the plans to move these forwards.

Finance, Performance & Resources

NHS Fife Acute Division – It was noted that the 4-hour Emergency Access target remained challenged due to the high demand within unscheduled care presentations. Escalation actions were outlined, and the Director of Acute Services confirmed that this is a priority area in which to see an improvement in performance to meet the target and in patient experience. A deterioration in performance had been noted in relation to the Patient Treatment Time Guarantee (TTG) due to the level of unscheduled care presentations and staffing challenges due to Covid-19. Performance in June for New Outpatients improved slightly as core capacity increased in most specialties. Performance had also improved in relation to Diagnostics, particularly in imaging, but challenges remained in endoscopy due to the continuance of infection prevention and protection control measures. Urgent and suspicion of cancer remained a priority. Challenges continued in relation to the Cancer 62-day Referral to Treatment target, but performance had been sustained.

A few questions were asked. The Director of Acute Services confirmed that there had been no drop in attendance at the Emergency Department on the public holiday for the funeral of Her Majesty Queen Elizabeth II; there had been 255 attendances, which has had a knock-on effect going into this week and the service remains under significant pressure. Whilst recognising the significant challenges being faced in the Emergency Department, assurance was provided on the safety of the service. The use of the Operational Escalation Framework (OPEL) ensured a consistent assessment of services and actions for mitigating any risks and is used regularly throughout the day, every day. An Unscheduled Care Collaborative has also been established by Scottish Government to work with Health Boards to improve performance and patient experience, taking a whole-system approach.

The Employee Director agreed that patient safety and safe staffing is always a priority but noted that there are real challenges, particularly in relation to staffing at the moment, which causes stress and anxiety for staff under certain conditions. The Associate Director of Nursing recognised the ongoing staffing challenges, but she assured the Board that there are well-established systems and processes in place for escalating concerns and actions taken to mitigate them. Staff wellbeing is a key consideration and there are plans to support staff in the short-, medium- and longer-term to mitigate staffing issues.

In relation to the addition of a new modular building located outside AU1 as part of new care pathway, the Director of Acute Services advised that this is a different model

of care and learning is being taken from same-day emergency care models elsewhere. This new care pathway requires to be fully tested to understand the impact before seeking any further expansion.

Health & Social Care Partnership (H&SCP) – Performance in relation to Delayed Discharges demonstrated a reduction in the number of people in delay and showed Fife as mid-ranking of Health Board areas and close to the Scottish average. There continued to be a high number of Code 9 delays (adults with incapacity) and significant work is ongoing to support review and timeliness in that aspect of care. Surge beds remained open and close working continued with Acute Services to support timely transfer of care at every part of the care sector.

The Director of Finance & Strategy confirmed a challenging financial position both locally and nationally. The Board's reported financial position at the end of June was an overspend of £6.2m, due to the high levels of demand particularly for Acute Services. Attention was drawn to paragraph 1.5 of the finance report and the requirement from Scottish Government to deliver a balanced financial position this year without additional financial support. It has been highlighted that this will be difficult for NHS Fife to achieve, and discussions are ongoing both internally with colleagues and with Scottish Government.

It was noted that a significant allocation for Covid-19 had been received in February 2022, which was within specific Covid earmarked reserves held by the Integration Joint Boards (IJBs) across Scotland. Scottish Government has asked all Boards and IJBs to be clear about their anticipated Covid-19 spend, which might enable a redirection of some of that funding, given the high level of Covid-19 spend within the financial positions. Regarding the allocations to be distributed, as listed under Appendix 3, it was noted that this is currently being held centrally to be allocated to budgets throughout the year in line with anticipated spend.

Staff Governance

The Director of Workforce reported that the sickness absence level had returned to the same level as in June 2022 and remained a focus. Assurance was provided that a range of activity continued to manage sickness absence and to help support staff remain at work or return to work when they have been absent due to illness and thanks were conveyed to colleagues for their work in this regard.

Personal Development Plan & Review (PDPR) compliance is an area for improvement, however the position is not unexpected, given the continuing high levels of demand on staff time, which can mean time for appraisal activity is limited. There are areas of good practice and uptake and work continued to try and improve staff engagement in this area.

M Black, Non-Executive Director, commented that the level of sickness absence was not unexpected given the circumstances of a global pandemic and the stress that staff have been under for a considerable time. Whilst the Director of Workforce acknowledged the circumstances, she noted that any absence is a concern to NHS Fife and the individual and it is important to support staff to stay well and to therefore decrease the level of absence.

The Chief Executive advised that considerable efforts are being made to make it easier for staff to access support, such as through the spiritual care team, access to confidential contacts and whistleblowing to enable staff to raise concerns. The Executive Directors are also making concerted effort to increase their visibility by undertaking walkabouts and taking time to speak with staff. The Chair added that Fife Health Charity is also doing what it can to give additionality to support being offered by the Health Board itself. Full discussion on the wide range of support available had taken place at the recent Staff Governance Committee meeting.

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

Public Health & Wellbeing

Childhood Immunisation – The Director of Public Health reported on the new indicators within the IPQR around childhood immunisation, noting improvement is required around both the 6-in-1 primary vaccination and MMR2 vaccination. Immunisation for children was a priority throughout the pandemic but performance remained below target and a programme of work is underway to ensure opportunities are being maximised for vaccination of children to prevent vaccine-preventable diseases. It was noted that there had been a good response to the consultation, which will be submitted through the Immunisation Programme Board in October. The Director of Public Health also advised of a change to Covid-19 reporting within future IPQRs, which will switch to monitoring the Autumn/Winter Flu and Covid Vaccination programme.

H&SCP – An update was provided on the challenges related to Child and Adolescent Mental Health Services (CAHMS) and Psychological Therapies waiting times as work continued to balance both supporting access to treatment and to reduce the longest waits. Significant work is underway to recruit to both areas to support capacity and attract the special skills required to sustain delivery. A detailed report had been submitted to the Public Health & Wellbeing Committee in September 2022.

In responding to a query, the Director of Health & Social Care confirmed that significant recruitment is underway to work towards the stated target for CAMHS and although challenging, actions are underway and are presently on track for delivery.

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

The Board **noted** the creation of different versions of the IPQR for the various Standing Committees and took **assurance** on reported performance and achieved remobilisation activity to date, noting the issues escalated via the Standing Committees.

7. CHAIRPERSON'S REPORT

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 discuss matters highlighted today.

The Chair confirmed changes to Non-Executive Committee membership and thanked A Grant for agreeing to take over the Chair of the Audit & Risk Committee from M Black, and A Wood for assuming the Chair of the Clinical Governance Committee and Integration Joint Board from C Cooper. Non-Executive Directors were reminded to alert the Chair/Board Secretary if there was a particular committee they wished to sit on, pending a present review of Committee appointments.

7.1 **Board Development Session – 30 August 2022**

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

8. **VACCINATION PROGRAMME 2022/23**

The Director of Health & Social Care spoke to the report, which provided assurance on the local delivery position for the Autumn/Winter Flu and Covid vaccination programmes. It also covers the planning that is in place to support safe and effective delivery of the programmes to the people of Fife through the Community Immunisation Service in NHS Fife. The key points were highlighted, most notably that, as at the time of writing, over 901,202 full course doses for Covid-19 had been administered in Fife.

Attention was drawn to the planned timetable set out under Appendix 1 of the paper. There was no significant concern about the ability to deliver the programme on time as it continued to be monitored and any issues, such as the queues for a period at the Kirkcaldy vaccination clinic last week, dealt with immediately.

In response to a question, it was noted that the inclusivity work described is part of the delivery of the Immunisation Strategy which has key outcomes and deliverables. Future reports would provide assurance on the work being done in relation to community outreach and inequalities.

The Board took **assurance** that planning is in place to support safe and effective delivery of Autumn/Winter Flu and Covid vaccination programmes to the people of Fife through the Community Immunisation Service in NHS Fife.

9. **2022 PROPERTY & ASSET MANAGEMENT STRATEGY (PAMS)**

The Director of Property & Asset Management presented the report, which is the third PAMS produced in just under two years. The PAMS set out progress from previous years, along with our vision of the future in support of the NHS Fife Population Health and Wellbeing Strategy. Significant work had been undertaken to streamline the document and an overview on what the document provides was given to members. The Director of Property & Asset Management highlighted work around climate change and sustainable development, which would be key over the next 10 – 15 years, as we need to transform the way we deliver care and the buildings we deliver it in. There is considerable work to be done to get to the position of having a defined action plan. This will be undertaken in line with the strategy published by Scottish Government for the NHS and the Policy for Climate Emergency & Sustainable Development. The need to also bring in things such as Anchor Institution work, greenspace and the good work around staff health and wellbeing, to give a broader health and wellbeing focus on the

estates strategy, is essential, as is having buildings which support the best service for the population.

Questions were raised in relation to the steam boilers at Queen Margaret Hospital and around having an Equality Impact Assessment (EQIA) to demonstrate how the strategy can promote equality and diversity across the protected characteristics, and these were responded to. The Director of Property & Asset Management agreed to consider the EQIA question further in relation to supporting delivery of the PAMS.

Action: N McCormick

The Chair thanked the Director of Property & Asset Management for the report.

The Board **approved** the 2022 Property & Asset Management Strategy.

10. DEVELOPING OUR POPULATION HEALTH & WELLBEING STRATEGY

The Director of Finance & Strategy presented two papers, which provided an update in relation to some of the key activities identified within the milestone plan for strategy development, agreed by the Board in April and re-visited in June 2022.

10.1 Alignment to the Four National Care Programmes

The paper described the key activities underway to support local delivery of the four National Care programmes. The paper has been considered by the Public Health & Wellbeing Committee and Portfolio Board and a further paper will be prepared as more detail develops in relation to staging and prioritisation of the key strands of work around the national programme.

The Board took **assurance** that NHS Fife, in developing its Population Health and Wellbeing Strategy, is properly aligning to the National Care and Wellbeing Portfolio.

10.2 Community and Staff Engagement Programme

The paper provided an update on the programme of engagement undertaken or planned to date, to support the strategy development over the coming weeks. It was noted that joint working is ongoing with the Fife Health & Social Care Partnership as engagement activity is planned over similar periods with the public, partners, voluntary sector as well as service users across Fife.

The Director of Finance & Strategy advised that more localised engagement was launched a few weeks ago and she outlined the breadth of engagement underway, which included locality-based focus groups, community councils, secondary schools, Fife Voluntary Action and Health Improvement Scotland, to ensure adherence to the participation standard. A specific workshop was also being planned with the Area Partnership Forum to help shape more detailed discussion with staff, building on engagement with clinical teams.

The Board took **assurance** that the engagement plan is aligned to the four strategic priorities of NHS Fife and the output from this engagement will be included in the development of the Public Health & Wellbeing Strategy.

11. RISK

11.1 Board Assurance Framework

The Director of Finance & Strategy referred to the report on the Board Assurance Framework (BAF), which provided the last iteration of the risk report in this format to the Board. There had been no significant changes to risk levels across the range of areas reported and the paper had been reported through the governance committees in September 2022.

The Board took **assurance** from the Board Assurance Framework.

11.2 Draft Corporate Risk Register & Dashboard

The Director of Finance & Strategy spoke to the paper, which summarised work undertaken over the past year to refresh and identify a more effective way of presenting the risk profile to the Board. The paper presents at Annex 1 the strategic risk profile and demonstrates that three out of the four strategic priorities are currently facing a risk profile in excess of our risk appetite. Annex 2 sets out the draft Corporate Risk Register for review. The paper has been submitted through all the Governance Committees at their September meetings, with key questions asked and feedback taken on board.

It was noted that the new Corporate Risk Register is a dynamic document, which will require further refinement to ensure the risks captured continue to represent the current profile of the organisation. The plan is to create opportunities at each committee and Board session to carry out deep dives into high risks that are deteriorating or not improving over time. The Associate Director of Quality & Clinical Governance is undertaking considerable work to support this development and has established a new Risk and Opportunities Group to create the most effective presentation of the Corporate Risk Register to the next round of committees and onto the Board.

The Chair thanked the Director of Finance & Strategy for presenting the latest iteration of the Corporate Risk Register and Dashboard and emphasised the importance of the Board having ownership of this document. Thanks were also conveyed to the Associate Director of Quality & Clinical Governance for the work undertaken to date.

Following questions, the Director of Finance & Strategy proposed that the target risk levels be based on the current year, and she would ask colleagues to consider further to ensure it is set at an achievable and realistic level. Given that 10 of the 18 risks currently sit with the Clinical Governance Committee, the Director of Finance & Strategy agreed to reflect further with the Executive Team to see if any can be considered and reviewed at another committee.

The Board **approved** the proposal, which will create the initial version of the Corporate Risk Register and Dashboard.

A Morris joined the meeting.

12. JOINT HEALTH PROTECTION PLAN 2022 – 24

The Director of Public Health presented the NHS Fife and Fife Council Joint Health Protection Plan covering the period 1 April 2022 to 31 March 2024. The Plan provided an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for NHS Fife and Fife Council, providing the opportunity to reflect on what has happened over the previous two years, and highlighted the importance of shared responsibilities between Health Boards and Local Authorities for the wider population health protection.

The Director of Public Health highlighted areas of significance within the Plan, notably the impact of Covid-19 and a resultant lowering of more traditional infectious diseases, information on avian influenza and the response to new arrivals of refugees. The report also set out future priorities, including the emerging theme around the climate emergency, and detailed actions were outlined in Appendix 1.

The report was commended to the Board and would be subject to various approval processes through Fife Council.

The Board took **assurance** from the updated Joint Health Protection Plan 2022-24.

13. HEALTH PROMOTING HEALTH SERVICE

The Director of Public Health spoke to the paper, which provided an update on progress within NHS Fife during 2021/22 against the Health Promoting Health Service outcomes and indicators. She advised that there had been changes from the Scottish Government over recent years, with a lighter touch approach introduced whereby Boards are asked to carry out a baseline self-assessment and action plan rather than a more formal report. The paper outlines the work that has been carried out throughout the course of the pandemic, with the four outcomes linking in well with our strategy, and she noted the next steps. It was noted that developments nationally are awaited regarding the future direction of the programme.

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

14. COMMUNITY CHILDREN'S SERVICES ANNUAL REPORT 2021/22

The Director of Health & Social Care presented the report, which provided assurance on the work undertaken in Community Children's Service. This is an exemplar of partnership working in Fife, involving input across all agencies and supporting delivery of many national strategies. The detailed report covers the range of services, background, key achievements, challenges faced and priorities within the coming year. Attention was drawn to the key areas of success, noting in particular supporting infant mental health in Fife, breastfeeding support service, ongoing development of the Family Nurse Partnership and the contribution of the health visiting service in supporting families in tackling poverty and the primary one screening programme. The significant work around participation and engagement to ensure the voice of the child is central to all that we do was also highlighted.

The Board took **assurance** on the work undertaken by Community Children’s Services to support early intervention, prevention and support centred round the needs of child and in support of families aligned to both national and Fife policy and direction.

15. WHISTLEBLOWING

15.1 Annual Performance Report 2021/22

The Director of Workforce presented the first Whistleblowing Annual Performance Report, as required by the National Whistleblowing Standards, on whistleblowing concerns received from 1 April 2021 to 31 March 2022. The Director of Workforce was grateful for the involvement of others in drafting the report as it progressed to the Staff Governance Committee, and she thanked the Staff Governance Committee for its involvement and input.

It was noted that two whistleblowing concerns had been raised during the year. These are currently in progress and as they reach conclusion will be picked up through the ongoing quarterly reporting. Attention was drawn to the actions under section 1.4 of the report and the comments from the Board’s Whistleblowing Champion under section 1.18 of the report. The Whistleblowing Champion had provided additional words of assurance, and these were read out to the Board, noting her view that: firstly “NHS Fife has covered all the requirements of the Whistleblowing Standards and where changes are needed there is a corresponding action”; and secondly “there exists an exceptionally strong Board Leadership commitment to listening to staff.”

In response to a question, the Director of Workforce confirmed that there was no specific timeline for resolution to whistleblowing investigations, but matters are resolved as quickly as possible and where any extension is required, this is agreed by all parties concerned. Concerns raised are reviewed both weekly and, more formally, monthly.

The Board took **assurance** from the Annual Performance Report 2021/22, which confirms the concerns raised in the period 1 April 2021 to 31 March 2022 and the data on training from 1 April 2021 to 31 March 2022.

15.2 Quarter 1 Report 2022/23

The Director of Workforce drew the Board’s attention to the update on the whistleblowing and anonymous concerns for the reporting period 1 April to 30 June 2022.

The Chief Executive emphasised the importance of ensuring that the workforce can access support and know when and how they can speak up. She took the opportunity to advise that NHS Fife was launching a “Know who to talk to” campaign to support the wellbeing of staff, linked to a national Speak Up campaign which runs from 3 – 7 October.

The Board took **assurance** from the report, noting:

- the data for the first quarter of 2022 / 2023, i.e., 1 April 2022 to 30 June 2022. No whistleblowing concerns were received, and no anonymous concerns were received;
- one Whistleblowing article was published in the local newspapers during Quarter 1; and
- the data on training from 1 April 2022 to 30 June 2022.

16 STATUTORY AND OTHER COMMITTEE MINUTES

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

- 16.1 Audit & Risk Committee dated 12 September 2022 (unconfirmed)
- 16.2 Clinical Governance Committee dated 2 September 2022 (unconfirmed)
- 16.3 Finance, Performance & Resources Committee dated 13 September 2022 (unconfirmed)
- 16.4 Public Health & Wellbeing Committee dated 29 August 2022 (unconfirmed)
- 16.5 Staff Governance Committee dated 1 September 2022 (unconfirmed)
- 16.6 Fife Health & Social Care Integration Joint Board dated 22 April 2022
- 16.7 Fife Partnership Board dated 23 August 2022 (unconfirmed)

Approved Minutes

- 16.8 Audit & Risk Committee dated 16 June and 29 July 2022
- 16.9 Clinical Governance Committee dated 1 July 2022
- 16.10 Finance, Performance & Resources Committee dated 12 July 2022
- 16.11 Public Health & Wellbeing Committee dated 4 July 2022
- 16.12 Staff Governance Committee dated 14 July 2022

17. FOR ASSURANCE

The Board **noted** the items below:

- 17.1 Integrated Performance & Quality Report – July 2022
- 17.2 Corporate Calendar – Board and Committee Dates to March 2024

18. ANY OTHER BUSINESS

None.

19. DATE OF NEXT MEETING

Tuesday 29 November at 10:00 am via MS Teams

Meeting:	Fife NHS Board
Meeting date:	29 November 2022
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 NHS Fife 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 NHS Fife Board of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets).

The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of August 2022. The RAG status of the 'deliverables' in the drill-downs is as at the end of September 2022.

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 Personal Development Plan & Review (PDPR), in the Staff Governance section. Further additions relating to Adverse Events (Clinical Governance) and Establishment Gap (Staff Governance) are expected to follow in due course.

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 Indicator Summary, Assessment section and relevant drill-downs if applicable.

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.

2.3 Assessment

Performance against the 4-Hour Emergency Access Standard continued to fall in August and remained below the Scottish average. Unplanned attendance across A&E and all MIU sites was 6% higher in the first 5 months of the FY than for the same period in 2021 (it was 4% higher if you include planned attendances), while 70% of the 4-hour breaches were due to unavailability of a bed or a wait for first assessment.

Within Acute Services, performance fell against the National Waiting Times Standards for TTG and Outpatients but improved slightly for Diagnostics. In all areas, Waiting Lists continued to trend upwards, although activity in both Diagnostics and Outpatients (including DNAs) was higher than forecast by around 15%.

In Cancer Services, performance against the 31-Day DTT measure has now been above 95% (and often 100%) for the last two and a half years. Performance against the 62-day Standard continued to be around 85%, but above the Scottish average.

The number of patients starting treatment under the first measure was around 5% lower in the first 5 months of the FY compared to the same period in 2021. Under the second measure, the number was around 5% higher.

Within Mental Health Services, performance against the CAMHS Standard improved significantly in August compared to July, but Psychological Therapies performance fell. Waiting Lists were stable in each area and there were no waits over 52 weeks for CAMHS. This is the first time this milestone has been achieved.

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

Risk Management is considered and will be included in future IPQRs as we capture the key issues from the ADP.

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 November 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**
- **Clinical Governance Committee** 4 November 2022
- **Public Health and Wellbeing Committee** 7 November 2022

- **Staff Governance Committee** 10 November 2022
- **Finance, Performance and Resource Committee** 15 November 2022

2.3.9 Issues for Escalation to the NHS Fife Board

No issues have been escalated to the NHS Fife Board as a result of the round of Standing Committee meetings in November.

2.4 Recommendation

The NHS Fife Board is requested to:

- **Take Assurance** on reported performance and achieved remobilisation activity to date and to consider any issues escalated via the Standing Committees

3 List of appendices

None

Report Contact

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Fife Integrated Performance & Quality Report

Produced in October 2022

Introduction

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

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 ****NEW******
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 are also columns indicating where a measure is related to a key Corporate Risk and 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
18 October 2022

Prepared by:
SUSAN FRASER
Associated 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	N/A	Month	Aug-22	29	○	▲	▲	
	HSMR	N/A	Year Ending	Mar-22	1.02	●	◀▶	◀▶	
	Inpatient Falls	6.91	Month	Aug-22	6.45	○	▲	▲	
	Inpatient Falls with Harm	1.65	Month	Aug-22	1.69	○	▼	▼	
	Pressure Ulcers	0.89	Month	Aug-22	1.03	○	▼	▲	
	SAB - HAI/HCAI	18.8	Month	Aug-22	10.0	○	▲	▲	QE Jun-22
	C Diff - HAI/HCAI	6.5	Month	Aug-22	10.0	○	▲	▲	QE Jun-22
	ECB - HAI/HCAI	33.0	Month	Aug-22	33.2	○	▲	▲	QE Jun-22
	Complaints Closed - Stage 1	80%	Month	Aug-22	73.1%	○	▲	▲	2020/21
Complaints Closed - Stage 2	50%	Month	Aug-22	8.9%	○	▲	▼	2020/21	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Aug-22	100.0%	●	◀▶	◀▶	
	4-Hour Emergency Access	95%	Month	Aug-22	68.4%	○	▼	▼	Aug-22
	Patient TTG % <= 12 Weeks	100%	Month	Aug-22	51.4%	●	▼	▼	Jun-22
	New Outpatients % <= 12 Weeks	95%	Month	Aug-22	52.9%	●	▼	▼	Jun-22
	Diagnostics % <= 6 Weeks	100%	Month	Aug-22	65.9%	●	▲	▼	Jun-22
	18 Weeks RTT	90%	Month	Aug-22	73.6%	●	▲	▲	QE Jun-22
	Cancer 31-Day DTT	95%	Month	Aug-22	98.5%	○	▼	▼	QE Jun-22
	Cancer 62-Day RTT	95%	Month	Aug-22	84.7%	○	▼	▼	QE Jun-22
	Detect Cancer Early	29%	Year Ending	Dec-21	23.9%	●	▲	▲	2020, 2021
	Freedom of Information Requests	85%	Month	Aug-22	83.1%	●	▲	▲	
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Aug-22	11.9%	●	◀▶	▲	QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Aug-22	7.7%	○	▼	▲	QE Jun-22
	Antenatal Access	80%	Month	Jun-22	81.0%	●	▼	▼	CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Aug-22	(£14.7m)	●	▼	—	
	Capital Resource Limit Performance	£33.1m	Month	Aug-22	£11.5m	●	—	—	
Staff Governance	Sickness Absence	4.00%	Month	Aug-22	6.50%	○	▼	▼	YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Sep-22	33.3%	●	▲	—	
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	May-22	42	●	—	▼	QE Dec-21
	CAMHS Waiting Times	90%	Month	Aug-22	73.0%	○	▲	▼	QE Jun-22
	Psychological Therapies Waiting Times	90%	Month	Aug-22	68.4%	○	▼	▼	QE Jun-22
	Drugs & Alcohol Waiting Times	90%	Month	Jun-22	94.3%	○	▲	▲	QE Jun-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Sep-22	30.1%	●	▲	—	
	Flu Vaccination (Age 65+)	80%	Month	Sep-22	30.1%	●	▲	—	
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Jun-22	95.2%	○	▲	▲	QE Jun-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Jun-22	89.9%	○	▲	▲	QE Jun-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

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-22	Jul-22	Aug-22	Sep-22	Sep-22	Dec-22	Mar-23
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	1,012	1,012	1,029	3,053	3,087	3,087
	Actual	2,878	885	1,046	1,063	2,994	0	0
	Variance	-158	-127	34	34	-59		
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	6,201	6,220	6,385	18,806	19,132	19,166
	Actual	20,951	6,291	7,832	7,301	21,424	0	0
	Variance	2,384	90	1,612	916	2,618		
Urgent	Actual	10,868	3,477	4,169	3,717	11,363	0	0
	Routine	10,083	2,814	3,663	3,584	10,061	0	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	497	497	497	1,491	1,491	1,491
	Actual	1,550	477	617	503	1,597	0	0
	Variance	59	-20	120	6	106		
Upper Endoscopy	Actual	575	184	243	199	626	0	0
Lower Endoscopy	Actual	182	46	82	61	189	0	0
Colonscopy	Actual	738	234	269	234	737	0	0
Cystoscopy	Actual	55	13	23	9	45	0	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	3,996	3,996	3,996	11,988	11,988	11,988
	Actual	13,471	4,350	4,593	3,993	12,936	0	0
	Variance	1,483	354	597	-3	948		
CT Scan	Actual	4,083	1,322	1,379	1,288	3,989	0	0
MRI	Actual	2,936	979	1,109	835	2,923	0	0
Non-obstetric Ultrasound	Actual	6,452	2,049	2,105	1,870	6,024	0	0

d. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
HSMR		1.00	1.02
Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife.			
Inpatient Falls	<i>Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22</i>	6.91	6.45
<p>The slow downward trend in all falls across NHS Fife in patient areas continues. This current rate compares with 7.93 OBD at the same time last year. Of the total number of falls (187) in August 138 had no harm, 41 minor harm, 3 moderate harm and 5 major or extreme - every fall is reviewed locally through a local adverse event process.</p> <p>An improvement plan is in place in ASD, in the areas where the highest number of falls with harm are noted. This plan covers a range of approaches and will focus on education, audit and review of local data for improvement. The HSCP group has been refreshed to focus on the 32 wards in community hospitals. Of note a piece of improvement work within Mental Health has resulted in a sustained reduction in falls. This has been a true MDT (AHP, Pharmacy etc) approach proactively reviewing those patients at high risk of falls.</p> <p>Learning from this work is being shared more broadly across the H&SCP and the ASD. Within in-patient settings local data is displayed and discussed with teams and work is ongoing to ensure there is a link practitioner in each in-patient setting - H&SC have achieved this and this ties in with the plan to have a wider practitioner (previously known as champion) network.</p> <p>Challenges do however continue with both pressures on capacity and workforce challenges and noting the need to focus on the environmental context particularly in older estate to mitigate where possible to support this work.</p>			
Pressure Ulcers	<i>Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22</i>	0.89	1.03
<p>The data for Hospital Acquired Pressure Ulcer incidents (all grades) across NHS Fife as a whole, continues to show an unchanged picture, with random variation noted.</p> <p>The "Pressure Ulcer Report" which is published each month is shared with clinical teams and discussed and reviewed at the Tissue Viability Steering Group. Ongoing initiatives continue to support learning and improvement, with the aim of reducing the incidence of pressure ulcers; the Acute Services Division launched the "newly tested" documentation tool on 5th October, which incorporates a section on pressure ulcers, and an e-version of the PURA and SSKIN bundles which supports robust assessment and care management is currently being developed on Patientrak.</p> <p>Clinical teams are encouraged to take ownership of their own data and improvement activities by sharing outcomes data with their teams.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	18.8	10.0
<p>NHS Fife continues to address its SABs and is currently ahead of the trajectory to achieve the 10% reduction by March 2023. In 2022 to date, 4 PICC Line associated SABs have been identified (1 of which was a relapse of infection) and 6 PWID SABs. Positively, following a single PVC SAB in March, there have been no further PVC related SABs and no Renal haemodialysis line related SABs this year.</p>			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	6.5	10.0
<p>NHS Fife is above the trajectory for CDI to achieve the 10% reduction target by March 2023, although we are below the national average. There have been 20 health care associated CDI to date in 2022. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target and continues to be addressed. There have been only 3 recurrences of infection in 2022.</p>			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i>	33.0	33.2
<p>NHS Fife is marginally above the target to achieve the ambitious 25% reduction of HCAI ECBs by March 2023. Reducing CAUTI HCAI ECB incidence remains the quality improvement focus to achieve our targets, there have been 21 CAUTIs in 2022 to date. Enhanced surveillance is in place aiming to identify other areas for quality improvement.</p>			

		Target	Current
Complaints – Stage 2	<i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i>	50%	8.9%
<p>Investigating and responding to Stage 2 complaints within the national timescales remains challenging, primarily due to staffing and capacity issues across all services. We also continue to see an increased volume of complex complaints, covering multiple specialities/services.</p> <p>The previous backlog of complaint responses has been cleared and the overall number of 'live' complaints has been reduced, as result of streamlining processes and realigning workloads. An analysis of delays has revealed 40% of complaints are awaiting statements to be provided. As the majority of complaints currently within the 20-day target are still awaiting statements, the risk of not achieving more than a 10% response rate remains high.</p> <p>Within the Patient Experience Team, capacity and staffing challenges are exacerbated by vacancies and absence. A Support Officer post is being recruited, while there is one staff member on a bank contract. Additional support from redeployed members of the Test and Protect team ceased at the end of September.</p> <p>With the additional support and change in processes, the number of complaints being drafted or awaiting drafting has dropped significantly to 7%.</p> <p>However, the number of delayed complaints within the system continues to have a negative impact, due to the increased workload on staff (managing multiple caseloads).</p>			

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5

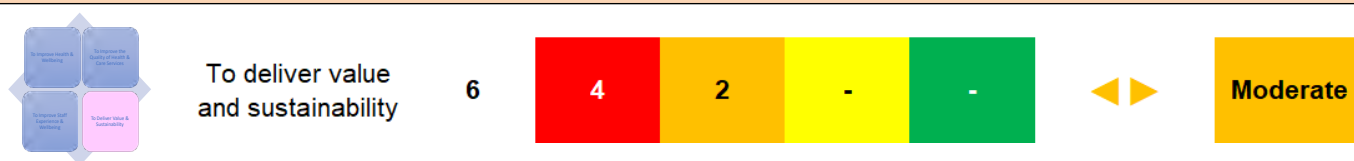


Moderate

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	68.4%
<p>Testing of ENP supporting redirections to MIU at QMH is showing increased attendances through this pathway, but overall attendances at VHK remain high. Performance is mainly impacted by low discharge profile within the VHK and the impact that the staffing challenge is having on whole site functioning. Work is ongoing with teams to maximise alternative pathways and reduce ED attendances, including admissions unit pathways. OPEL triggers under review to ensure scoring measures accurately reflect whole site position.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	51.4%
<p>Performance in August continued to deteriorate with the number of patients waiting over 12 weeks now at 2,554 and whilst the number waiting over 104 weeks and 78 weeks has fallen the number over 52 weeks has increased to 238, mainly in Orthopaedics. Inpatient surgery continues to be restricted at Victoria Hospital due to sustained pressures in unscheduled care and staff absence and vacancies. The waiting list continues to rise as demand exceeds capacity with 5,259 patients on list in August, 54% greater than in year previous and 63% higher than August 2019. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH. The review of patients categorised as P3 is underway whilst reviewing the capacity to see long waiting patients to meet the new long waiting targets. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity has been undertaken since April and core activity remains restricted.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	52.9%
<p>Performance in August deteriorated with 12,282 waiting over 12 weeks despite core activity being greater than predicted. The number waiting over 52 weeks has increased to 801 mainly in Gastroenterology, General Surgery and Neurology. Enhanced infection control procedures were stepped down at the end of September, but the pressure of unscheduled care continues to impact on outpatient capacity in some specialities. The waiting list continues to increase as demand exceeds capacity, with 26,048 on the waiting list, 18% higher than year previous and 82% higher than August 2019. 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. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity has been undertaken since April apart from Breast Surgery to maintain urgent waiting times. Sustaining the current level of activity is heavily dependent on the demands on staff from</p>			

		Target	Current
unscheduled care activity and the impact on staffing from absence and vacancies.			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	65.9%
<p>Performance improved in August, both in Radiology with 71% and in endoscopy with 38% of patients waiting less than 6 weeks. In Radiology whilst the activity is greater than projected there are particular challenges with ultrasound capacity. No additional activity has been undertaken and core activity continues to be restricted in Endoscopy due to unscheduled care pressures. Activity has met current demand in Endoscopy but not for Radiology and the waiting list size has increased slightly to 5,671 in August which is 18% higher than year previous and 25% higher than July 2019. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and further additional activity in Radiology and new additional activity in endoscopy which was planned has been paused whilst the impact and revised plan are developed. Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from absence and vacancies. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics which has now reached 52% of all referrals in radiology and the pressure from unscheduled care.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	84.7%
<p>Performance deteriorated in August, while referrals remain high, consistently exceeding pre-pandemic numbers. Breaches are attributed to delays between MRI and biopsy and surgery for Urology (Prostate) and capacity issues in colorectal, both of which are currently our most challenged pathways. The range of breaches was 3 to 133 days (average 46 days). Due to the current backlog of breached patients and those identified at risk of breaching, we expect to see further deterioration in both 62 and 31 day standards, particularly in Urology.</p>			
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5%	7.7%
<p>The % of Bed Days lost due to patients in delay increased in August. However, the figures for both Standard and Code 9 delays were lower than at the August 2021 Census, by 2.6% and 0.3%, respectively. The national figures for q/e June show that Fife is in the middle ranking of Mainland Health Boards for both 'Standard' and 'All' delays, although slightly higher than the Scottish average in both cases.</p> <p>Code 9 delays as a % of overall delays remained just below 40%, around 10% higher than a year ago. Looking at 'Standard' delays, NHS Fife recorded the second lowest number of Age 18+ delays per capita of all Mainland Health Boards at the August Census. In addition, the actual number of delays was 33% lower than a year ago.</p>			

FINANCE



		Forecast	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£10.4m)	(£14.7m)
<p>The Health Board retained position at the end of August is an overspend of £14.7m. This comprises: £4.3m approved financial gap (£10.4m full year); £3.9m unfunded Covid spend following the SG cap on Covid funding; and £1.7m slippage in financial improvement sustainability plans (FIS); and £4.8m core overspend. The core overspend reflects the financial consequences of the significant ongoing service pressures across unscheduled care for which funding has yet to be confirmed, along with haematology services drug pressures. Mitigation and exit plans re Covid expenditure remain key on our agenda along with full delivery of our agreed FIS programme in order we deliver the approved financial position by the year end.</p>			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorate</i>	£33.1m	£11.5m
<p>The overall anticipated 2022/23 capital budget is £33.1m. This reflects the core Capital Resource Limit (CRL) of £7.8m and anticipated allocations to support a number of significant ongoing projects. Further National Infrastructure and Equipping Board funding has been received in August to support the purchase of equipment, associated digital costs, and qualifying capital backlog maintenance costs. The capital position to August reflects spend of £11.5m equivalent to 34.8% of the total allocation, and is on track to spend in full this financial year.</p>			

STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

Target Current

Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

6.50%

The sickness absence rate in August was 6.50%, 0.62% higher than in July. The COVID-19 related special leave rate, as a percentage of available contracted hours for August, was 0.98%, down from 2.21% in July.

To ensure focus on this issue, an Attendance Management Operational Group has been established which will facilitate actions and drive improvements to support achievement of the sickness absence performance target. These actions are complemented by ongoing health and wellbeing support for staff. Pending any additional NHS Scotland guidance on sickness absence targets, we continue to monitor absence against our existing target of 4%. We would anticipate that any national update will reflect the circumstances of the last two years and therefore this target may be subject to change. In addition, the change in national guidance on COVID absence recording, with all sickness absence (COVID-19 and non-COVID-19 related) being recorded as sickness absence from September 2022, will likely cause our sickness absence rate to increase.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

33.3%

Throughout NHS Fife, PDP compliance has shown a marginal improvement in performance, although service pressures continue to impact across the organisation. While there is a growing appetite for these important discussions to take place, participation in the joint PDPR meeting remains challenging. In order to increase focus on this process and sustain improvement, we will continue to monitor performance and take necessary actions to support staff engagement.

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



High

Target Current

Smoking Cessation

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

473

42

The specialist service continues to deliver a combination of face to face and telephone support. Accommodation in GP practices in most deprived communities has fluctuated due to their priorities so there has been a slight decrease in number of GP clinics from 14 to 12. We have managed to compensate in some way for this with one additional community venue with overall total now sitting at six. There is an ongoing supply disruption of Champix® (varenicline) tablets which reduces option and choice for patients, with still no date for resupply. Two new Saturday advisors have started, allowing the service to extend provision across a 6-day week, and they are currently going through training. Community Pharmacies continue to offer a brief intervention with medication and has a high level of throughput, but retention is low.

CAMHS Waiting Times

90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral

90%

73.0%

A reduction in the longest waits has continued, with no children waiting over 52 weeks and less than 5 waiting over 36 weeks. RTT will continue to fluctuate whilst efforts and resources remain focused on achieving the target of less than 10% of children waiting more than 18 weeks by March 2023.

Psychological Therapies

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

90%

68.4%

Demand for PTs increased again in the first 6 months of 2022. Activity continues to target the longest waits (those who require highly specialist individual therapy), however issues of workforce availability have negatively impacted the degree of increase in activity that was anticipated from October 2021 onwards. A factor impacting performance

		Target	Current
<p>in July was the reduction in self referrals for computerised CBT (all treated in under 18 weeks). This was due in part to technical issues with the Access Therapies Fife website (now resolved).</p>			
COVID Vaccination	<i>At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination</i>	80%	30.1%
<p>The focus of COVID vaccination delivery has now moved from tracking booster 1 delivery to delivery of the Autumn/Winter booster for eligible groups. Delivery started 5th September, with an initial focus on the delivery to Health and Social Care workers, residents in care homes and the housebound. The 65+ community clinic programme commenced 19th September. The % figure above reflects the position at the end of September. However, as of 12th October, 44,560 (56.1%) COVID boosters have been delivered to the 65+ population in Fife. This compares with coverage in Scotland of 49.2%. The DNA rate for community clinics in Fife is below the national average (11% Fife; 18% Scotland). This, along with the high proportion of vaccinations delivered through co-administration appointments with flu vaccination (94.2%), means the number of Autumn/Winter COVID vaccinations delivered to date is ahead of planning assumptions. Delivery to care home residents continues in Fife and will complete by the end of October. This timeline has been accelerated to align more closely with completion dates in the rest of Scotland where coverage is currently at 80%.</p>			
Flu Vaccination	<i>At least 80% of the Age 65+ population will receive a Flu vaccination</i>	80%	30.1%
<p>The % figure above reflects the position at the end of September. However, as of 12th October, 44,034 (55.4%) seasonal flu vaccinations have been delivered to the 65+ population in Fife. This compares with 46.6% for Scotland. Most vaccinations have been co-administered within the same appointment as the COVID vaccination which has supported a rapid roll out of both vaccinations. Free flu vaccinations are also available in community pharmacy locations across Fife for eligible groups. Those who are only eligible for flu (e.g. teaching staff) and those who do not want a flu and COVID vaccination in the same appointment have been directed to the pharmacy option. As with COVID, we are currently ahead of delivery planning assumptions and on track to meet the 80% national target.</p>			
Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	95.2%
<p>The 6-in-1 primary vaccination protects against Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B; and is delivered as part of the primary routine infant schedule at 8, 12 and 16 weeks. Uptake of the 6-in-1 vaccine in infants monitored when they reach 12 months in the quarter ending 30th June was 95.2%, which was above the national target of 95%. There can be fluctuations from quarter to quarter, it has been recognised that the trend in Fife suggests action is required to ensure we consistently meet the 95% target and to avoid the risk of vaccine preventable disease in areas within the population where uptake is lower. The next quarterly data release will be issued end of December.</p>			
Immunisation: MMR2	<i>At least 90% of children will receive their MMR2 vaccination by the age of 5</i>	95%	89.9%
<p>The MMR vaccine protects against Measles, Mumps & Rubella infection; the first dose is given at 1 year and the second dose given at 3 years 4 months or soon after. Uptake of the second MMR vaccine is monitored in children that reach 5 years of age. For the quarter ending 30th June, Fife achieved 89.9%, below our local target to reach 92% uptake by March 2023, but a slight improvement on the previous quarter. There is a national target of 95% uptake based on WHO guidance (as outlined in the Fife Strategic Framework); however, given the trend data in Fife and Scotland a local uptake target for this FY was agreed by the Area Immunisation Steering Group at their meeting on 27 May. Performance against the local target will be reviewed with anticipation that a further local target of 93% or higher will be set for FY 2023-24. The next quarterly data release will be issued end of December. In relation to both Immunisation targets, a Quality Improvement Group was convened in September to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. Initial steps towards formation of improvement action plan are in progress.</p>			

e. Performance Exception Reports

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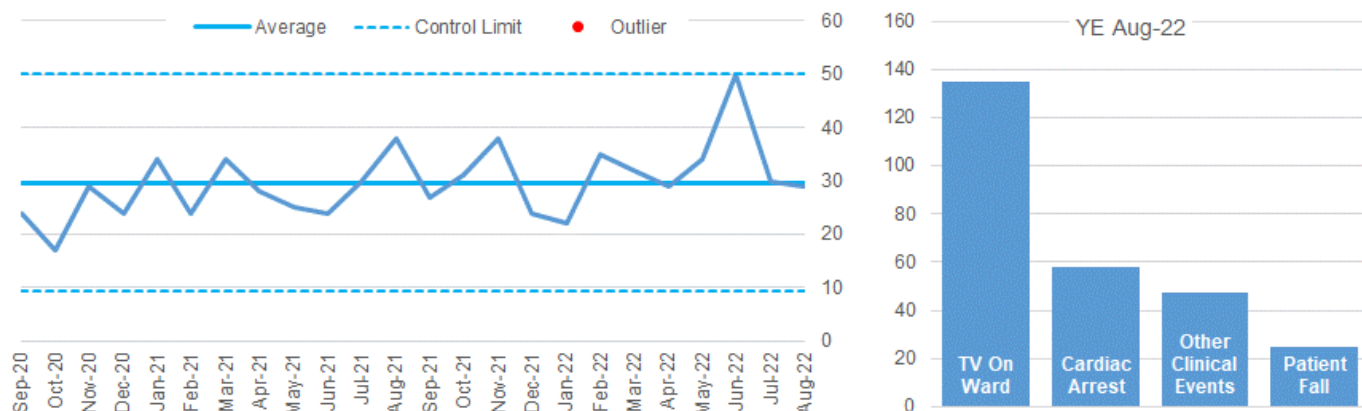
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CLINICAL GOVERNANCE

Adverse Events	Performance 29
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Major and Extreme Adverse Events



All Adverse Events

		2021/22						2022/23					
		SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
ALL	NHS Fife	1401	1398	1440	1494	1501	1299	1471	1239	1408	1312	1324	1322
	Acute Services	612	650	631	594	613	514	674	529	610	600	619	591
	HSCP	747	692	750	836	853	734	730	657	750	665	684	684
	Corporate	42	56	59	64	35	51	67	53	48	47	21	47
CLINICAL	NHS Fife	968	953	1016	968	942	905	1059	853	1013	924	858	907
	Acute Services	539	570	580	533	566	464	614	481	546	529	529	540
	HSCP	402	353	407	394	361	411	406	350	445	371	323	351
	Corporate	27	30	29	41	15	30	39	22	22	24	6	16

Commentary

The total number of adverse events in August was lower than monthly average for the previous 11 months. The number of major and extreme events was also lower in July and August,

There has been an increase in the number of events within the 'Access/Appointment/Admission/Transfer or Discharge' category, with 45 events compared to a monthly average of 34. Although numbers had dropped in July this reduction has been reversed with more events in August than any month in the previous year. This data will be kept under review and brought to the attention of the appropriate clinical governance group if the trend persists.

Cardiac Arrest events previously increased in May and June followed by a decrease in July (still at that point sitting above average compared to the preceding 10 months). Data shows that this reduction has continued into August. The Deteriorating Patient Group has presented a detailed review of the number of cardiac arrests to the Clinical Governance Oversight Group and improvement actions have been agreed.

A decrease is also noted in the number of Patient Falls' continuing a month-on-month reduction since May with 191 cases compared to an average of 217 for the previous 11 months – early indications however show that figures have increased in September. This data is reviewed on a monthly basis in the falls audit report and is reported to the Inpatient Falls Steering Group.

Key Deliverable	End Date
Adverse Event Process and Policy Review including 1) Review of policy 2) Increased focus on governance/assurance in relation to improvement actions from adverse events 3) 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.

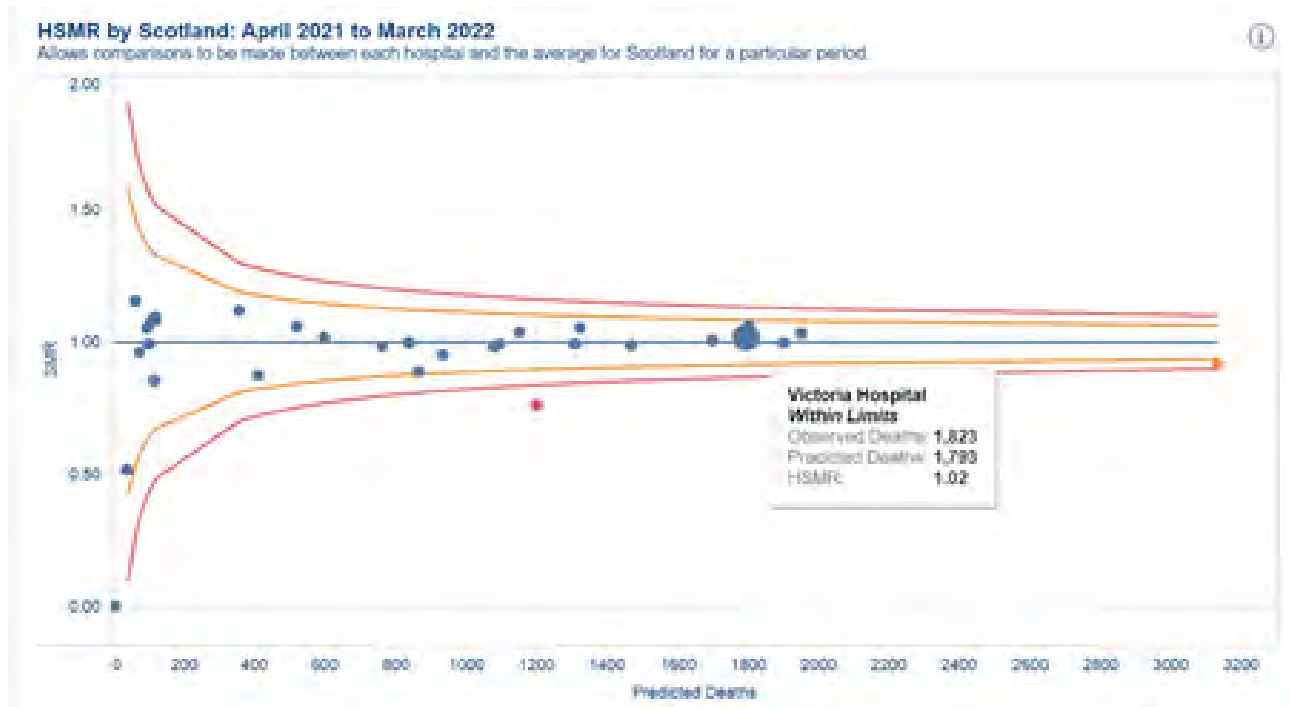
Performance

1.02

Reporting Period; April 2021 to March 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.



Commentary

Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife.

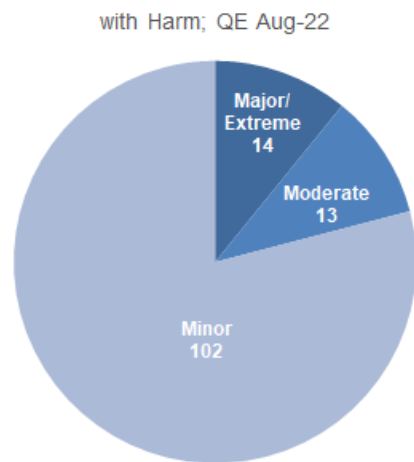
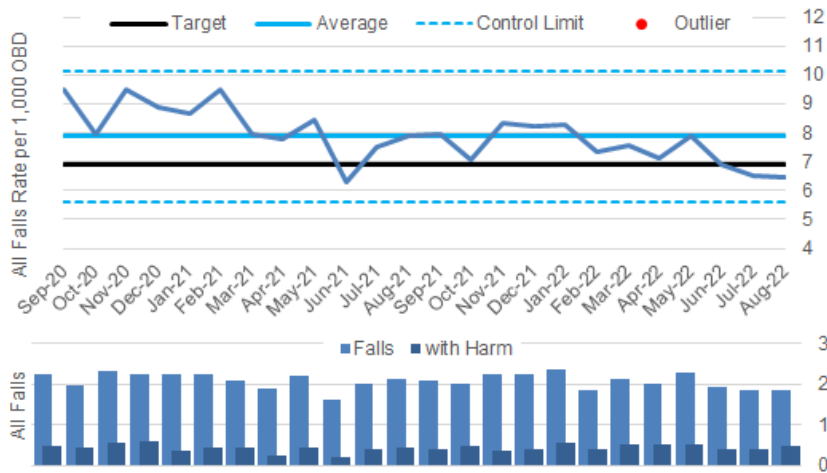
CLINICAL GOVERNANCE

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
6.45

Local Performance



Performance by Service Area

	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	7.93	7.08	8.32	8.25	8.29	7.33	7.59	7.13	7.90	6.91	6.51	6.45
Acute Services	7.61	8.51	8.71	8.47	9.39	7.55	7.10	8.25	8.11	7.83	8.20	6.67
HSCP	8.21	5.85	7.97	8.06	7.34	7.16	8.01	6.14	7.72	6.08	4.97	6.25

Key Deliverable

Reduction in number of Patient Falls in order to achieve specified reduction target in this FY	Mar-23 On track
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Key Milestones	Description	End Date
	Refresh Falls Champions Register and Network	Oct-22 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	Apr-23 On track
	Review LEARN summaries to support shared learning	Mar-23 On track
	Explore feasibility of implementation of Falls module on Patient Trak	Mar-23 On track
	Explore QI resource to support clinical staff and enhance local improvement work	Oct-22 Not started

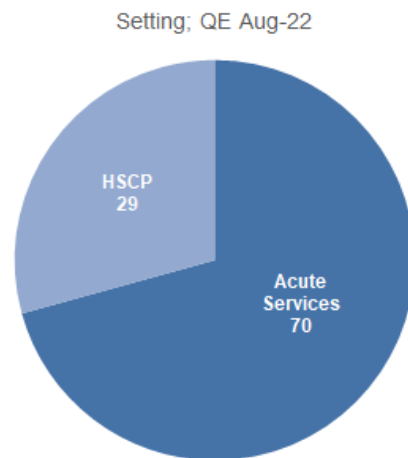
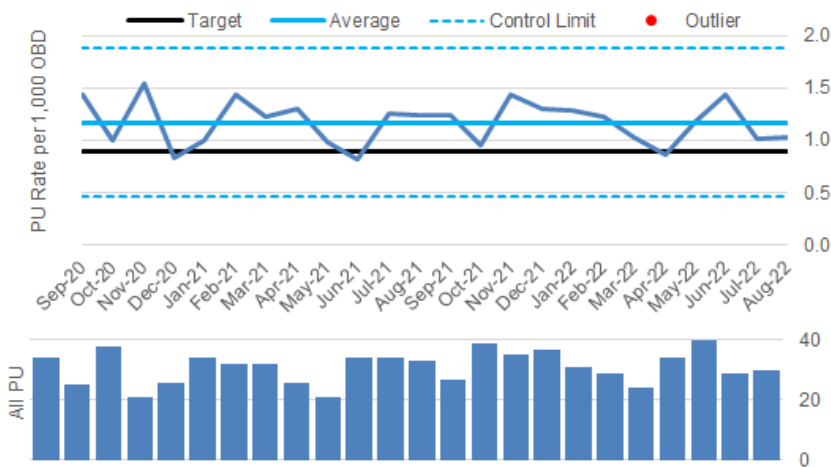
CLINICAL GOVERNANCE

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
1.03**

Local Performance



Performance by Service Area

	2021/22							2022/23					
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	
NHS Fife	1.24	0.95	1.44	1.30	1.29	1.23	1.03	0.87	1.18	1.44	1.02	1.03	
Acute Services	2.10	1.44	2.54	2.16	2.18	1.84	1.76	1.37	1.77	2.13	1.48	1.61	
HSCP	0.49	0.53	0.49	0.55	0.52	0.72	0.40	0.41	0.66	0.82	0.60	0.52	

Key Deliverable

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

Data continues to show a random pattern

End Date

**Mar-23
Off track**

Key Milestones

Refresh PU Link Practitioner Register and Network	Oct-22 On track
Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Dec-22 On track
PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 On track
PU Documentation Audit to support compliance	Mar-23 At risk
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	Nov-22 At risk
Embed the revised HIS Pressure Ulcer Standards (October 2020) <i>Covered by milestone above 'Measurement against the revised ...'</i>	Oct-23 Suspended
Develop and test electronic PURA and SSKIN bundle on Patienttrack	Oct-22 On track
Embed the use of the CAIR resource	Mar-23 At risk
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 On track

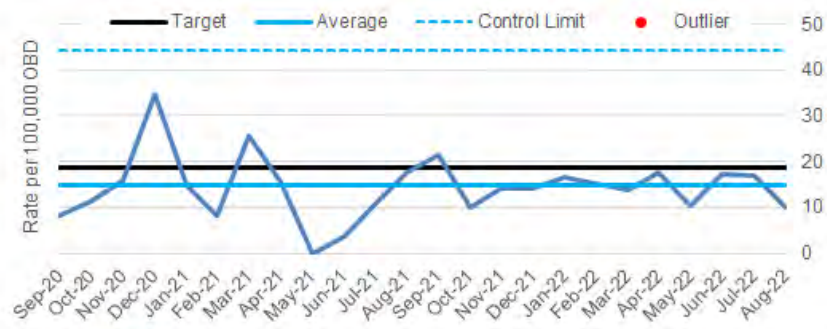
CLINICAL GOVERNANCE

SAB (HAI/HCAI)

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

**Performance
10.0**

Local Performance



Infection Source; YE Aug-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 Optimise communications with all clinical teams in ASD & the HSCP	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 At risk

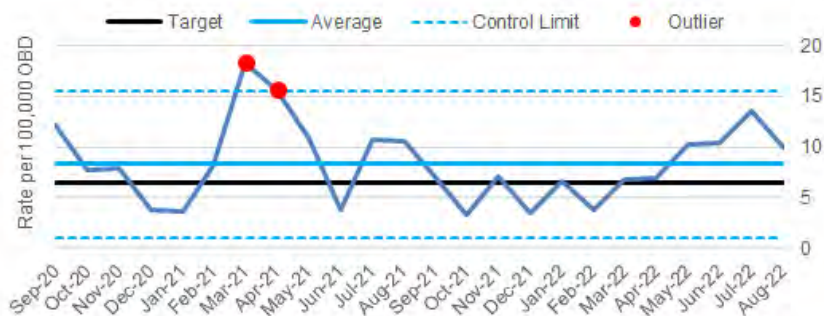
CLINICAL GOVERNANCE

C Diff (HAI/HCAI)

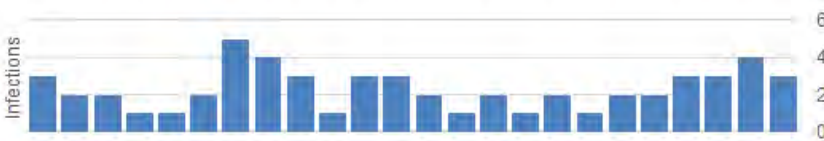
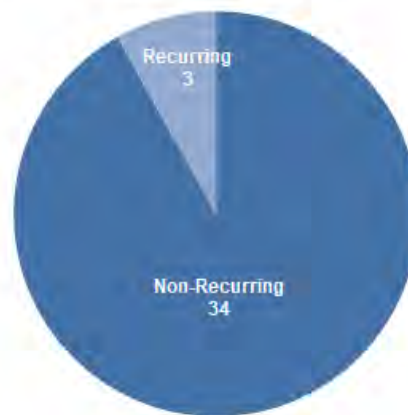
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
10.0**

Local Performance



Recurrence; YE Aug-22



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 At risk

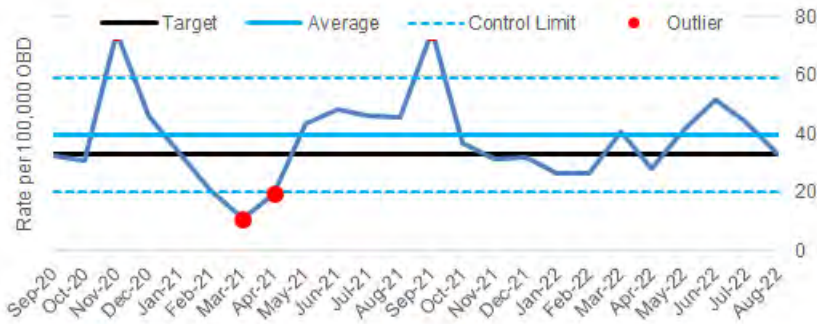
CLINICAL GOVERNANCE

ECB (HAI/HCAI)

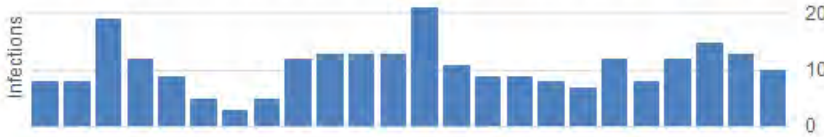
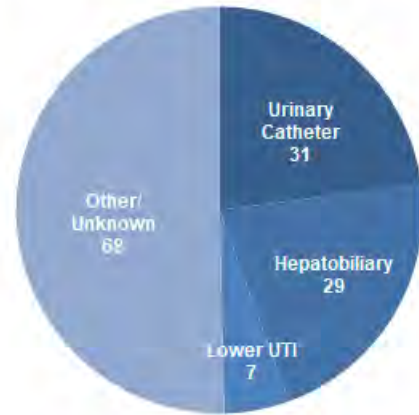
Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
33.2**

Local Performance



Infection Source; YE Aug-22



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 Patienttrack- 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 At risk

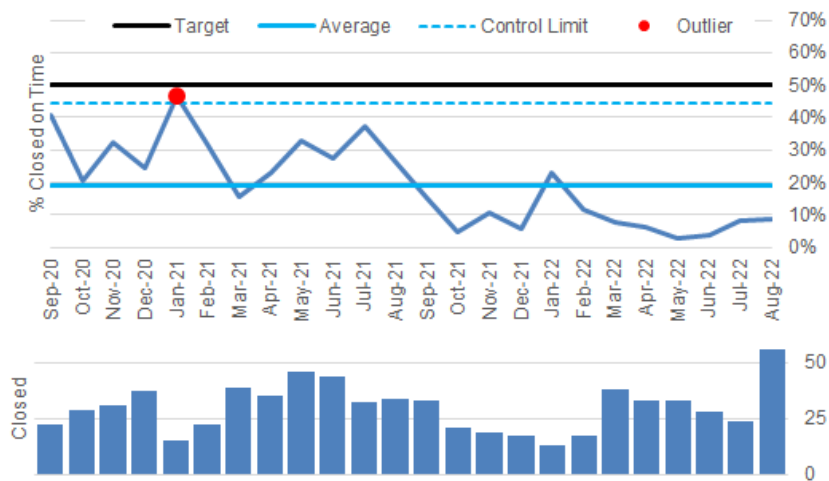
CLINICAL GOVERNANCE

Complaints | Stage 2

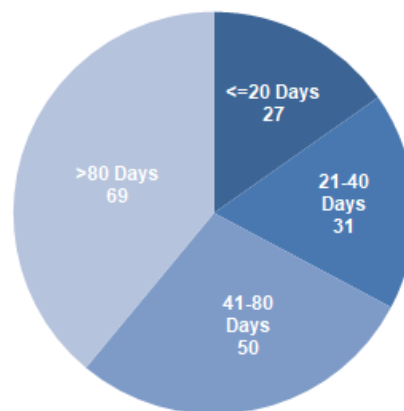
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Performance
8.9%

Local Performance



Open Complaints; Aug-22



Performance by Service Area

		2021/22							2022/23				
		SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	% Closed on Time	15.2%	4.8%	10.5%	5.9%	23.1%	11.8%	7.9%	6.1%	3.0%	3.6%	8.3%	8.9%
	% Acknowledged (3 days)	100.0%	100.0%	100.0%	88.2%	84.6%	100.0%	89.5%	87.9%	90.9%	96.4%	83.3%	76.8%
Acute Services	% Closed on Time	21.7%	0.0%	16.7%	7.7%	30.0%	18.2%	3.6%	8.0%	0.0%	5.0%	14.3%	4.3%
HSCP	% Closed on Time	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	9.1%	0.0%	0.0%	25.0%

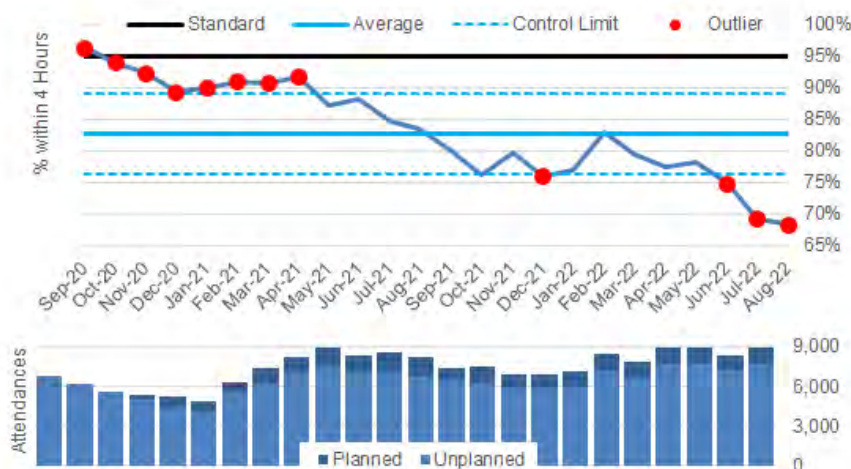
Key Deliverable	End Date
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Mar-23 At risk
Adherence to NHS Fife's Participation and Engagement Framework	Mar-23 On track
Rebrand Patient Relations to Patient Experience Team	Dec-22 On track

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
68.4%

Local Performance



Breach Reason; Aug-22



National Benchmarking

	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	80.1%	76.3%	79.7%	76.1%	77.0%	83.0%	79.6%	77.5%	78.2%	74.9%	69.3%	68.4%
Scotland	76.1%	73.5%	75.9%	75.7%	76.0%	74.2%	71.6%	72.1%	73.0%	71.3%	69.9%	69.7%

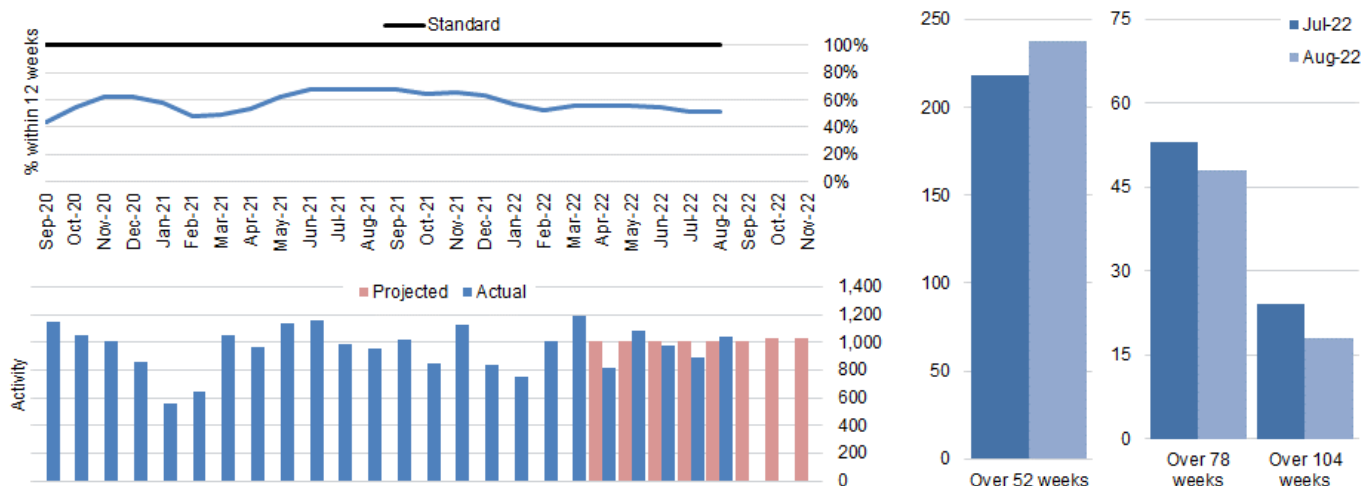
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 On track
	Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.	Mar-23 At risk
	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
51.4%

Local Performance



National Benchmarking

	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	68.2%	64.9%	65.1%	63.1%	56.6%	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%
Scotland	34.0%	37.5%	37.3%	34.6%	33.7%	32.5%	34.0%	32.8%	32.5%	31.5%		

Key Deliverable

End Date

Reducing long waits; TTG

The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH. The review of patients categorised as P3 is underway whilst reviewing the capacity to see long waiting patients to meet the new long waiting targets. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity has been undertaken since April and core activity remains restricted.

Mar-23
Off track

Key Milestones

Preassessment

Oct-22
At risk

Elective Orthopaedic Centre

Building and staff expected to be in place by January. Fife allocation from NTC has been reduced to 26 patients from 336 patients which will mean that the backlog of Orthopaedic patients will increase month on month.

Jan-23
Off track

Maximise utilisation of QMH Theatres

Mar-23
On track

Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres

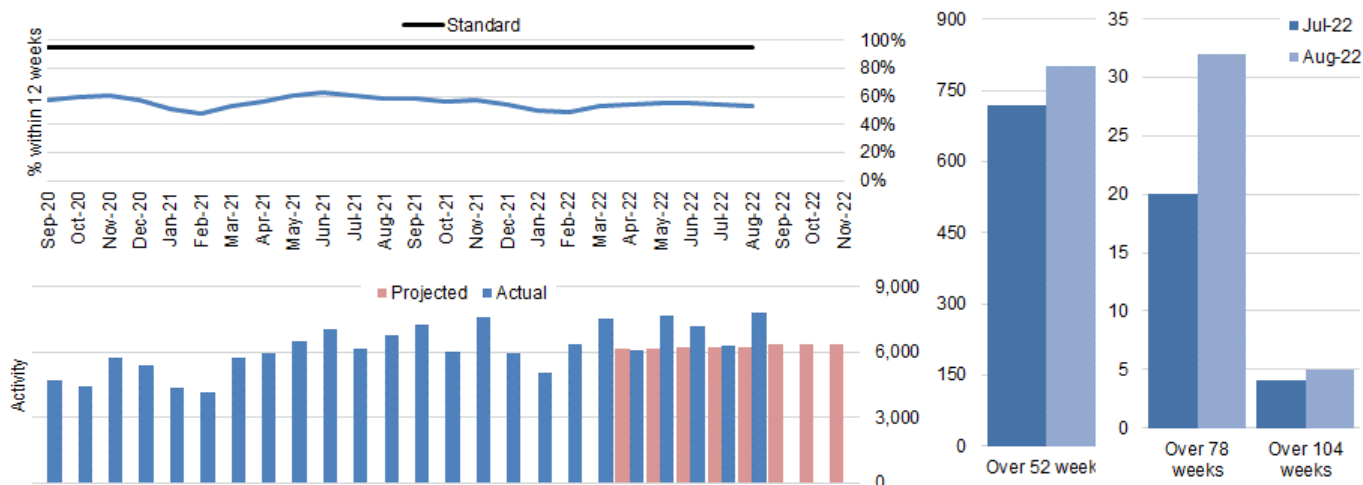
Mar-23
On track

New Outpatients

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

Performance
52.9%

Local Performance



National Benchmarking

	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	58.3%	56.5%	57.1%	53.8%	50.1%	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%
Scotland	48.1%	48.0%	48.4%	46.5%	45.5%	45.9%	49.6%	48.9%	49.6%	49.1%		

Key Deliverable

Reducing long waits; Outpatients

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. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity has been undertaken since April apart from Breast Surgery to maintain urgent waiting times.

End Date

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

Lack of WL funding will mean review of patients waiting will either not take place or will be completed at the expense of clinical activity

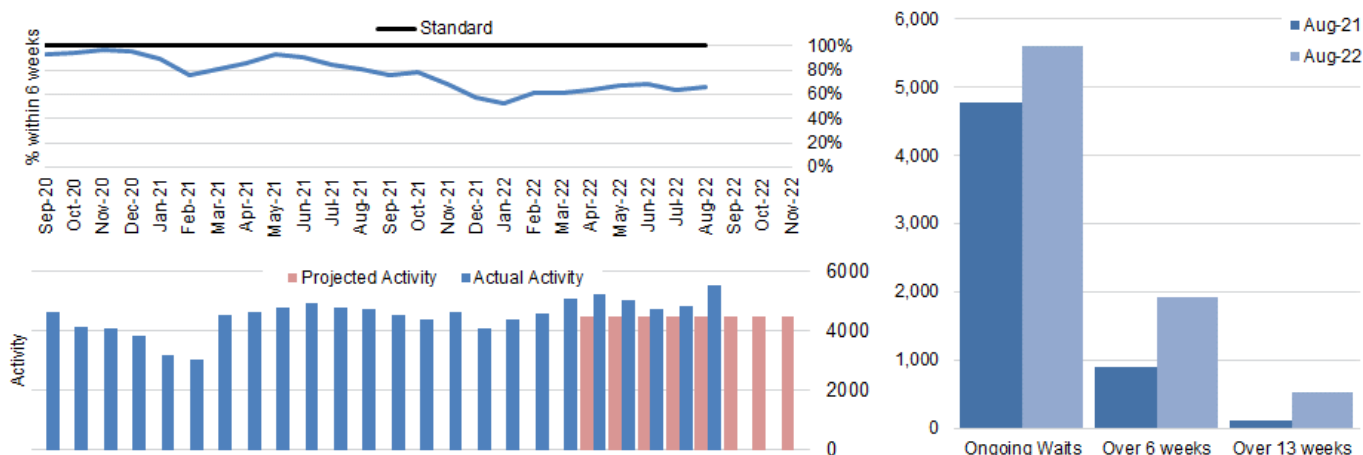
Mar-23
Off track

Diagnostics Waiting Times

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

Performance
65.9%

Local Performance



National Benchmarking

	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	75.7%	78.7%	68.3%	57.8%	52.7%	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%
Scotland	57.8%	55.2%	56.9%	49.6%	48.1%	50.8%	49.6%	45.2%	47.0%	47.5%		

Key Deliverable

End Date

Reducing long waits; Diagnostics

Core activity continues to be restricted in Endoscopy due to unscheduled care pressures. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. The new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected and further additional activity in Radiology and new additional activity in endoscopy which was planned has been paused whilst the impact and revised plan are developed.

Mar-23
Off track

Radiology -7 day working

No funding identified to take this forward

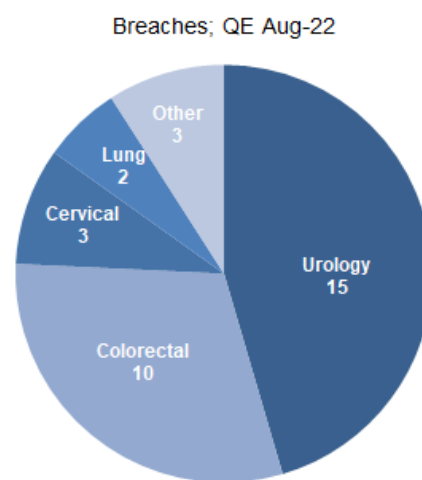
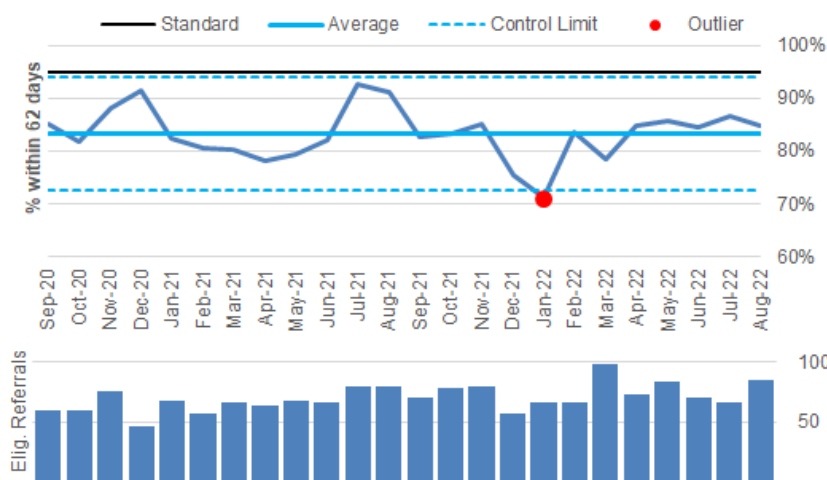
TBC

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
84.7%

Local Performance



National Benchmarking

Month	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	82.9%	83.3%	85.0%	75.4%	71.2%	83.6%	78.6%	84.9%	85.7%	84.5%	86.6%	84.7%
Scotland	83.1%	78.8%	78.1%	78.3%	76.3%	77.4%	75.5%	77.0%	75.8%	73.5%	75.8%	73.6%

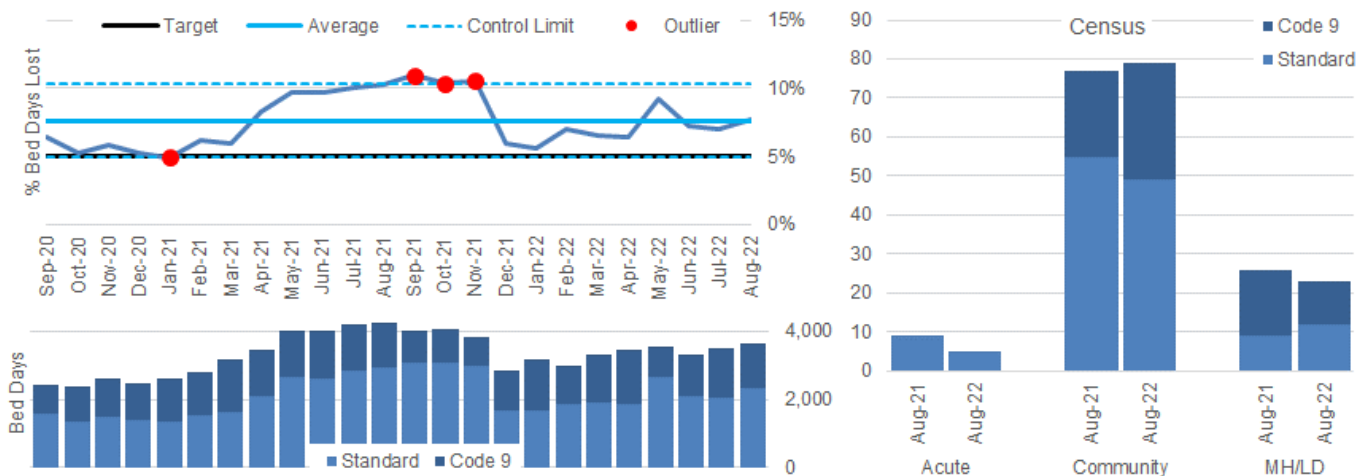
Key Deliverable		End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services		Mar-23 On track
Key Milestones	ECDC development/expansion	Mar-23 At risk
	Development of single point of contact hub (SPOCH)	Sep-22 Complete
	Review of cancer workforce	Mar-23 On track
	Environmental needs of cancer services	Mar-23 On track
	Continued public and patient engagement	Mar-23 On track
	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 At risk
Delivery of Cancer Waiting Times		Mar-23 On track
Key Milestones	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 On track
	Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-23 At risk

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
7.7%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending								
		2020/21				2021/22				2022/23
		JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	Standard	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%
	All	8.6%	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%
Scotland	Standard	3.8%	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%
	All	5.9%	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%

Key Deliverable	End Date
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Deliver Home First and enable Prevention and Early Intervention	Dec-23 On track
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Key Milestones	End Date
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.	Oct-22 On track
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 At risk
Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time	Dec-22 At risk
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 On track

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
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Continue to reduce delayed discharge	Dec-23 At risk
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Reduce hand offs in discharge processes	Sep-22
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		On track
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian <i>SW-led team reviewing all processes. Revised guidance produced.</i>	Oct-22 Off 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 At risk
	Develop app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages.	Dec-23 At risk
	Planned Date of Discharge Project	Dec-22 On track
	Front Door Model	Dec-22 On track
	Electronic referrals <i>eHealth appointing someone to progress this work</i>	Dec-23 Off track

FINANCE, PERFORMANCE & RESOURCES: FINANCE

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
(£11.5m)

Capital
£11.5m

1. Executive Summary

1.1 The Health Board retained position at the end of August is an overspend of £14.663m. This overspend comprises:

- £6.433m core overspend (includes £1.665m overspend relating to acute set aside services);
- £4.337m of the financial gap identified in the board's approved financial plan;
- £3.893m unfunded acute set aside Covid associated costs.
- Full funding for Test and Protect costs has been anticipated in line with guidance.

Health Delegated Services report an underspend at the end of August of £3.171m.

Revenue Financial Position as at 31 August 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services Division	239,971	100,962	106,380	-5,418
IJB Non-Delegated	9,538	3,974	3,932	43
Non-Fife & Other Healthcare Providers	95,847	39,975	40,852	-877
<u>Non Clinical Services</u>				
Estates & Facilities	78,812	32,367	32,522	-155
Board Admin & Other Services	77,243	31,477	31,339	138
<u>Other</u>				
Financial Flexibility & Allocations	38,325	701	0	701
Income	-30,925	-12,793	-12,850	57
Grip and Control	-3,412	-1,422	-500	-922
Sub-total Core position	505,399	195,241	201,675	-6,433
Financial Gap	-10,408	-4,337	0	-4,337
HB retained Covid 19	4,950	4,950	8,843	-3,893
SUB TOTAL	499,941	195,854	210,518	-14,663
<u>Health & Social Care Partnership</u>				
Fife H & SCP	376,750	151,005	147,834	3,171
Health delegated Covid 19	3,916	3,916	3,916	0
SUB TOTAL	380,666	154,921	151,750	3,171
TOTAL	880,607	350,775	362,268	-11,492

1.2 The position set out in our financial plan approved in March highlighted a cost improvement requirement for 2022/23 of £24.1m. With approved cost improvement plans of £11.7m underway this year, our financial plan reflects a remaining financial gap of £10.4m to be addressed as part of our medium term (3 year planning) financial framework. This planning assumption is underpinned in a letter received from Scottish Government dated 12 September which emphasises the requirement to deliver the £10.4m, including the costs impact of Covid, as a minimum.

1.3 The Health retained Covid-19 funding envelope of £7.5m notified on 1 June continues to be recognised in our month 5 reporting position, in addition to anticipated funding for Test and Protect costs. Our unfunded Covid

FINANCE, PERFORMANCE & RESOURCES: FINANCE

costs associated with Set Aside services are £3.893m at the end of August. Detailed work is ongoing to scrutinise and plan an exit strategy from Covid related costs as far as possible and to plan for remaining 'business as usual' costs within our core position.

- 1.4 The August allocation letter was received on 7 September and highlighted the receipt of 9 allocations (£13.592m both earmarked and non-recurring). We continue to make assumptions on anticipated allocations which reflects the national uncertainty around funding. Details of our funding allocations (both received and anticipated) are attached at Appendix 1.
- 1.5 The significant scale of the financial challenge is unprecedented and, as such, it is paramount that the board's cost improvement target of £11.7m is delivered during 2022/23. Cost improvements of £2.628m have been delivered in the five months to August and work continues to further progress the financial improvement and sustainability programme. Other opportunities continue to be pursued to support any potential slippage in plans to ensure delivery of the board's planned financial position for 2022/23.
- 1.6 The overall anticipated capital budget for 2022/23 is £33.145m. This reflects the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government and 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 August records spend of £11.524m equivalent to 34.77% of the anticipated allocation. The capital programme is expected to deliver in full with significant activity in the latter half 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 31 August 2022 excluding Covid-19 costs

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division (HB Retained)	197,340	83,040	86,793	-3,753
Acute Services Division (Acute Set Aside)	42,631	17,922	19,587	-1,665
Subtotal Acute Services Division	239,971	100,962	106,380	-5,418
IJB Non Delegated	9,538	3,974	3,932	43
Non-Fife & Other Healthcare Providers	95,847	39,975	40,852	-877
Income	-30,925	-12,793	-12,850	57
SUB TOTAL	314,431	132,118	138,314	-6,195

- 2.1 The Acute Services Division reports a core **overspend of £5.418m**. This position reflects the financial consequences of the significant ongoing service pressures across unscheduled care. Increases in demand and higher acuity than pre-pandemic levels resulting in increased lengths of stay, together with delayed discharges are driving the reliance on supplementary staffing for both nursing and medical workforces. Moreover, costs increased in August due to additional costs for the junior doctor rotation, additional agency medical invoices and the impact of 5 weeks of bank nursing. Also included in the reported overspend is unfunded expenditure in relation to a Labs and Radiology bid of £0.835m submitted to SG in April for which confirmation of funding remains outstanding. Cost pressures within non pay costs are also having a detrimental impact on the financial position with medicines growth of £1.382m, particularly within haematology services. Continued growth and replacement of diabetic pumps, the increased cost of consumables for robotic procedures and increased resource for audiology supplies and orthotics are also collectively overspending at £0.450m. Additionally, the reported overspend to August includes unachieved cost improvement plans of £0.497m, with an expectation the pipeline schemes will cover any in year slippage.

Included in the core ASD position is an overspend on core set aside services of £1.665m which is being funded on a **non-recurring** basis by the board. The full year cost pressure on set aside budgets is circa £6m and is included in the board's financial plan gap of £10.4m.

- 2.2 The IJB Non-Delegated budget reports an **underspend of £0.043m**. This relates in the main to relates to nursing vacancies across the Acute Services within the Northeast Fife Hospitals and the Forensic unit at Lynebank (Daleview).
- 2.3 The budget for healthcare services provided outwith NHS Fife is **overspent by £0.877m** which reflects significant recurring unbudgeted costs for several mental health services. A review of expenditure and potential solutions to manage is underway. Further detail is contained in Appendix 2.

2.4 Corporate Functions and Other Financial performance at 31 August 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	78,812	32,367	32,522	-155
Board Admin & Other Services	77,243	31,477	31,339	138
<u>Other</u>				
Financial Flexibility & Allocations	38,325	701	0	701
SUB TOTAL	194,380	64,545	63,861	684

2.5 The Estates and Facilities budgets report an **overspend of £0.155**. This is primarily due to increased costs within energy/utilities budgets and waste budgets

2.6 Within the Board's corporate services there is an **underspend of £0.138m**. The main area of overspend within Corporate is within Workforce Department as a result of costs associated with the Regional Recruitment consortium.

Financial Flexibility

2.7 Financial flexibility at the end of the August reflects financial plan assumptions which are being held corporately and includes supplies, medical supplies and drugs uplifts. The release of this flexibility and allocations will take place as the year unfolds as the financial impact of national policies crystallise. A summary of funding held in **financial flexibility** and the release of **£0.701m** to month 5 is shown at Appendix 3.

Financial Gap

2.8 The **financial plan gap** reflects the proportionate share of the planned £10.4m deficit (**£4.337m** to month 5) which will be addressed as part of our medium term (3 year) financial planning.

Approved Cost Improvement Plans

2.9 The year to date target at month 5 was £4.312m with £2.628m achieved, resulting in a current year shortfall of £1.684m. Recurring savings achieved are £1.075m, equivalent to 9% of the full year target. Significant risk remains around those where plans are not yet finalised and CIP documents are not completed. The Programme Board governance arrangements are key to instil rigour and momentum to this agreed plan.

Approved Cost Improvement Plans - Position at 31 August 2022

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute	5,752	1,572	1,075	-497
Estates & Facilities	1,652	902	905	3
Corporate	4,296	1,838	648	-1,190
Total	11,700	4,312	2,628	-1,684

By the end of month 5 Acute Services delivered £1.075m, a year to date shortfall of £0.497m (£0.268m cash releasing and a further £0.229m cost reduction on supplementary staffing). During August £0.575m was delivered, the most significant schemes being £0.311m from Planned Care instruments and sundries, £0.085m through reduction of staffing expenditure and £0.106m medicines efficiencies. To date Acute have identified £0.492m on a recurring basis. Recurring opportunities continue to be explored at pace to mitigate against areas of potential high risk schemes, with feasible pipeline opportunities being taken to the Programme Board.

The vacancy factor target of £1.183m distributed across Corporate directorates and Acute services is yet to be delivered. Digital and Information have identified £0.065m of vacancies, but on the whole more work needs to be done to mitigate the shortfall through identification of pipeline CIP's. An in-depth and targeted review of PECOS historic purchase orders identified as obsolete has yielded a contribution of £0.500m towards the grip and control target, with further opportunities yet to be explored. 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 £6.716m to month 5 This comprises £2.823m for Health retained funded from the £7.5m financial envelope; and £3.893m unfunded set aside costs which we now report as an overspend. In addition, we have anticipated funding of £2.127m for Test and Protect costs in line with SG guidance, but until funding is formally confirmed, remains a risk.

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	2,259	2,259	3,437	5,696	-3,437
Estate & Facilities	65	65	346	411	-346
Corporate	499	499	110	609	-110
Subtotal (fund from £7.5m envelope)	2,823	2,823	3,893	6,716	-3,893
Test & Protect (anticipated funding)	2,127	2,127	0	2,127	0
Total	4,950	4,950	3,893	8,843	-3,893

3.2 Local policies have been reviewed to ensure that national guidance is adhered to and bring consistency with other boards. The change in National guidance on asymptomatic and pre elective testing will reduce costs going forwards. Delays in transfer of care due to the Covid impact in Community settings generates both a capacity and financial pressure on the Acute Services. Staff absences for covid reasons have started to reduce and with the change in reporting on Covid absence the majority of this will become business as usual from September onwards. Ongoing challenge and scrutiny continues to ensure that exit strategies are underway and to gain an understanding of what will become business as usual to inform the SPRA process.

3.3 Corporate budgets continue to incur Covid-19 costs with detailed work underway with services to secure exit planning and absorption of the Covid-19 costs 'tail' in to core costs.

3.4 Public Health colleagues have established a short life working group to work through the staffing implications of the ending of Contact Tracing, Asymptomatic Testing and Fixed Term Public Health roles. Whilst the current level of spend will fall over the coming months; a level of symptomatic testing will continue which is currently being modelled nationally.

4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £3.171m**. The underspend position predominantly relates to vacancies with attempts to recruit ongoing by services. As of August 2022, only 3 months of actual General Practice Prescribing data to the end of June is available it should be noted that there has been issue nationally with the supply of data. Using that data, other available indicators and 3 years previous positive outturns, the GP Prescribing position to August is estimated to be £369k underspent equivalent to 1.2% on a £77.6m budget. 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.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	376,750	151,005	147,834	3,171
SUB TOTAL	376,750	151,005	147,834	3,171

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. These services are currently captured within the Clinical Services areas of this report (Acute set aside £1.665m overspend to month 5). Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £3.916m to month 5, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

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Health Delegated Covid-19 spend	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	1,459	1,459	0
Complex and Critical Services	77	77	0
Primary Care and Prevention Services	108	108	0
Professional/Business Enabling	53	53	0
Covid-19 Vaccination Costs	2,219	2,219	0
Total	3,916	3,916	0

5. Risks

- 5.1** The £7.5m Covid funding available to the board in 2022/23 falls short of our expected full year costs (Health Board retained and set aside Covid costs). We continue to work to mitigate this risk through a deep dive detailed review of costs, and to support services to ensure exit plans are in place, embedding necessary activities and actions within our core service delivery where practicable.
- 5.2** There is a risk around test and protect and track and trace funding where we await receipt of funding. Until funding is confirmed this remains a financial risk.
- 5.3** There remains a lack of certainty over future funding allocations which means that planning for the remainder of this financial year and beyond is particularly challenging.
- 5.4** There are a number of ongoing price increases which are globally out with our control, e.g. energy price increases; and the cost of food; and building materials. Whilst some assumptions have been made in the financial planning process, close and detailed work remains ongoing to capture and forecast the potential impact to NHS Fife.

6. Capital

- 6.1** The overall anticipated capital budget for 2022/23 is £33.145m. The capital position for the period to August records spend of £11.524m. Therefore, 34.77% of the anticipated total capital allocation has been spent to month 5.
- 6.2** The capital plan for 2022/23 was presented to the FP&R Committee in July and will subsequently be tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.145m detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	856
Lochgelly Health Centre	1,228
QMH Theatres PH2	1,500
Mental Health	100
National Equipping Funding Tranche 1	1,506
HEPMA	900
Pharmacy Robot	100
Estates NIB Bid	2,720
D&I NIB Bid	1,928
National Equipping Funding Tranche 2	914
Total	33,145

NHS Fife have 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 AV 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 FBC, subject to NHS Assure approval and a Benefits Realisation Addendum to the OBC.

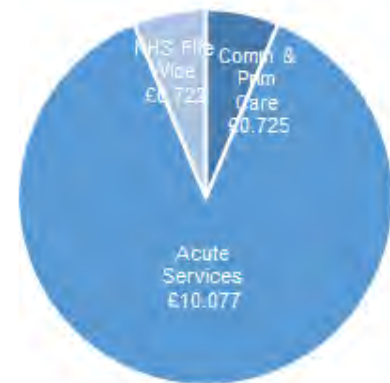
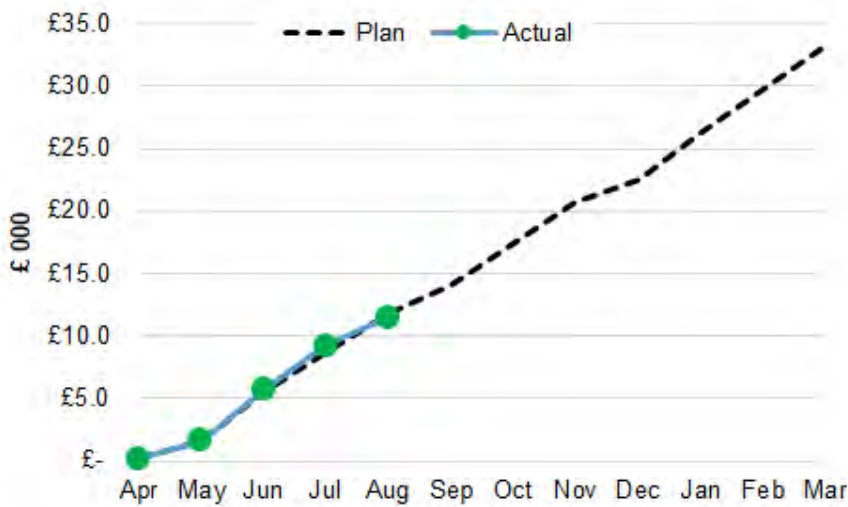
6.3 Capital Receipts

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

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – whilst an offer has been accepted subject to conditions for planning and access, there are concerns re key objections which may place this asset sale at risk.

6.4 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 £11.524m, this equates to 34.77% of the total anticipated capital allocation, as illustrated in the spend profile graph below.



The main areas of spend to date include:

Statutory Compliance	£1.610m
Equipment	£0.288m
Digital	£0.722m
Elective Orthopaedic Centre	£8.337m
Health Centres	£0.519m

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 position reported and are asked to:

- **Note** the reported core overspend of £14.633m
- **Note** the Health delegated core underspend position of £3.171m
- **Note** the capital expenditure spend of £11.524m.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1: Revenue Resource Limit

	Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
June letter	748,855		226	749,081	
July Letter				0	
Outcomes Framework		4,520		4,520	Annual Allocation
Single point of contact		107		107	Second year of funding
Reporting Radiography - MSK			19	19	As per funding letter
Child Death Review		12		12	
DHAC Strategy			1,179	1,179	Annual Allocation
PCIF tranche 1		4,189		4,189	As per funding letter
Regional Cancer Diagnostics			416	416	As per funding letter
Cancer Waiting Times			686	686	As per funding letter
Urgent & Unscheduled Care			2,420	2,420	As per funding letter
Inequalities in access to screening			45	45	
Total Core RRL Allocations	748,855	8,828	4,991	762,674	
Primary Medical Services		59,263		59,263	
Mental Health Bundle		1,363		1,363	
Salaried Dental		2,090		2,090	
Distinction Awards		139		139	
Research & development		822		822	
Community Pharmacy Champions		20		20	
NSS Discovery		-40		-40	
Pharmacy Global Sum Calculation		-204		-204	
NDC Contribution		-843		-843	
Community Pharmacy Pre-Reg Training		-165		-165	
Patient Advice & Support Service		-39		-39	
FNP		1,425		1,425	
New Medicine Fund		6,683		6,683	
Golden Jubilee SLA		-25		-25	
PCIF		5,849		5,849	
Action 15 Mental Health strategy		2,121		2,121	
ADP:seek & treat		1,159		1,159	
Veterans First Point Transitiion Funding		116		116	
Tariff reduction to global sum		-4,245		-4,245	
District Nurses		333		333	
ADP		920		920	
School Nurse		276		276	
Perinatal and Infant Mental Health		663		663	
Primary care development funding		30		30	
CAMHS		704		704	
National SACT Pharmacy		8		8	
Mental Health Funding Pharmacy recruitment		64		64	
Mental health & Wellbeing primary care services		105		105	
Waiting list			6,700	6,700	
Capital to Revenue			2,000	2,000	
Covid 19 Retained			7,500	7,500	
Young Peoples fund		21		21	
Band 2-4		895		895	
TAC		1,000		1,000	
ICU		799		799	
Best Start			79	79	
Midwife Training			7	7	
NSD etc		-4,533		-4,533	
Test & protect			4,559	4,559	
Additional Pay Award	8,513			8,513	
Depreciation			1,420	1,420	
Digital & Information Funding			550	550	
Sars CoV2 Variant & Mutations			178	178	
	8,513	76,774	22,993	108,280	
	757,368	85,602	27,984	870,954	
IFRS			8,516	8,516	
Donated Asset Depreciation			137	137	
Impairment			500	500	
AME Provisions			500	500	
Total Anticipated Non-Core RRL Allocations	0	0	9,653	9,653	
Grand Total	757,368	85,602	37,637	880,607	

Appendix 2: Service Agreements

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
Health Board				
Ayrshire & Arran	101	42	41	1
Borders	47	19	24	-5
Dumfries & Galloway	26	11	24	-13
Forth Valley	3,311	1,380	1,530	-150
Grampian	374	156	117	39
Greater Glasgow & Clyde	1,724	718	698	20
Highland	141	59	85	-26
Lanarkshire	120	50	90	-40
Lothian	32,822	13,676	13,917	-241
Scottish Ambulance Service	105	44	29	15
Tayside	41,258	17,191	18,115	-924
	80,029	33,346	34,670	-1,324
UNPACS				
Health Boards	14,214	5,923	5,203	720
Private Sector	799	333	611	-278
	15,013	6,256	5,814	442
OATS	740	308	301	7
Grants	65	65	67	-2
Total	95,847	39,975	40,852	-877

Appendix 3: Financial Flexibility

	Flexibility Released to August-22	
	£'000	£'000
Drugs :NMF	909	
Junior Doctor Travel	36	4
Consultant increments	251	105
Discretionary Points	268	
AME impairments	500	
AME Provisions	803	
Prior Years Approved Developments, National Initiatives	3,090	592
Health Retained 22-23 Uplifts	15,164	
Cost pressures 22-23	3,794	
Allocations to be distributed	13,510	
Total	38,325	701

Appendix 4: Detailed Cost Improvement Plans

Area	Plan	Current Year Target	Year to Date Target	Year to Date Achieved	Year to Date Variance
		£'000	£'000	£'000	£'000
PCD	Instruments & Sundries	1,000	277	312	35
PCD	Investment in Theatres Procurement / Cost Reduction	500	111	72	(39)
PCD	Repatriation of Radical Prostatectomy	205	0	0	0
WCCS	Travel & Printing	60	25	30	5
WCCS	Managed Service Contract for Labs	425	177	115	(62)
WCCS	Skill Mix Review	50	21	16	(5)
ECD	Pirfenidone / Nintedanib	40	17	17	0
ECD	Patent Expiry / Homecare	160	48	0	(48)
WCCS	Community Paediatric Drugs	20	8	8	0
Acute	Reduction in Non Core Staffing	2,000	444	215	(229)
WCCS	Vacancy Release	210	88	83	(5)
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	197	207	10
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	494	68	(426)
All	Financial Grip & Control	3,415	1,423	500	(923)
	Total	11,700	4,312	2,628	(1,684)

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
Covid-19 earmarked reserve	33,522	620	327	379	364
Vaccine	2,472	1,053	472	330	372
ADP (from Core)	1,700				
Primary Care Improvement Fund	6,585		145	18	1
Care homes	817		41	15	599
Urgent Care Redesign	950	139	110	105	87
Action 15	1,791				
RT Funding	1,500				
District Nurses	213				
Fluenz	18				
Mental Health Recovery & Renewal	3,932	100	122		63
Workforce Wellbeing	244				
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		5
Interface care	170			30	
Core general reserve	4,125		127	98	470
Core underspend	3,550				
TOTAL	64,655	1,912	1,416	975	1,961

FINANCE, PERFORMANCE & RESOURCES: FINANCE

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	27	67
Statutory Compliance	354	166	354
Capital Equipment	229	13	229
Condemned Equipment	0	0	0
Total Community & Primary Care	650	206	650
ACUTE SERVICES DIVISION			
Statutory Compliance	2,041	1,444	2,041
Capital Equipment	1,019	236	1,019
Clinical Prioritisation	67	21	67
Condemned Equipment	14	6	14
QMH Theatre	734	0	734
Total Acute Services Division	3,875	1,707	3,875
NHS FIFE WIDE SCHEMES			
Equipment Balance	160	0	160
Information Technology	877	722	877
Clinical Prioritisation	115	0	115
Statutory Compliance	1	0	1
Condemned Equipment	86	0	86
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	3,238	722	3,238
TOTAL CAPITAL ALLOCATION FOR 2022/23	7,764	2,636	7,764
ANTICIPATED ALLOCATIONS 2022/23			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	856	216	856
Lochgelly Health Centre	1,228	303	1,228
Mental Health Review	100	0	100
Elective Orthopaedic Centre	13,629	8,337	13,629
National Equipping Tranche 1	1,506	33	1,506
HEPMA	900	0	900
Pharmacy Robot	100	0	100
Estates NIB Bid	2,720	0	2,720
D&I NIB Bid	1,928	0	1,928
National Equipping Tranche 2	914	0	914
Anticipated Allocations for 2022/23	25,381	8,889	25,381
Total Anticipated Allocation for 2022/23	33,145	11,524	33,145

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23	Pending Board Approval	Cumulative Adjustment to July	August Adjustment	Total August
Routine Expenditure	£'000	£'000	£'000	£'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	346	8	354
Total Community & Primary Care	0	642	8	650
Acute Services Division				
Capital Equipment	0	927	92	1,019
Condemned Equipment	0	19	-5	14
Clinical Prioritisation	0	67	0	67
Statutory Compliance	0	1,890	151	2,041
QMH Theatre	734	0	0	734
	734	2,903	238	3,875
Fife Wide				
Backlog Maintenance / Statutory Compliance	2,396	-2,236	-159	1
Fife Wide Equipment	1,407	-1,155	-92	160
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-135	0	115
Condemned Equipment	100	-19	5	86
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	-3,546	-246	3,238
Total Capital Resource 2022/23	7,764	0	0	7,764

ANTICIPATED ALLOCATIONS 2022/23				
QMH Theatres PH2	1,500	0	0	1,500
Kincardine Health Centre	856	0	0	856
Lochgelly Health Centre	1,228	0	0	1,228
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
Pharmacy Robot	100	0	0	100
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	25,381	0	0	25,381

Total Planned Expenditure for 2022/23	33,145	0	0	33,145
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STAFF GOVERNANCE

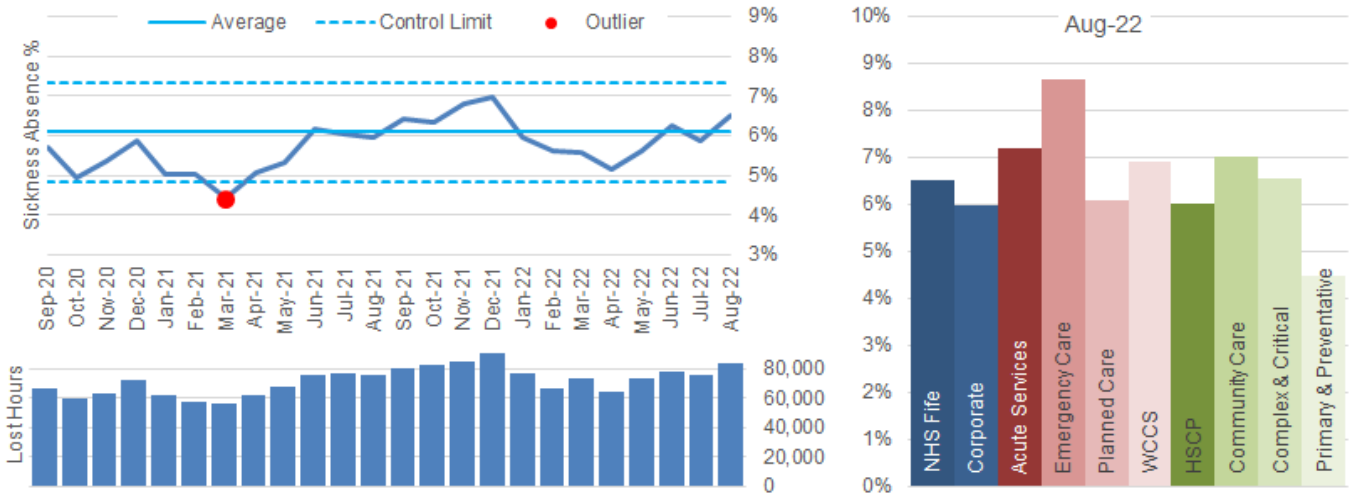
Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance

6.50%

Local Performance



National Benchmarking

Month	2021/22							2022/23				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	6.42%	6.34%	6.79%	6.98%	5.93%	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%
Scotland	6.12%	6.30%	6.37%	6.23%	5.37%	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%

Key Deliverable

Support the Health and Wellbeing of our Staff

End Date

Mar-23
On track

Key Milestones

Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions

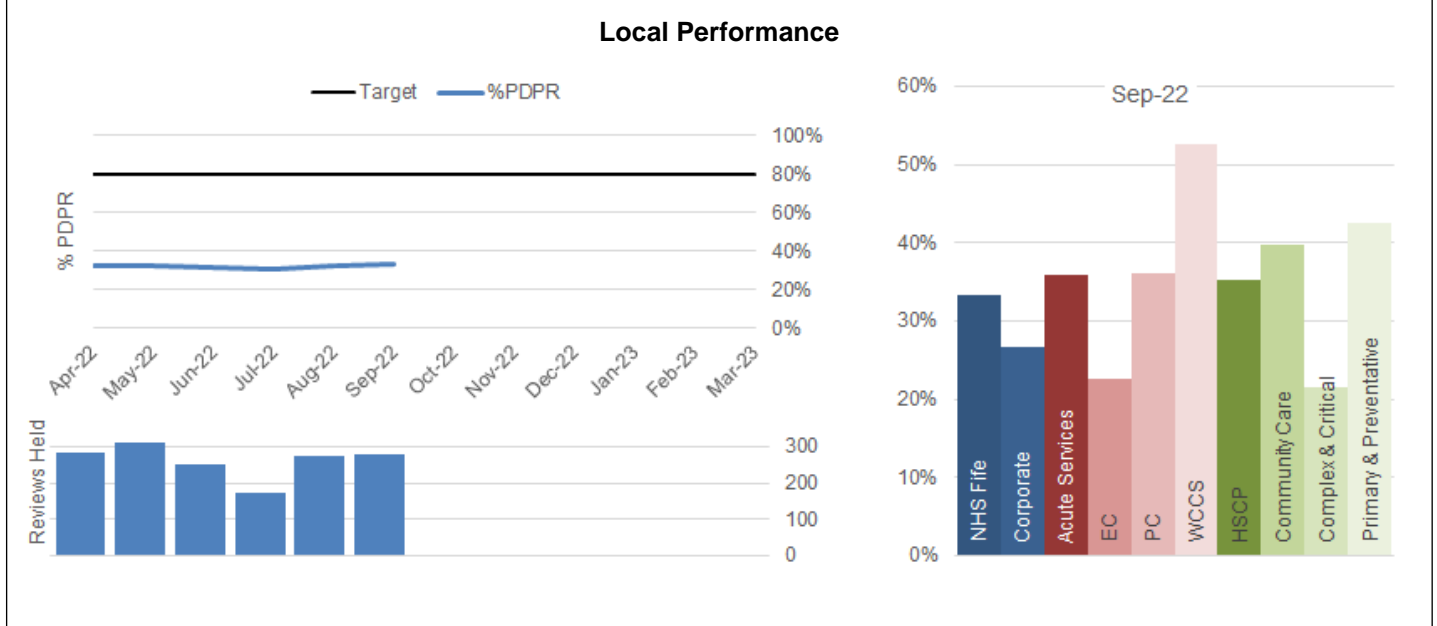
Mar-23
On track

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

STAFF GOVERNANCE

PDPR Compliance <i>To achieve an annual PDPR compliance rate of 80%</i>	Performance 33.3%
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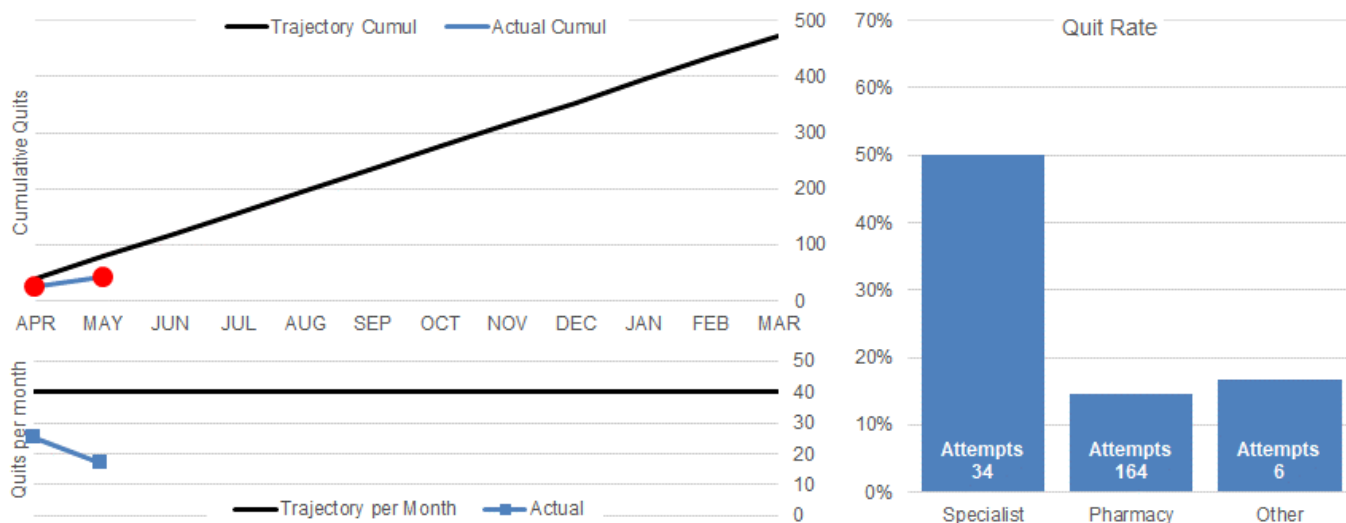
Key Deliverable		End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate		Mar-23 At risk
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 On track
	Provide RAG status reports to all Managers during 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 On track
	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
42

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	25	17										
	Actual Cumul	25	42										
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	53.2%										
Scotland	Achieved												

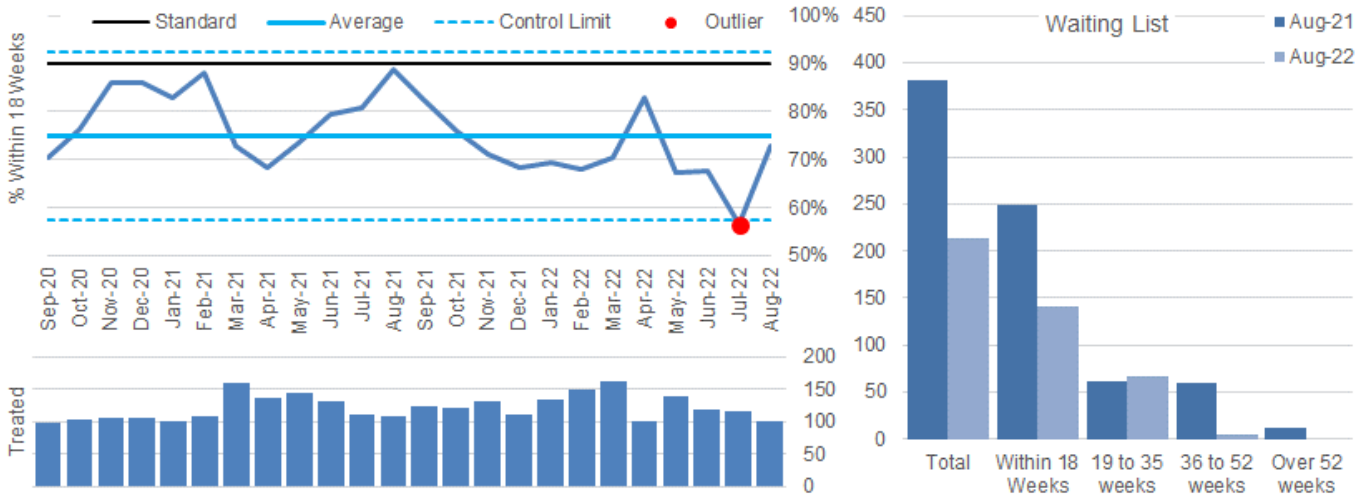
Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Mar-23 At risk
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	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
56.5%

Local Performance



National Benchmarking

Month	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife Treated	82.1%	76.0%	71.2%	68.2%	69.4%	68.0%	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%
Scotland	82.1%	71.5%	70.5%	68.9%	73.9%	71.9%	73.8%	71.1%	66.7%	67.4%		

Key Deliverable

Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS

End Date

Mar-23
On track

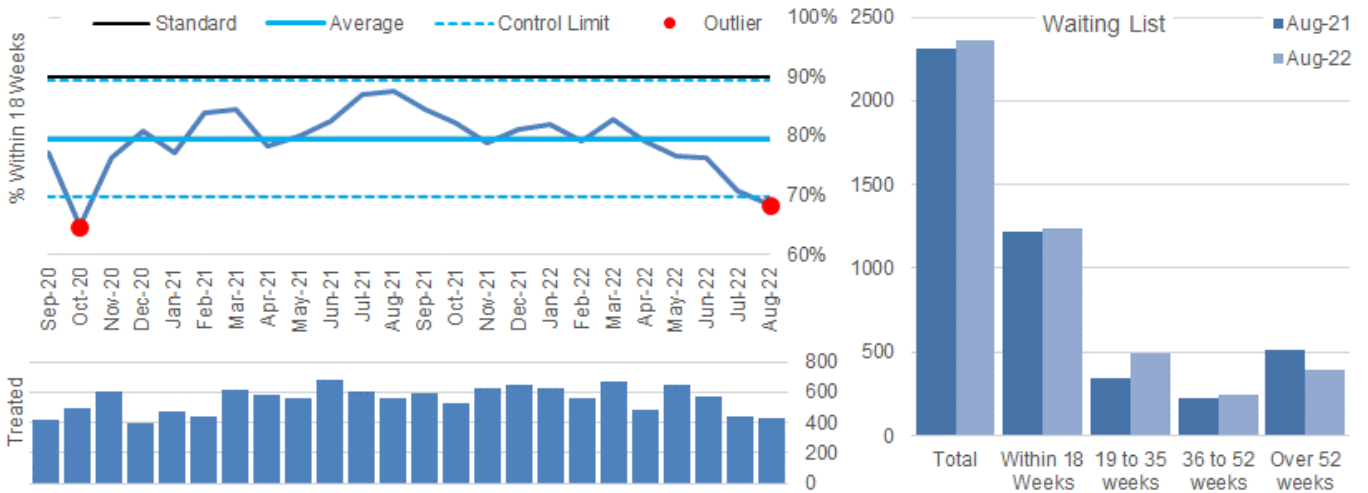
Key Milestones	End Date
Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 On track
Recruitment of Additional Workforce	Mar-23 On track
Delivery 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
68.4%

Local Performance



National Benchmarking

Month	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	84.5%	82.3%	78.8%	81.1%	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%	68.4%
Scotland	86.1%	85.5%	83.0%	85.1%	82.6%	82.0%	84.5%	81.2%	80.9%	82.3%		

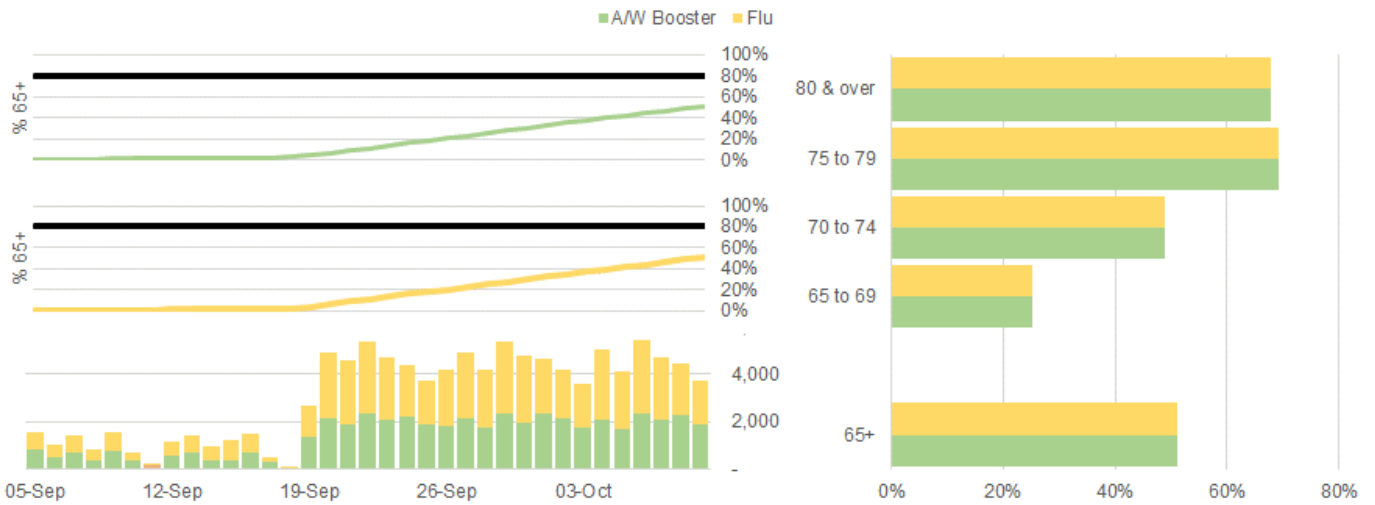
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-23 On track
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Dec-22 On track
	Recruit new staff as per Psychological Therapies Recovery Plan	Dec-22 At risk
	Waiting list management within General Medical Service in Clinical Health	Dec-22 On track
	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 <i>This action is covered by work being done in the Nursing Directorate - development and delivery of the Fife COVID Recovery and Rehabilitation Framework</i>	Dec-22 Suspended

Covid-19 and Flu Vaccination

Performance
COV: 30.1%
Flu: 30.1%

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

Local Performance



National Benchmarking

Month Ending	2022/23							2023/24				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
COVID A/W Booster	NHS Fife	30.1%										
	Scotland	34.0%										
Flu	NHS Fife	30.1%										
	Scotland	32.3%										

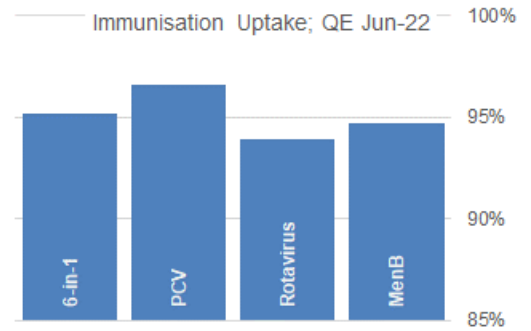
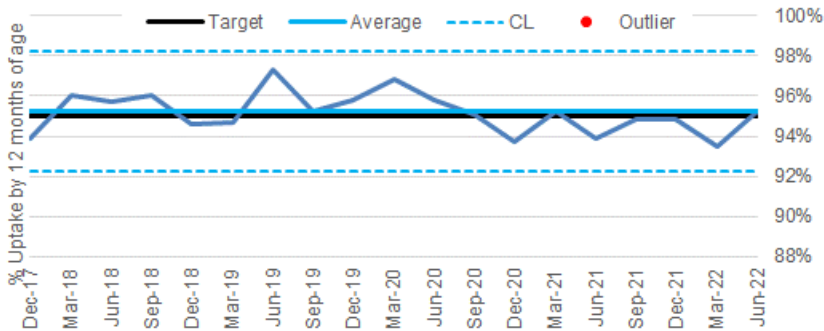
Key Deliverable		End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife		Dec-22 On track
Key Milestones	COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 On track
	COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population <i>Latest PHS data (13/7/22) - Fife uptake for booster 2 (dose 4) in 75+ = 94.5%. Programme completed though rolling offer ongoing.</i>	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
95.2%

Local Performance



National Benchmarking

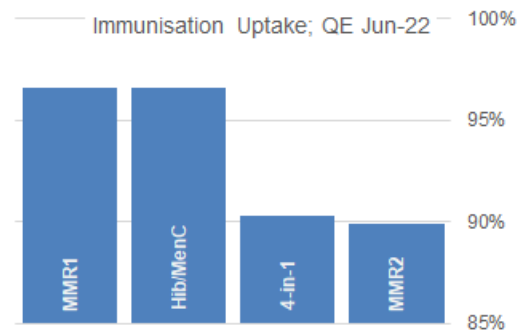
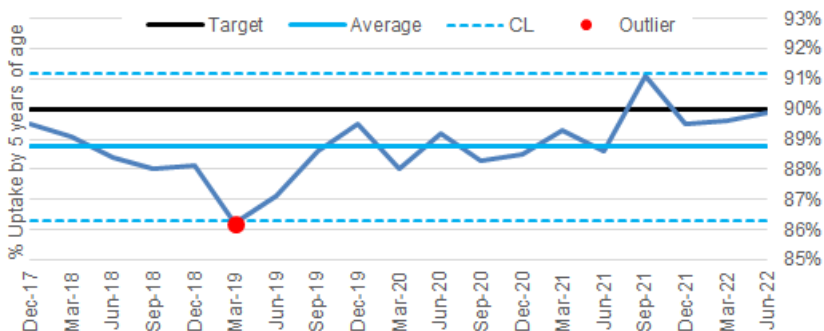
Quarter	2020/21				2021/22			2022/23
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Performance
89.9%

Local Performance



National Benchmarking

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

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 At risk
	MMR2 uptake at age 5 years for Fife population	Mar-23 At risk



Report to the Board on 29 November 2022

BOARD DEVELOPMENT SESSION – 25 October 2022

Background

1. The bi-monthly Board Development Sessions provide an opportunity for Board Members and senior clinicians and managers to consider key issues for NHS Fife in some detail, in order to improve Members' understanding and knowledge of what are often very complex subjects. The format of the sessions usually consists of a briefing from the lead clinician or senior manager in question, followed by discussion and questions, or a wide-ranging discussion led by members themselves.
2. These are not intended as decision-making meetings. The Board's Code of Corporate Governance sets out the decision-making process, through recommendations from the Executive Directors Group and/or relevant Board Committee, and this process is strictly observed.
3. The Development Sessions can, however, assist the decision-making process through in-depth exploration and analysis of a particular issue which will at some point thereafter be the subject of a formal Board decision. These sessions also provide an opportunity for updates on ongoing key issues.

October Development Session

4. The most recent Board Development Session took place in the Dean Park Hotel, Kirkcaldy on Tuesday 25 October 2022. There were two main topics for discussion: Supporting Equality & Diversity and Review of the Clinical Strategy 2016-2021.

Recommendation

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

TRICIA MARWICK
Board Chairperson
25 October 2022

Meeting:	Fife NHS Board
Meeting date:	29 November 2022
Title:	Report on Outcomes from Existing Clinical Strategy
Responsible Executive:	Chris McKenna, Medical Director Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Clinical Strategy was produced in 2016 and provided the strategic direction of travel for health care services in Fife between 2016-21. Working is currently under way to write the Population Health and Wellbeing (PHW) Strategy.

This report summarises feedback from clinical teams on the progress made against the recommendations of the Clinical Strategy.

2.2 Background

The Clinical Strategy made 19 recommendations that were derived from the report recommendations from the 7 clinically led workstreams. The published strategy also included *Recommendations in Practice* that have been used to review and critically appraise the progress made since 2016.

The paper outlines the 4 main transformation programmes that were prioritised from the Clinical Strategy namely:

1. Acute Services Transformation: reduction in unwanted variation, standardisation, redesign of services in line with Realistic Medicine and Regional working
2. Community Redesign: Urgent Care Redesign, development of Community Hubs and community hospital redesign
3. Mental Health Redesign
4. Medicine Efficiencies

Reporting of progress against programme plans for each transformation programme was provided as assurance to the Clinical Governance Committee on a regular basis since 2016.

2.3 Assessment

Feedback was received from the chairs and teams of the workstreams involved in writing the Clinical Strategy in 2016. Progress was documented then summarised in the attached paper.

The seven workstreams from the Clinical Strategy were:

1. Urgent Care Workstream
2. Scheduled Care
3. Chronic Conditions
4. Cancer Services and Palliative Care
5. Women And Children's Services
6. Mental Health and Learning Disabilities
7. Estates, Digital & Information and Support Services

The summary of the main achievements is presented as well as (1) an indication of whether the recommendations in practice has been achieved or not and (2) alignment of the recommendation in practice to NHS Fife's current strategic priorities.

The feedback indicated that significant work had been carried out in most areas which also reflected changes in services during the COVID period. In many cases, although the original recommendations in practice had been achieved since 2016, similar pieces of work are ongoing or still relevant in a slightly different form reflecting changes in national policy and local focus.

In many cases, a local strategy/strategic framework has been produced outlining key priorities for services going forward. The paper captures the strategies and strategic frameworks aligned to the new PHW strategy.

The feedback from clinical teams including the review of the Clinical Strategy, will be used to inform the Population Health and Wellbeing Strategy and the associated delivery plans.

2.3.1 Quality / Patient Care

The Review of the Clinical Strategy summarises the improvements in quality and patient care since the publication of the Clinical Strategy.

2.3.2 Workforce

Workforce was a key to the delivery of the previous strategy and this is demonstrated in the changing profile of the workforce and importance placed in the PHW Strategy.

2.3.3 Financial

The financial pressures were managed over the years of the Clinical Strategy. Financial pressures were, where practical, found within existing budgets.

2.3.4 Risk Assessment / Management

The risks associated with this work were identified and managed through the Board Assurance Framework for Strategic Planning since 2016.

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

Equality and Diversity including health inequalities were addressed in the Clinical Strategy 2016-21. An EQIA has been completed and signed off for the PHW Strategy.

2.3.6 Climate Emergency & Sustainability Impact

Climate emergency and sustainability impact was not monitored and reported as part of the Clinical Strategy. This will be included in the Population Health and Wellbeing Strategy and will be reported on.

2.3.7 Communication, involvement, engagement and consultation

There was extensive public and staff engagement during the consultation for the Clinical Strategy.

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 (by email) 18 October 2022
- NHS Fife Clinical Governance Committee 4 November 2022
- Public Health & Wellbeing Committee 7 November 2022

2.4 Recommendation

The Board is invited to take:

- **Assurance** on the significant progress made on the recommendations of the Clinical Strategy 2016-21 and continuation of areas of priority in the Population Health and Wellbeing Strategy.

3 List of appendices

The following appendices are included with this report:

- Review of the Clinical Strategy Draft Report 2016-21

Report Contact

Susan Fraser

Associate Director of Planning and Performance

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Review of the Fife Clinical Strategy 2016-21

Draft v1.1: 19 October 2022

VERSION CONTROL

Draft V 1.0	18/10/22	First draft distributed to EDG
Draft v1.1	19/10/22	Revised draft following comments from EDG

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1 INTRODUCTION

In 2016 NHS Fife published its 5-year Clinical Strategy, outlining its key priorities and recommendations for the next 5 years. The Clinical Strategy 2016-2021 was developed in partnership with a wide range of stakeholders and described the future model of healthcare for the people of Fife. This was facilitated by the creation of 7 multiprofessional work streams.

1. Urgent Care
2. Scheduled Care
3. Chronic Conditions and Frailty
4. Cancer, Palliative Care and End of Life Care
5. Woman and Children
6. Mental Health & Learning Disabilities
7. Estates, Digital & Information and Support Services

19 key recommendations in the Clinical Strategy were produced from individual workstream reports.

The progress in the delivery of the key recommendations have been affected by the unprecedented demands of the Covid pandemic and the consequent impact on NHS Fife health and social care systems. This report aims to detail the progress clinical teams have made towards the recommendations set out in the strategy while recognising the context in which we are now developing our new Population Health and Wellbeing Strategy has changed dramatically since 2016.

The report will hence be a light touch acknowledgement of the ambitions set out in 2016 and will major on the need to focus on moving forward, yet still being cognisant of the excellent work completed and the need to recognise that areas of development remain a work in progress and will carry forward into the next generation of clinical and care system development.

This report was collated by working with clinical and managerial teams across Acute Services and the Health and Social Care Partnership. Feeding into existing management and clinical groups mindful of the impact on individuals and teams time given the ongoing significant service pressures.

2 2016-2021 CLINICAL STRATEGY SUMMARY

'The main ambition of the strategy was to shape the delivery of healthcare in Fife over the next five years and beyond and was the Boards' response to the changing needs of a rising and ageing population'

The following guiding principles were used:

1. The provision of services will be needs based, proportionate, person centred and developed in partnership with people.
2. A whole system approach to support and services will be adopted across health and social care and other agencies.
3. Where appropriate, support and services will be delivered as close to people's home as possible in a timely manner.
4. The provision of all health care will be value based in terms of outcomes, efficiency of resources and cost effectiveness.
5. People will take responsibility for their own health with a focus on prevention and early intervention and avoidable admission into hospital

3 WORKSTREAM UPDATES

Each workstream produced a number of recommendations which were refined to a set of recommendations in practice and 19 key recommendations. The Recommendations in Practice have been used for each workstream to provide evidence of progress.

Status will be completed based on review of progress and recognising changes or updates in strategic direction.

3.1 URGENT CARE WORKSTREAM




Recommendations in Practice


Urgent care pathways will be developed to optimise the patient experience through the input of the multi-disciplinary team.

Urgent care hospital services will be restructured to ensure they provide the best care for the people of Fife.

More urgent care services will be provided in the community rather than the acute hospital.

An electronic patient record accessible to urgent care professionals in all sectors will be developed.

Achievement	Status	Current strategic priority
<p>Delivery of Urgent Care Centres following the Ritchie Report</p> <p>The number of urgent care centres were reduced and a shift to a multi-disciplinary approach was achieved successfully covering Out of Hours Services (Urgent Care).</p> <p>In late 2020, the national redesign of Urgent Care was implemented with the introduction of the Flow and Navigation Centre (FNC). This continues to be delivered. This has and will result in new models of care adopted, changing the way emergency and urgent care are delivered in Fife.</p>	<p>Completed but ongoing under new Unscheduled Care Collaborative</p>	
<p>Patient pathways</p> <p>In 2017, two community programmes were established: Community hubs and work with HHG individuals. Single point of access (SPOA) for community services was set up but has now transitioned into the Flow and Navigation Centre (FNC) with a SPOA for east and west Fife. Patient pathways in place include H@H, ICASS, Palliative Care and direct admission to Admission Unit 1 (AU1)</p> <p>Community huddles were set up with a multi-disciplinary team to support the management of community services.</p>	<p>Completed but ongoing</p>	
<p>Community Services</p> <p>The introduction of STAR beds in health and social care provides rehabilitation services to support patients on discharge to return to their place of residency, and on occasion can prevent an admission to Acute care. There are 29 STAR beds across Fife, accessed through social work, and are a step down for Community Hospital, acute care, and social work.</p> <p>The Pharmacy First service, which replaced the previous Minor Ailment Service, provides a patient centred and highly accessible route to care for those experiencing a wide range of clinical conditions. The Board has 14 contractors currently delivering direct care utilising independent prescribing skills.</p>	<p>Completed but ongoing</p>	

Achievement	Status	Current strategic priority
<p>Accessible Electronic Patient Records</p> <p>The Clinical Portal is now in place and accessible to clinicians across Fife and neighbouring boards. Morse was implemented in 2018/19 for Community Services. This has enabled Primary Care to access records and helped with High Health Gain work.</p>		

Transformation work continues across Urgent Care and the community with the ambition to continue to improve and redesign the services.

3.2 SCHEDULED CARE

Recommendations in Practice



Reconfigure scheduled care services to optimise the achievement of best patient outcomes.


Better joined up pathways of care for scheduled care through primary and secondary care will be developed.

Develop one stop community investigation clinics.

Locality based clinics will be supported by specialist consultants.

Make better use of technology to provide care and support and avoid

Achievement	Status	Current strategic priority
<p>Early Diagnosis</p> <p>Early Cancer Diagnosis Centre pilot started in 2021 has successfully diagnosed more patients than expected with vague but concerning symptoms. Given the success of the pilot, options to expand the remit of the service are being explored.</p>	Recent development and ongoing	
<p>Optimisation of Services</p> <p>The introduction of the jack and jill ophthalmology theatres at QMH in 2018 has significantly changed the ophthalmology surgical pathway and improved patient care.</p> <p>The introduction of Cytosponge, an innovative practice redirects patients to this new diagnostic modality reducing the</p>	Completed but ongoing	

Achievement	Status	Current strategic priority
<p>need for gastroscopy.</p> <p>Since 2021, Robotic Surgery has been introduced within three specialties (Colorectal, Gynae-oncology and Urology Cancer patients) and it is anticipated that this will attract high calibre candidates when future consultant posts are advertised in general surgery and urology.</p>		
<p>Joined Up Pathways</p> <p>Fife Referral Organisation Guidance (FROG) was developed during the COVID period and launched at the end of November 2021. This provides guidance on how referral information is managed between primary and secondary care.</p> <p>The establishment of a GP pathway for Irritable Bowel Syndrome (IBS) has improved the care of patients, within general practice or through signposting to other services.</p> <p>Phlebotomy services are now embedded in the community supporting scheduled care.</p> <p>Procedures of low clinical value and low volume surgery have continued to be reviewed and revised over the years. More collaborative regional working is in place that has supported a regional approach to clinical pathways as well as training opportunities</p>	Completed but ongoing	

Locality based clinics and more community based scheduled care services were ambitious and for a number of reasons this was not progress although better access to all continues to be an ambition.

3.3 CHRONIC CONDITIONS

Recommendations In Practice




Make better use of technology to help and support people to manage their own health conditions at home.


All patients in care homes will have standardised health related documentation and anticipatory care plans.

Single multi-specialty clinics will be developed for people with multiple conditions.

Redesign of chronic management to be needs led and not age based.

Develop a sustainable workforce with appropriate skill mix and strong links to the 3rd sector to support people with chronic conditions and frailty. necessary return outpatient appointments.

Achievement	Status	Current strategic priority
<p>Data sharing There are data sharing agreements in place where required but work is still required to make the system more seamless and integrated. There has been an improvement in the availability of hardware and software across services but there is still work to be carried out.</p>	Ongoing	
<p>Anticipatory Care Plans for Care Home patients Work began in 2016 to establish an electronic anticipatory care plan (ACP) known as eKIS, for patients with long term conditions. More progress was made as a response to COVID and as part of the Home First strategy work which requires GPs as only GPs can access and update the plan.</p>	Completed	
<p>Needs led Chronic Conditions Management A Single Point of Access is in place and links with Discharge Hub in Acute to enhance continuity of care. This service has supported by an MDT and provides care planning co-ordination. The development of Community Treatment and Assessment Centres (CTACs) to deliver a range of interventions for the community – for example, community phlebotomy, enhanced multi-disciplinary teams and immunisation services.</p>	Partially completed but ongoing	

Achievement	Status	Current strategic priority
<p>Improving Health and Wellbeing</p> <p>The Clinical Quality Clusters have been introduced in General Practice/Primary Care with the aim to improve population wellbeing, health, reduce inequalities and consider clinical priorities for the cluster population.</p>	Completed	

3.4 CANCER SERVICES AND PALLIATIVE CARE

Recommendations in Action



All opportunities to promote healthy lifestyles, screening uptake and early detection of cancer will be taken by health professionals.


We will develop and expand acute oncology services in Fife in line with the National Clinical Strategy.

We will develop single points of contact to help people with life limiting conditions access the right services, support, and advice at the right time.



Where possible, patients will have a unified and shared anticipatory care plans.

Cancer Services

Achievement	Status	Current strategic priority
<p>Screening and early detection</p> <p>qFIT as a diagnostic tool has been implemented in Fife and is routinely used to support referral criteria. Bowel screening uptake is approximately 66% which is in line with the Scottish uptake.</p>	Completed	
<p>Service Developments</p> <p>The Macmillan Improving Cancer Journey is fully implemented, and the Single Point of Contact Hub will integrate and compliment the work already in place.</p> <p>Most patients now receive Systemic Anti-Cancer Treatment (SACT) in Fife with specialist treatment.</p> <p>In 2017, Dermatoscopes were funded in GP practices to help detect early signs of skin cancer. In 2021 exploration of the use of Photo Triage has been taken forward.</p>	Completed but ongoing through Cancer Framework	

Achievement	Status	Current strategic priority
<p>Gaps in cancer services have led to clinical nurse specialist appointments in: Breast, Colorectal, Head & Neck, Lung, Gynaecology, Upper GI and Urological cancers and rarer cancers: Sarcoma, Brain/Central Nervous System and Cancer of Unknown Primary.</p> <p>Treatment summaries have not been implemented and are a key action in the Cancer Framework 2022 - 2025.</p>		
<p>Development of Oncology and other Services Within the last 5 years, an Acute Oncology nurse led service has successfully been introduced in Fife. A skill mix review resulted in the appointment of a nurse consultant in SACT and expanded roles for Advanced Clinical Nurse Specialists for Lymphoma, the Early Cancer Diagnosis Centre and Urology.</p>	Completed but ongoing through Cancer Framework	

Palliative Care




Achievement	Status	Current strategic priority
<p>Service Redesign The service was redesigned at pace in response to the Covid pandemic which involved reducing bed numbers and increasing the community input by providing increased clinical assessment and personal care at home. This has proved very successful.</p>	Completed	
<p>Digital Enablement Moving to the MORSE system has vastly improved communication and information sharing both within the specialist service and with other health care professionals.</p>	Completed	

3.5 WOMEN AND CHILDREN'S SERVICES

Recommendations in Action

Redesign maternity and paediatric pathways with appropriate multidisciplinary workforce skill mix for the delivery of clinical services.

Develop a workforce that has the appropriate training and education to deliver future maternity and paediatric services.

Achievement	Status	Current strategic priority
<p>Prevention and Wellbeing Achievement of UNICEF Gold accreditation for maternity and re-accreditation for NNU - re-designed the smoking cessation service and continued with alcohol brief intervention training/delivery.</p>	Completed	
<p>Service and Pathway Redesign Best Start Recommendations are ongoing with the workload workforce tool leading to a detailed review in midwifery. There has been an enhancement of the paediatric nursing establishment to improve sustainability within the service. Other development posts in midwifery include Midwife Educator role, Bereavement Midwife, Perinatal Mental Health Midwife/Nurse, and Midwifery Care Assistant (MCA) role. In Community Child Health a psychologist has been introduced to support with the appropriate triage of patients.</p>	Completed but ongoing under Women's Health Plan	
<p>Digital enablement Badgernet has been implemented in Maternity and Neonatal Services but still being developed. Full EPR for NNU has not yet been agreed. Work is almost complete on migration of the Community Paediatric service to a single shared electronic patient record.</p>	Ongoing	

Dedicated work under the auspice of the Women's Health Plan is underway across NHS Fife and Public Health with the aim of meeting the recommendations within the plan.

3.6 MENTAL HEALTH AND LEARNING DISABILITIES




Recommendations in Action


We will reconfigure mental health and learning disability services to ensure equity across Fife.

We will review and where appropriate reconfigure mental health inpatient sites across Fife.

A single point of access for emergency mental health advice and assessment will be available

Development of the liaison psychiatry service and community based multiprofessional teams.

Achievement	Status	Current strategic priority
<p>Reconfiguration of Services Community Mental Health Teams (CMHT) for adult and older adult service are now in place providing care at home or as close to home as possible.</p> <p>Pathway building capacity within the third sector and self-management is the first step to deliver a robust, evidenced-based treatment with the CMHT development. A third sector (voluntary) review currently in progress will ensure that the right voluntary organisation will be providing services with the greatest impact.</p>	Completed but ongoing in the Mental Health Strategy	
<p>Inpatient Services A review of inpatient services is currently ongoing for Mental Health and will go to option appraisal and public consultation.</p> <p>National level development discussion continues for an inpatient unit in Scotland for Children and Young People Learning Disabilities Services (CYPLD). Support for an inpatient unit in Scotland for CYPLD is ongoing with NHS Fife continuing to support this in a collaboration with Scottish Government.</p>	Completed but ongoing in the Mental Health Strategy	
<p>CAMHS and PT Action 15 primary care workers are now in place which has improved the number of rejected referrals for treatment.</p> <p>Investment in CAMHS and PT has improved access to services with availability of 70% for one-to-one appointments for adults with PT/complex trauma work and meets need in different way.</p> <p>Changes in practice for those patients with personality disorders means patients are treated locally using an established care</p>	Completed but ongoing through new priorities for CAMHS and PT	

Achievement	Status	Current strategic priority
pathway.		
<p>Digital Enablement</p> <p>The Mental Health Service activity is recorded on TrakCare which included Community Psychiatric Nurses (CPNs). Trakcare is still used for referrals and activity, but MORSE is now implemented within the service.</p> <p>Drug monitoring service is delivered at day hospitals with the day hospital service now being part of CMHT.</p>	Completed	

The recommendations on the development of mental health services have not been realised or there has been a change in practice which means they are no longer relevant. The Mental Health Strategy and subsequent transformation programme should address such recommendations as the older adults' MDT liaison psychiatry service and the development of a bio psychosocial model of care.

The CYPLD recommendations from the Clinical Strategy were not achieved. There is however a continued ambition to review CYPLD services to create a service in which a single CYLPD-MDT, which has a single management structure and single set of case notes, is co-located to enable partnership working with other agencies.

3.7 ESTATES, DIGITAL & INFORMATION AND SUPPORT SERVICES




Recommendations in Action

Telehealth and Telecare will be used to aid self-monitoring of health condition.

Estate and facilities will be flexible and fit for purpose.

We will move to a paper-light system with an electronic patient record.

We will work to increase the uptake of people booking appointments and ordering repeat prescriptions using technology.

Achievement	Status	Current strategic priority
<p>Telecare and Telehealth</p> <p>The Technology Enabled Care (TEC) programme ran in NHS Fife and Fife Health and Social Care Partnership focussed on supporting primary/community patients during 2017/8 and complemented the existing telecare work by Fife Council.</p> <p>There were 4 pieces of work: <i>Blood Pressure monitoring, SNAP40, Advanced Risk Modelling for Early Detection (ARMED), Near Me</i></p> <p>Near Me was limited in its use pre COVID but was adopted quickly by clinicians to consult with patients virtually. This was adopted across primary, community, acute care and Mental Health by a range of clinicians.</p>	Complete but ongoing under Digital and Information Strategy	
<p>Property and Asset Management</p> <p>The onset of Covid-19 and the widespread utilisation of digital technology has meant that there is much scope for further delivery. Closer working relationships are now in place with Fife Council.</p> <p>There will be a trend towards agile working which will see a mix of home based and multi-site working environments. A key principle is the organisation making best use of space.</p> <p>Review of the estate has taken place for Primary Care and Mental Health inpatients. Progress has been made on the Fife Elective Orthopaedic Centre (National Treatment Centre in Fife) and the Lochgelly and Kincardine Health and Wellbeing Centres with opening dates in 2023.</p>	Complete but ongoing under PAMS Strategy	
<p>Pharmacy and Medicines</p> <p>Pharmacy has delivered increasing levels of direct clinical care by Pharmacists and Pharmacy Technicians over the last five years.</p> <p>In the primary care setting, Pharmacotherapy is a key component of wider GMS transformation, and the team is now 3-4 times larger than it was in 2016.</p> <p>Specialist pharmacy services, including the pain service, deliver clinics regularly while Pharmacy First Plus is embedded with a</p>	Complete but ongoing under Pharmacy and Medicines Strategy	

Achievement	Status	Current strategic priority
plan for further growth.		

Implementation of Paperlite has been challenging and has been implemented where opportunities have arisen. This is an NHS Fife corporate objective for 2022/23

The ambitious recommendation of electronic prescribing has not been achieved but is also a corporate objective for 2022/23 and should be achieved in the next few years

4 STRATEGIC APPROACH TO CLINICAL STRATEGY 2016-2021

The implementation of the Clinical Strategy in 2016 was approached by identifying four key priorities for NHS Fife which underpinned all aspects of the Board's strategic planning at that time. These four priorities were:

1. **Acute Services Transformation** including reduction in unwanted variation, standardisation, redesign of services in line with Realistic Medicine and Regional working
2. **Community Redesign** including Urgent Care Redesign, development of Community Hubs and community hospital redesign
3. **Mental Health Redesign**
4. **Medicine Efficiencies**

Reporting of progress against programme plans for each transformation programme was provided as assurance to the Clinical Governance Committee on a regular basis. Any new programmes of work had to demonstrate alignment to the Clinical Strategy.

The Annual Operational Plans (AOP) submitted and agreed with the Scottish Government between 2017-19 highlighted these programmes as the key priorities for NHS Fife with progress described year on year.

On reflection, the focus and reporting of the 4 key priorities did not report to the governance structure all the good work, contained within the Clinical Strategy, being carried out throughout the organisation over the years.

5 CONCLUSION

The review of the Clinical Strategy 2016-21 was produced using detailed feedback from the clinical and managerial teams across NHS Fife and Fife Health and Social Care Partnership. In addition to the 4 transformation priorities that were taken forward at that time (detailed in the last section), a significant amount of progress has been achieved across the health and care services since the publication of the Clinical Strategy.

Going forward, the outcome of this review and the fuller feedback from teams will be used to shape the Population Health and Wellbeing Strategy and the associated delivery plans.

Dr Chris McKenna
Medical Director
NHS Fife
18 October 2022

Susan Fraser
Ass Director of Planning and Performance
NHS Fife

Meeting:	Fife NHS Board
Meeting date:	29 November 2022
Title:	Pharmaceutical Care Services Report 21/22
Responsible Executive:	Ben Hannan, Director of Pharmacy and Medicines
Report Author:	Hazel Close, Head of Pharmacy

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Pharmaceutical Care Services Report (PCSR) is ordinarily updated annually in March. Recognising the realities of COVID and the pandemic coinciding with this update, permission was granted to delay development of a report for 2019/20 and 2020/21 to allow the pharmacy team to concentrate their efforts on the pandemic. A report for 2021/22 has now been produced and approved by the Public Health and Wellbeing Committee. The report is presented to the board for assurance that this requirement has been met.

2.2 Background

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. A public engagement period has been completed giving consultees an opportunity to comment on the draft PCSR. The draft PCSR was circulated through the Patient Focus Public

Involvement (PFPI) Leads and to the Partnership and Engagement Network (which comprises individuals, groups and voluntary organisations). Each year, Boards are required to make their final report available on their website and other routes as informed by local policy. This report was approved by the Public Health and Wellbeing Committee on 7th November 2022, and published on 10th November 2022.

2.3 Assessment

The 2021/22 PCSR captures a number of new core services and additional services introduced over the previous two years in NHS Fife. Significant advances in provision of services within Community Pharmacy have been made and the network of contractors have risen to the challenge of delivering these during a time of unprecedented demand. The report assesses any unmet need and gaps in provision of the core services of the Community Pharmacy contract, the report recommends that there is no unmet need within NHS Fife currently.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

The report describes the current workforce capabilities within Community Pharmacy and the impact of the COVID pandemic in the last two year.

2.3.3 Financial

There is no direct financial impact related to this report.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Climate Emergency & Sustainability Impact

The report describes and assesses locality, position and distance of Community Pharmacies from patient's homes in the context of 20-minute neighbourhoods, with 89% of the Fife population living within one mile of their nearest pharmacy. However, the full impact on climate emergency and sustainability is not addressed within this report. It is anticipated that in future years that analysis will be included in further reports.

2.3.7 Communication, involvement, engagement and consultation

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

Fife Local Medical Committee

Fife Area Pharmaceutical Committee

Community Pharmacy Fife

Public Participation and Engagement via Patient Experience Team

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

2.3.8 Route to the Meeting

Pharmacy and Medicines Senior Leadership Team – 29th June 2022

Discussion between Director of Pharmacy and Director of Health and Social Care – 19th August 2022

Executive Directors Group – 22nd September 2022

Public Health and Wellbeing Committee – 7th November 2022

2.4 Recommendation

The Board are asked to consider this report for **assurance**.

3 List of appendices

The following appendices are included with this report:

Appendix 1, NHS Fife Pharmaceutical Care Service Report 2021/22

Report Contact

Hazel Close

Head of Pharmacy – Population Health and Wellbeing

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PHARMACEUTICAL CARE SERVICES IN NHS FIFE

JUNE 2022





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EXECUTIVE SUMMARY

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. This 2022 update is published according to these regulations in accordance with the Scottish Government circular [PCA \(P\) 7 \(2011\)](#).

Pharmaceutical Care Services (PCS) 2021/22 in NHS Fife

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

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

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

A public engagement period of 4-6 weeks will be provided giving consultees an opportunity to comment on the draft PCS report 2021/22 (from July 2022). The NHS Fife public involvement policy comprises of the draft PCS report being circulated through the Patient Focus Public Involvement (PFPI) Leads and to the Partnership and Engagement Network (which comprises of individuals, groups and voluntary organisations). Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

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INTRODUCTION

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

1. Introduction to NHS Fife Health Board Area

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

1.1 Geographies to be Considered

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

Table 1 - Population of NHS Fife and its Localities (NRS 2018)

Locality	Population
Fife	371,190
Levenmouth	37,439
Glenrothes	49,990
NE Fife	75,226
Cowdenbeath	40,895
Dunfermline	58,508
Kirkcaldy	60,337
SW Fife	49,515



1.2 NHS Fife Population Descriptions

The latest population estimate figures show that Fife grew in 2020, one of only 12 council areas in Scotland to see growth. At June 2020, an estimated 374,130 persons lived in Fife, 580 more people than in 2019, resulting in an annual growth rate of 0.2%, higher than the national growth rate of 0.05%, which was the lowest growth since 2003.

1.2.1 Fife Population: Age Distributions

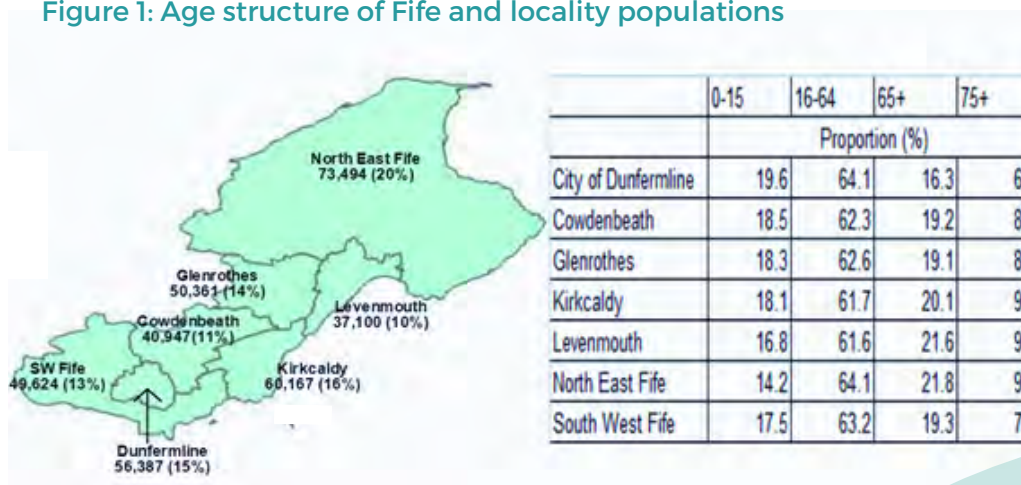
Children aged 0-15 years make up 17% of the population with 64,152 children living in Fife. The majority of the population in Fife (62%) are aged 16-64 years, whilst 12% of the population are aged 65-74 and 9% aged 75 and over.

1.2.2 Sub-Fife Population: Fife Localities

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

Variations in population age structure can be seen across the seven localities. Three of Fife's seven localities have higher proportions of their population aged 65 and over compared to Fife; Kirkcaldy (20.1%), Levenmouth (21.6%) and North East Fife with 21.8%. In contrast, Dunfermline's older population is significantly less than Fife at 16.3% and its proportion of children is the highest of all seven localities at 19.6%

Figure 1: Age structure of Fife and locality populations



Source: KnowFife Dataset



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

1.2.3 Births

In 2020 there was a 6% reduction in the number of babies born in Fife compared to in 2019, with 3,143 babies born. This continues a reducing trend of births in the last ten years and is the lowest annual number of births since 1991. Fertility rates in Fife, although falling, continue to be higher than the rates for Scotland, 47.1 per 1000 women aged 15-44 years compared with a national rate of 45.5. Of the 3,143 babies born in Fife over half (59%) were born to mothers aged 25-34 years, 5% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2000 the number of births to mother aged 19 and under has decreased by 61% whilst births to mothers aged over 40 have more than doubled.

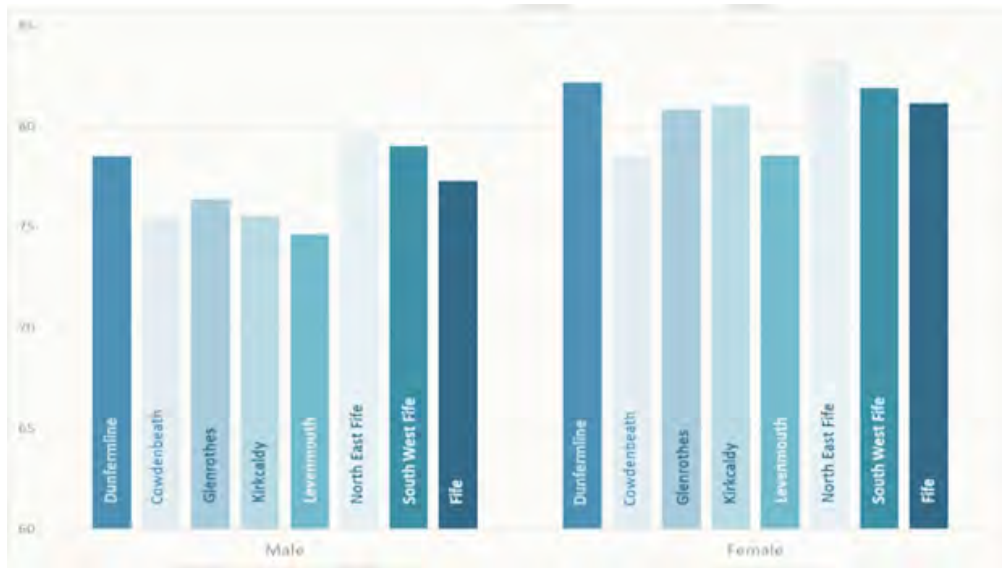
1.2.4 Life Expectancy

Life expectancy at birth in Fife was 77.2 years for males and 81.4 years for females in 2018-2020. This was a small fall in life expectancy in males and a small rise in females since the last estimates of 77.3 and 81.2 years respectively in 2017-2019 (Figure 2). Nationally during the same time-period life expectancy fell by the largest annual amount since these statistics began, to 76.8 years for males and 81 years for females. This large annual fall was mainly driven by COVID-19 deaths, but drug-related deaths and deaths from external causes (including accidents and suicides) also contributed to the fall in male life expectancy. The full impact of COVID-19 on life expectancy will be clearer in future estimates that cover the whole period of the pandemic as current estimates only include 2020.

There is variation in male and female life expectancy within Fife, which is illustrated by the 2016-20 figures for the seven HSCP localities/Area Committees in Figure 2. Both male and female life expectancy were higher than the Fife average in Dunfermline, North East Fife and South West Fife areas and lower than average in the other four areas.



Figure 2: Male and Female Life Expectancy; HSCP Locality/Area Committee 2016-20



Source: PHS

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

1.2.5 Ethnic Group

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



1.2.6 Deaths

1.2.6.1 All Causes

There were 4,285 deaths in Fife in 2020, an increase of 130 (3%) on 2019. Rates of all-cause mortality in Fife in 2020 were below the Scottish average, 1118 per 100,000 population compared to 1212. 36% of these or 1,529 deaths were in the under 75s, which equates to a mortality rate of 421.8 per 100,000 population. In line with deaths at all ages, mortality rates in the under 75s increased from 2019 but remain below the Scottish average of 457 per 100,000 population. There are significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than in the least deprived areas, and the current rate is currently sitting at 2.9 times higher.

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

1.2.6.2 Causes of Death

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

As in previous years heart disease was the second most common cause of death among Fife residents accounting for 13% of deaths, followed by dementia and Alzheimer's disease(11%). The impact of the coronavirus pandemic is still being assessed, however, there were 310 deaths recorded where confirmed or suspected COVID-19 was mentioned on the death certificate in 2020.



1.2.6.3 Burden of Disease

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

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

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

Source: PHS

As our population ages, the contribution to the overall total burden of health loss from ill-health and early death changes. For Fife as a whole 64% of the burden is due to early death and 36% to ill health in the population, however, in younger age groups contribution from early death is much lower, 28% in the age group of 15-24 years, and increases with age to 84% in the those aged 85 and over.



CURRENT PHARMACEUTICAL SERVICES IN NHS FIFE

2.0 Description of Current Pharmaceutical Services in NHS Fife

2.1 Community Pharmacy Services - General Overview

The following section provides a list of the NHS services provided by the 86 community pharmacies in NHS Fife at April 2022.

2.1.1 Number of Community Pharmacies across NHS Fife and by Locality

In April 2022, NHS Fife had 86 community pharmacies located across the seven Fife Localities. Table 2 below lists the number of community pharmacies in each Locality plus selected neighbouring Health Boards. There is no standard as to the number of population that should be served by a pharmacy, however population per Community Pharmacy in Fife is similar to other boards, and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services.

Table 2: Community Pharmacies in NHS Fife (April 2022)

Locality	Population	Community Pharmacies	Population per Community Pharmacy
Fife	371,190	86	4,316
Levenmouth	37,439	10	3,744
Glenrothes	49,990	10	4,999
NE Fife	75,226	18	4,179
Cowdenbeath	40,895	12	3,408
Dunfermline	58,508	13	4,500
Kirkcaldy	60,337	13	4,641
SW Fife	49,515	10	4,950
Other HBs			
Forth Valley	305,580	76	4,021
Lothian	911,620	182	5,014
Tayside	416,090	92	4,523
Scotland	5,466,000	1256	4,323



2.1.2 Resources - Premises/Facilities

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

2.1.3 Resources - Community Pharmacy Workforce

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

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

Table 3: Community Pharmacist numbers training or trained with prescribing rights (April 2022)

Prescribing Status	No. of Pharmacists
Active /Community Pharmacy Independent prescribers	20
Independent prescribers training in progress	11
Qualified independent prescribers inactive	4



2.2 Community Pharmacy Services - Accessibility of Pharmaceutical Services

2.2.1 Travel times to community pharmacies

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

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

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

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

1. Distances are "as the crow flies" straight line distances, not travel time
2. Distances are calculated from the grid reference of Fife pharmacies via the postcode and the mean value of the grid references for postcode within a data zone



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

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

2.2.2 Hours of Service

Pharmacies provide opening hours that must cover 9.00am to 5.30pm on 5 days of the week in which they can be closed for 1 hour during the middle of the day and offer one day per week of an 9am to 1pm opening ([NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)). In summary this shows that each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

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

Table 5: Summary of the hours of service of the 86 community pharmacies in Fife (March 2019)

	Open 5 full days per week (closed Saturday)	Open 4 ½ days Mon-Fri then half day Saturday	Open 5 ½ days per week	Open up to 6 full days per week	Open 7 days per week
TOTAL	5	6	47	20	8

NHS Fife provision of pharmaceutical services on a Sunday is at least in line with, if not more generous than other similar NHS Board areas i.e. most health board areas have fewer Sunday opening pharmacies per head of the population than Fife.

It should also be noted that all of the 8 community pharmacies that do open on a Sunday are located in the same areas/towns as the Unscheduled Care Services Fife centres where prescriptions on a Sunday will be generated from.



2.3 Community Pharmacy Services - Core Services

2.3.1 Acute Medication Service (AMS)

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

In terms of absolute activity relating to prescribing, 6,917,140 prescription items were dispensed in NHS Fife in 2020/21 See table 6 for the volume of prescription items dispensed in Fife over the last 5 financial years.

Table 6 - Volume of prescription items dispensed in Fife over period April 2016 to March 2021

Financial Year	No. of prescription items dispensed
2020-21	6,917,140
2019-20	7,142,940
2018-19	6,914,950
2017-18	6,969,064
2016-17	7,022,695

2.3.2 Medicines: Care and Review

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



MCR is a revised model of the Chronic Medication Service (CMS) which commenced in April 2009, with NHS Fife being the early adopter board. A further phase commenced in spring 2011 with all Health Board areas participating. All Health Boards are now involved in the full roll-out of MCR, which includes serial prescribing, working towards the aim of having all of their GP practices and Community Pharmacies providing the service. One of the key changes to the revised service is that GP practices will now be allowed to identify patients suitable for serial prescriptions without the need for an initial registration for the service by a community pharmacy. This Community Pharmacy registration will now follow the GP intervention.

NHS Fife currently has 46 GP practices (85%) generating serial prescriptions with 83 (96%) pharmacies involved in processing them. We continue to work with practices and pharmacies to encourage uptake, with an emphasis on supporting keen practices to increase the numbers of their patients receiving serial prescriptions.

Table 7 and 8 compare CMS registrations and serial prescriptions issued in Fife in comparison to neighbouring health boards and Scotland average. Figure 4 shows the progress in uptake of serial prescribing by cluster between 2020 and 2022.

Table 7 - Number of CMS registered patients as at end April 2022 in Fife and selected neighbouring Health Boards

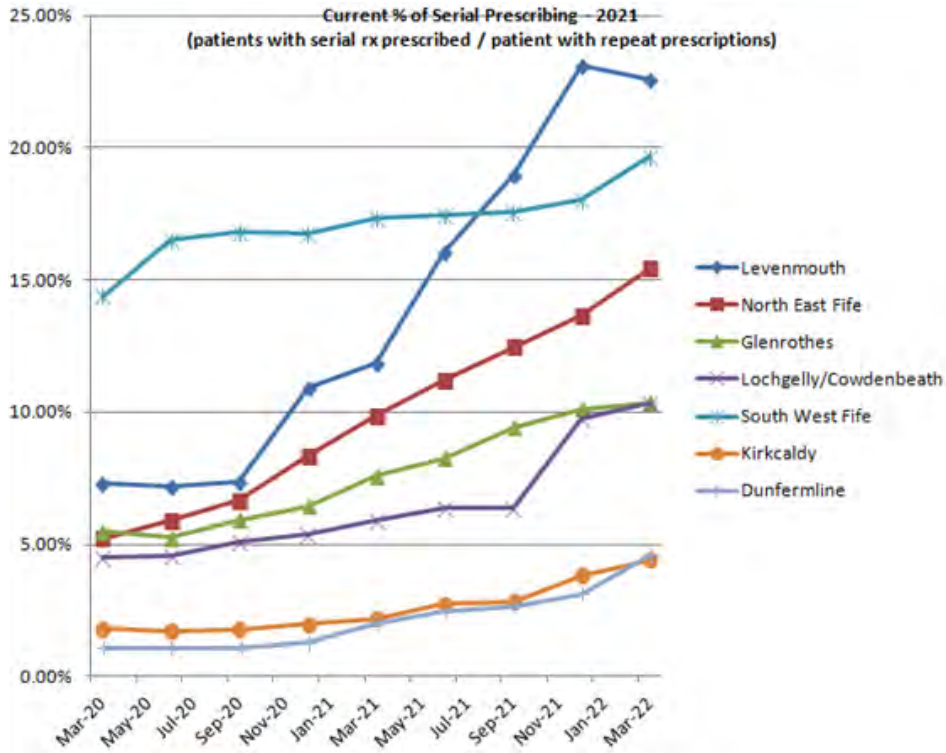
Health Board Area	Number of CMS registered patients	No of CMS registered patients per 1,000 of population
Fife	69,487	187
Tayside	74,527	179
Forth Valley	46,645	152
Lothian	113,673	124
Scotland	894,773	163

Table 8 - No of patients with serial prescription items prescribed in the last 12 months (to end April 2022)

Health Board Area	No of patients with serial prescription items prescribed in the last 12 months (to Jan'19)	No of patients with a serial prescription per 1,000 of population
Fife	27,966	13.2
Tayside	39,722	10.4
Forth Valley	5,299	5.6
Lothian	17,842	5.1
Scotland	297,340	18.4



Figure 4 Patients receiving Serial Prescribing as a % of patients with repeat prescriptions 2020 - 2022



2.3.3 Pharmacy First

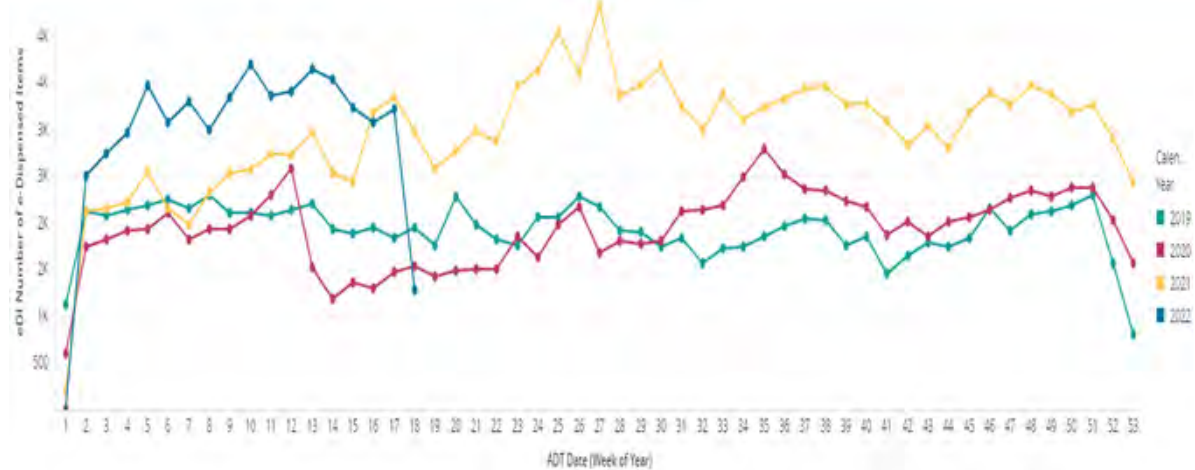
In July 2020 the Pharmacy First service was implemented to replace the previous Minor Ailment Scheme. This service is delivered by all 86 community pharmacies in Fife and is available to free of charge to patients who require advice and/or treatment for minor ailments. When a patient accesses this service they will receive a consultation and supply of an appropriate medicine if indicated, advice only or referral to their GP or other healthcare professional. An average of 16,731 patients receive a Pharmacy First consultation monthly with an average of 13,690 medication items supplied. Five national Patient Group Directions (PGDs) have been introduced to provide treatment for Urinary Tract Infections, Impetigo, Shingles and Skin Infections allowing patients who would normally require a GP consultation for treatment to attend their pharmacy instead.



Figure 5 highlights the supplies of medication provided for this service for 2021/22 compared with the previous 3 years.

Figure 5 - NHS Fife Pharmacy First dispensed prescription items over last three calendar years

Total eDispensed Items by Week of the Year



2.3.4 Public Health Service

The Public Health Service comprises of the following services:

- The provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public
- Making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material
- Participating in health promotion campaigns, each campaign being on display and visible within a pharmacy for at least six weeks, agreed nationally by Scottish Ministers and a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by the Scottish Ministers for use by PHS providers if they wish
- Where agreed between a PHS provider and the Health Board, participation in locally agreed health promotion campaigns in the intervals between the national campaigns as described in the above paragraph.



There are three patient service elements of the public health service

2.3.4.1 Stop Smoking Services

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

The community pharmacy service contributes significantly to the yearly NHS Fife smoking cessation Local Delivery Plan (LDP) Target. For financial year 21/22, 78% of all quit attempts made in Fife came from the community pharmacy stop smoking service (with 22% via non-pharmacy services). The LDP standard target of successful 12 week quits in the most deprived areas, i.e. 40% most deprived datazones, was 473. Fife did not achieve the LDP target in 21/22 primarily due to necessary changes in the intervention model during the COVID pandemic, however there were 340 successful 12 week quits in this population in 21/22, 64% of these quits were via the Community Pharmacy service.

2.3.4.2 Emergency Hormonal Contraception

The introduction of a national PHS service for emergency hormonal contraception (EHC) in August 2008 has ensured equitable access to the population of Fife. Community pharmacies continue to issue over 80% of the total EHC prescribed/supplied in NHS Fife. This service comprises of the provision of advice on sexual health matters and the supply of EHC (as levonorgestrel or ulipristal) to women aged 13 years and above, where appropriate. This service is delivered by all 86 community pharmacies in Fife. On average, 388 prescriptions are generated for EHC by community pharmacists each month.

2.3.4.3 Bridging Contraception

A new addition to the PHS in November 2021, Community Pharmacists can provide a patient with “bridging contraception”, a short-term supply of desogestrel to give them time to access their GP or sexual health services for a long term contraception arrangements. This service aims to increase access to contraception and reduce the incidence of unplanned pregnancy. 107 consultations took place for this service in the first three months of 2022.



2.3.4.4 Supply of Prophylactic Paracetamol following MenB Vaccine

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

2.4 Community Pharmacy Services - National Services

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

2.4.1 Gluten Free Food Service

The National Community Pharmacy Gluten Free Food Service was introduced in October 2015. This enables patients to obtain gluten free foods directly from a local pharmacy. NHS Fife has developed a Gluten Free Food Formulary and a patient leaflet is available. Only diagnosed patients with coeliac disease and/or dermatitis herpetiformis are allowed to access this service, and are given an agreed allocation of Gluten Free units. Patients will be able to choose which staple foods they require from the Fife Gluten Free Formulary.

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

2.4.2 Unscheduled Care

Unscheduled care can be described as:

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



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

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

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

2.4.3 Stoma Service

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

2.4.4 Pharmacy First Plus

From September 2020, the NHS Pharmacy First Plus service was introduced by the Scottish Government, aiming to maximise the pharmacist's expertise in medicines by providing the opportunity for Pharmacist Independent prescribers to manage acute common clinical conditions within Community Pharmacy. The pharmacist must be available to provide the service for a minimum of 25 hrs per week for a minimum of 45 weeks of a rolling year. In Fife there are currently 14 pharmacies providing this service, an average of 456 patients were treated per month from January 2021 to January 2022. NHS Fife is supporting the expansion of the number of qualified Pharmacist Independent Prescribers which in turn will support the expansion of the Pharmacy First Plus service.



2.5 Community Pharmacy Services - Additional Services

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

Table 16 - Summary of the Numbers of Community Pharmacies providing Additional Services (at April 2022)

Additional Services	Total
Dispensing/supervision of Opioid Substitution Therapy	86
Injecting equipment provision	24
Take Home Naloxone	40
Advice to Care Homes	53
Community Pharmacy Palliative Care Network	22
Just in Case Programme	22

2.5.1 Substance Use

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



2.5.1.1 Opioid Substitution Therapy (OST)

Supervised self-administration of OST has become a key component of any OST programme. Supervision is undertaken at the request of the prescriber and is a clinical decision based on the patient's stability, home circumstances and progress through treatment. Supervision ensures that adequate blood and tissue levels of methadone are maintained and helps to prevent diversion onto the illicit market.

The use of community pharmacists for dispensing methadone allows patients to be treated in their own communities. Community pharmacists are the best placed healthcare professionals to carry out the supervision of OST. A valuable supportive relationship can develop between the community pharmacist and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the pharmacist to provide health promotion advice.

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

2.5.1.2 Injecting Equipment Provision

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

Additional funding secured from Fife Alcohol Drug Partnership (ADP) has enabled an extension to the network, from 19 to 24 pharmacies. Participating pharmacies are identified in appendix 1. Injection equipment is provided in pre-packed packs standardised throughout Scotland via national procurement.

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

Community pharmacies participate in a quarterly structured programme of "brief interventions" covering topics such as skin hygiene, source of water used and overdose recognition/drug death prevention.



2.5.1.3 Take-Home Naloxone (THN)

This service allows community pharmacists and their support staff to provide the necessary training in overdose recognition, basic life support, use and supply of naloxone to persons at risk and family members. Additional funding provided by the ADP in 2020 has allowed this service to expand from 8 to 40 pharmacies across Fife, further uptake of the service continues to be encouraged.

2.5.2 Pharmaceutical Advice to Care Homes

Community pharmacies provide a service to Care Homes to provide advice on safe keeping and correct administration of drugs and medicines to residential and nursing homes. The service specification for this service is due for review in 2022/23.

2.5.3 Palliative Care Network

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

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

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

2.5.4 Just in Case Programme

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



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

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

2.5.5 Prescribed Sharps Disposal Service

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

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

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

2.5.6. Hepatitis C Treatment

In line with national frameworks to allow patients to access medication in local healthcare settings, the NHS Fife Specialist Hepatitis C service based at Whytemans Brae and Queen Margaret Hospitals works with community pharmacies across NHS Fife to support the community supply of antiviral medication for treatment of Hepatitis C. All 86 pharmacies participate in this service.



2.5.7 Chlamydia Treatment

NHS Fife introduced a new local service in March 2021 that is delivered from Community Pharmacies. Patients can now be treated for Chlamydia using a Patient Group Direction for doxycycline when the patient/sexual contact presents a voucher that they have received from the 'Sexual Health Fife' team. 60 pharmacies participate in this service.

2.5.8 Free Condom Fife Scheme

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

2.5.9 Vaccination Services

Community pharmacies across Fife took part in two successful NHS influenza vaccination service campaigns in the 2020/21 and 2021/22 flu seasons delivering over 30,000 vaccinations over the two years of activity. In April 2022, as part of the Inclusive COVID-19 Vaccination work stream, fifteen pharmacies were selected to provide COVID-19 vaccination to underserved populations, such as OST patients and people who inject drugs, their support networks plus ethnic minority groups. As part of the Vaccination Transformation Programme, 22 Community Pharmacies commenced provision of NHS travel vaccination on behalf of Fife Health and Social Care Partnership in April 2022, participating pharmacies are identified in appendix 1.



ANALYSIS OF PHARMACEUTICAL NEEDS IN NHS FIFE

3. Analysis of Pharmaceutical Needs within NHS Fife

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

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

3.1 Number of Community Pharmacies

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

3.2 Hours of Service

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

3.3 Pharmacy Workforce

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

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



3.4 Community Pharmacy Services - Core Services

3.4.1 Acute Medication Service

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

3.4.2 Medicines: Care and Review

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

3.4.3 Pharmacy First

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

3.4.4 Public Health Services

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

3.5 Community Pharmacy Services - National and Additional Services

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



Appendix 1a



Pharmacies in the Levenmouth Locality - 10

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

Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	14.60%
18 -64yrs	58.37%
Over 65yrs	27.03%



• **856,301** items were dispensed between all 10 Pharmacies

-**31,588** Unique Patients

-**85%** with more than 2 forms

-**305** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	29006	91.84%
NURSES - PRESCRIPTION FORMS	1958	2.88%
PHARMACY FIRST	8131	2.08%
URGENT SUPPLY OF MEDICINES	5927	1.81%
HOSPITAL ADDICT FORM	399	0.60%
DENTIST PRESCRIPTION FORM	655	0.32%
HOSPITAL FORM	481	0.32%
PHARMACISTS PRESCRIPTION FORM	121	0.06%

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

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	17480	26.49%
CARDIOVASCULAR SYSTEM	11905	21.97%
GASTRO-INTESTINAL SYSTEM	12516	10.08%
ENDOCRINE SYSTEM	7284	8.69%
RESPIRATORY SYSTEM	9078	7.90%



Urgent supply/Public Health Service/Pharmacy First

A total of **5927** Unique Patients received **15,505** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	5035	72.55%
Public Health Service	597	23.32%
Urinary Tract Infection	400	3.04%
Skin Infection	61	0.43%
Impetigo	59	0.40%
Health-board Local Service	11	0.15%
Shingles	11	0.07%

Medicines: Care and Review Registrations

A total of **2310** patients are registered for the Medicines:Care and Review service

GP Practices in the Levenmouth Locality - 6

Disp Location Name	Presc Location Code	% of Prescriptions
SCOONIE MEDICAL PRACTICE	21261	19.28%
MUIREDGE SURGERY	20108	19.13%
AIRLIE MEDICAL PRACTICE	21524	17.64%
METHILHAVEN SURGERY	21505	16.56%
DRS PAGE, MCDONALD & STEVENSON NOT IN GMS FACILITATORS LIST	21276	10.27%
KENNOWAY MEDICAL GROUP	20856	8.94%
Other Prescribers	Various	8.18%

Breakdown of all prescriptions sent to the ten Pharmacies within Levenmouth Locality

95% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1b



Pharmacies in the Glenrothes Locality - 10

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



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	15.65%
18 -64yrs	59.81%
Over 65yrs	24.53%

• **1,084,419** items were dispensed between all 10 Pharmacies

-**49,017** Unique Patients

-**77%** with more than 2 forms

-**201** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions:
GP STANDARD PRESCRIPTION FORM	43023	90.93%
NURSES - PRESCRIPTION FORMS	4052	3.94%
PHARMACY FIRST	11136	2.13%
URGENT SUPPLY OF MEDICINES	6387	1.44%
DENTIST PRESCRIPTION FORM	737	0.61%
HOSPITAL FORM	865	0.38%
HOSPITAL ADDICT FORM	323	0.32%
PHARMACISTS PRESCRIPTION FORM	420	0.17%

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

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	23962	25.14%
CARDIOVASCULAR SYSTEM	16005	21.79%
GASTRO-INTESTINAL SYSTEM	17592	10.08%
ENDOCRINE SYSTEM	9913	8.87%
RESPIRATORY SYSTEM	12885	7.86%



Urgent supply/Public Health Service/Pharmacy First

A total of **6387** Unique Patients received **15,643** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	4882	60.33%
Public Health Service	866	32.76%
Urinary Tract Infection	685	5.11%
Skin Infection	103	0.70%
Impetigo	60	0.42%
Healthboard Local Service	20	0.27%
Shingles	9	0.06%

Medicines: Care and Review Registrations

A total of **1194** patients are registered for the Medicines: Care and Review service

GP Practices in the Glenrothes Locality - 7

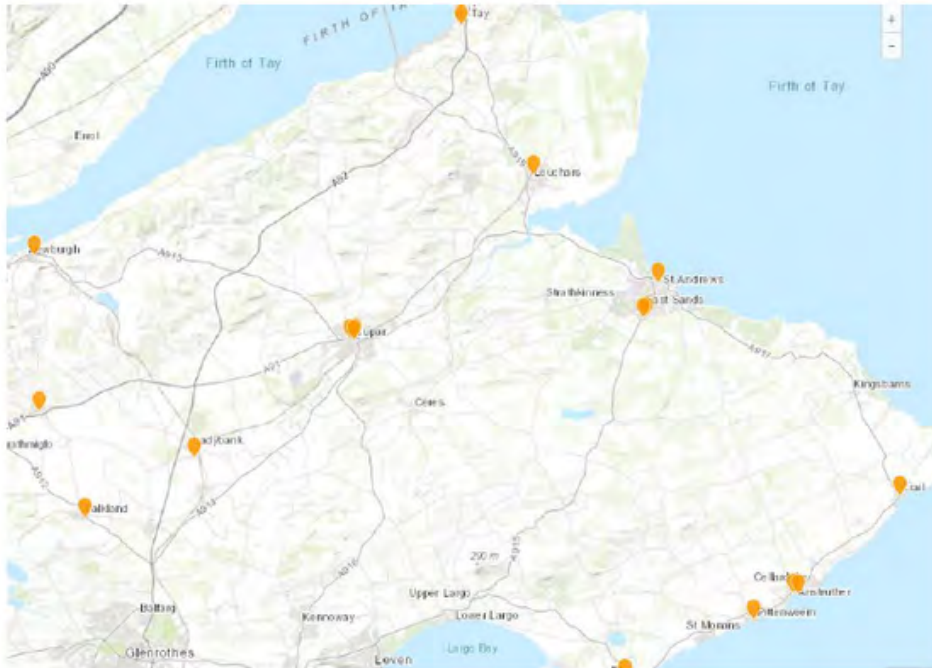
Disp Location Name	Presc Location Code	% of Prescriptions
COS LANE SURGERY	20659	15.08%
NORTH GLEN MEDICAL PRACTICE	20611	14.25%
ROTHES MEDICAL PRACTICE	20663	13.93%
THE LOMOND PRACTICE	20606	13.31%
THE GLENWOOD PRACTICE	20630	10.18%
LESLIE MEDICAL PRACTICE	21153	9.64%
MARKINCH MEDICAL PRACTICE	21454	8.87%
Other Prescribers	Various	15.24%

Breakdown of all prescriptions sent to the ten Pharmacies within Glenrothes Locality

85% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1c



Pharmacies in the North East Fife Locality – 18

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



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	11.92%
18 -64yrs	56.66%
Over 65yrs	31.42%

• **1,187,474** items were dispensed between all 18 Pharmacies

-**55,701** Unique Patients

-**81%** with more than 2 forms

-**641** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	265984	91.94%
NURSES - PRESCRIPTION FORMS	25248	3.07%
PHARMACY FIRST CONSULTATIONS	69859	2.17%
URGENT SUPPLY OF MEDICINES	39154	1.42%
DENTIST PRESCRIPTION FORM	6170	0.48%
HOSPITAL FORM	5080	0.38%
HOSPITAL ADDICT FORM	1984	0.37%
PHARMACISTS PRESCRIPTION FORM	1555	0.08%

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

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	145449	24.35%
CARDIOVASCULAR SYSTEM	103911	22.87%
GASTRO-INTESTINAL SYSTEM	109455	10.04%
ENDOCRINE SYSTEM	65213	9.24%
RESPIRATORY SYSTEM	79929	7.33%



Urgent supply/Public Health Service/Pharmacy First

A total of **7446** Unique Patients received **18,536** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	5804	55.83%
Public Health Service	916	38.07%
Urinary Tract Infection	666	4.09%
Skin Infection	178	1.03%
Impetigo	104	0.60%
Shingles	28	0.18%
Healthboard Local Service	8	0.10%

Medicines: Care and Review Registrations

A total of **2086** patients are registered for the Medicines: Care and Review service

GP Practices in the North East Fife Locality - 11

Disp Location Name	Presc Location Code	% of Prescriptions
PIPELAND MEDICAL PRACTICE	21830	12.92%
TAYVIEW MEDICAL PRACTICE	21609	12.16%
EDEN VILLA PRACTICE	20409	10.32%
ANSTRUTHER MEDICAL PRACTICE	20004	9.73%
BANK STREET MEDICAL GROUP	20413	9.45%
AUCHTERMUCHTY PRACTICE	20057	8.42%
COAST HEALTH	21736	7.37%
BLACKFRIARS MEDICAL PRACTICE	21825	6.07%
HOWE OF FIFE SURGERY	21101	5.95%
PITCAIRN PRACTICE LEUCHARS & BALMULLO	21204	5.38%
NEWBURGH SURGERY	21558	5.29%
Other Prescribers	Various	5.71%

Breakdown of all prescriptions sent to the 18 Pharmacies within North East Fife Locality

93% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1d



Pharmacies in the Cowdenbeath Locality – 12

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



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	16.45%
18 -64yrs	60.01%
Over 65yrs	23.54%

• **988,708** items were dispensed between all 10 Pharmacies

-**35,772** Unique Patients

-**83%** with more than 2 forms

-**189** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	31919	91.78%
NURSES - PRESCRIPTION FORMS	3368	2.97%
PHARMACY FIRST	11558	2.80%
URGENT SUPPLY OF MEDICINES	4564	1.16%
DENTIST PRESCRIPTION FORM	883	0.44%
HOSPITAL ADDICT FORM	310	0.38%
HOSPITAL FORM	658	0.36%
PHARMACISTS PRESCRIPTION FORM	176	0.06%

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

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	19573	25.61%
CARDIOVASCULAR SYSTEM	12460	23.29%
GASTRO-INTESTINAL SYSTEM	13722	9.87%
ENDOCRINE SYSTEM	7748	8.89%
RESPIRATORY SYSTEM	10868	7.93%



Urgent supply/Public Health Service/Pharmacy First

A total of **4564** Unique Patients received **11,421** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	3341	52.11%
Public Health Service	773	41.51%
Urinary Tract Infection	503	4.80%
Impetigo	66	0.64%
Skin Infection	63	0.55%
Healthboard Local Service	11	0.12%
Shingles	6	0.05%

Medicines: Care and Review Registrations

A total of **1888** patients are registered for the Medicines: Care and Review service

GP Practices in the Cowdenbeath Locality - 10

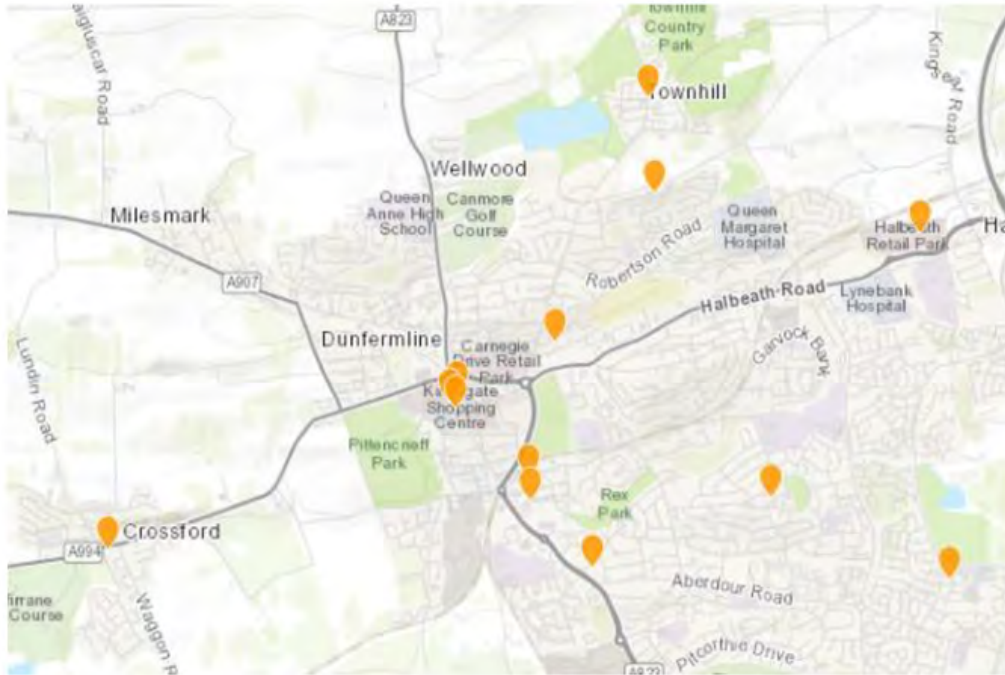
Disp Location Name	Presc Location Code	%
COWDENBEATH SURGERY	20305	21.86%
KELTY MEDICAL PRACTICE	20803	14.65%
MEADOWS PRACTICE	21384	12.18%
BENARTY MEDICAL PRACTICE	21421	12.14%
CROSSGATES MEDICAL PRACTICE	20358	6.01%
WALLSGREEN MEDICAL PRACTICE	20254	5.82%
LOCHGELLY MEDICAL PRACTICE	21469	5.61%
DR K THOMPSON	21440	5.50%
THE LOMOND PRACTICE	20606	5.27%
LOCHGELLY MEDICAL GROUP	21435	1.60%
Other Prescribers	Various	8.10%

Breakdown of all prescriptions sent to the ten Pharmacies within Cowdenbeath Locality

91% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1e



Pharmacies in the Dunfermline Locality - 13

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



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	15.69%
18 -64yrs	60.96%
Over 65yrs	23.35%

• **980,704** items were dispensed between all 13 Pharmacies

-**51,217** Unique Patients

-**75%** with more than 2 forms

-**198** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions:
GP STANDARD PRESCRIPTION FORM	44585	90.14%
NURSES - PRESCRIPTION FORMS	5057	4.50%
PHARMACY FIRST	10371	2.11%
URGENT SUPPLY OF MEDICINES	5367	1.36%
DENTIST PRESCRIPTION FORM	1490	0.71%
HOSPITAL FORM	1096	0.61%
HOSPITAL ADDICT FORM	312	0.37%
PHARMACISTS PRESCRIPTION FORM	270	0.10%

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

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	21902	22.96%
CARDIOVASCULAR SYSTEM	15630	22.87%
GASTRO-INTESTINAL SYSTEM	16632	9.76%
ENDOCRINE SYSTEM	9833	9.53%
RESPIRATORY SYSTEM	12143	6.89%



Urgent supply/Public Health Service/Pharmacy First

A total of **5367** Unique Patients received **13,378** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	3750	48.06%
Public Health Service	892	44.13%
Urinary Tract Infection	657	5.62%
Skin Infection	109	0.86%
Impetigo	83	0.67%
Healthboard Local Service	24	0.35%
Shingles	18	0.14%

Medicines: Care and Review Registrations

A total of **1097** patients are registered for the Medicines: Care and Review service

GP Practices in the Dunfermline Locality - 7

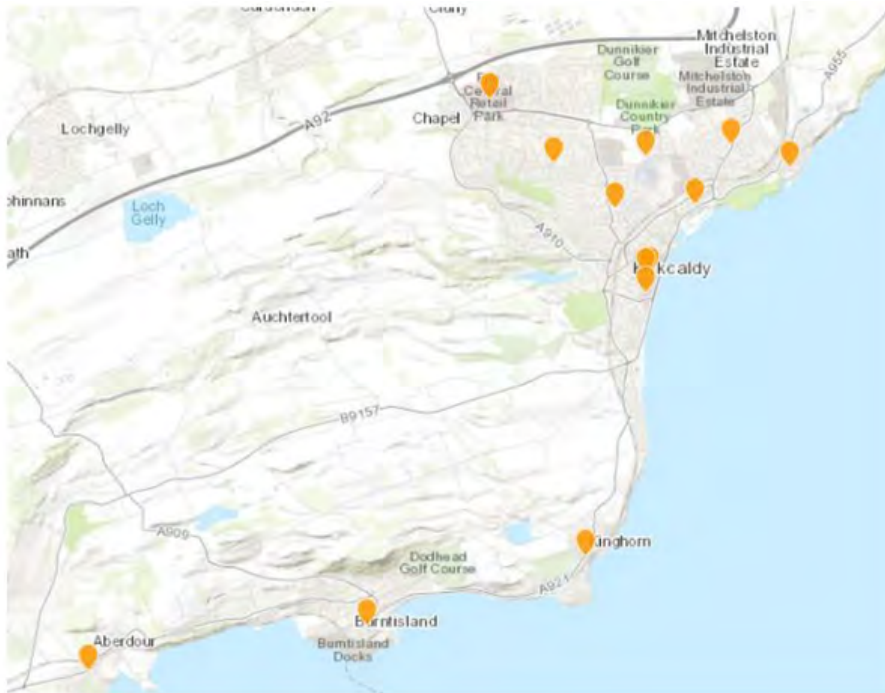
Disp Location Name	Presc Location Code	% of Prescriptions
NEW PARK MEDICAL PRACTICE	20466	17.68%
BELLYEOMAN SURGERY	20490	16.68%
NETHERTOWN SURGERY	20451	15.60%
MILLHILL SURGERY	20485	13.54%
HOSPITAL HILL SURGERY	20471	11.46%
LINBURN ROAD HEALTH CENTRE	20502	8.47%
PRIMROSE LANE MEDICAL CENTRE	21755	4.05%
Other Prescribers	Various	10.95%

Breakdown of all prescriptions sent to the thirteen Pharmacies within Dunfermline Locality

87.48% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1f



Pharmacies in the Kirkcaldy Locality - 13

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
LLOYDS PHARMACY	229-231 HIGH STREET, BURNTISLAND, KY3 9AQ	✓	✓	
DYSART PHARMACY	UNIT 21, HIGH STREET, DYSART, KY1 2UG			
LLOYDS PHARMACY	63 HIGH STREET, KINGHORN, KY3 9UW			
ASDA PHARMACY	CARBERY ROAD, KIRKCALDY, KY1 3NG		✓	
BOOTS THE CHEMIST	116-120 HIGH STREET, KIRKCALDY, KY1 1NQ	✓		
BOOTS THE CHEMIST	UNIT 11, FIFE RETAIL PARK, KIRKCALDY, KY2 6QL	✓	✓	
LLOYDS PHARMACY	222 DUNEARN DRIVE, KIRKCALDY, KY2 6LE			
LLOYDS PHARMACY	HEALTH CENTRE, WHYTEMAN'S BRAE, KIRKCALDY, KY1 2NA		✓	
LLOYDS PHARMACY	18 HIGH STREET, KIRKCALDY, KY1 1LU			
LLOYDS PHARMACY	133/135 HIGH STREET, KIRKCALDY, KY1 1LR			
LLOYDS PHARMACY	28 MID STREET, KIRKCALDY, KY1 2PN			
LLOYDS PHARMACY LTD	2 VICEROY STREET, KIRKCALDY, KY2 5HT	✓	✓	
ST CLAIR PHARMACY	233 ST CLAIR STREET, KIRKCALDY, KY1 2BY	✓		✓



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	13.87%
18 -64yrs	57.19%
Over 65yrs	28.93%

• **1,225,226** items were dispensed between all 13 Pharmacies

-**50,064** Unique Patients

-**80%** with more than 2 forms

-**1,538** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	45598	93.31%
NURSES - PRESCRIPTION FORMS	3870	2.42%
PHARMACY FIRST	8681	1.50%
URGENT SUPPLY OF MEDICINES	5978	1.30%
HOSPITAL ADDICT FORM	565	0.54%
HOSPITAL FORM	999	0.41%
DENTIST PRESCRIPTION FORM	669	0.38%
PHARMACISTS PRESCRIPTION FORM	172	0.05%

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

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	25375	25.36%
CARDIOVASCULAR SYSTEM	17998	22.88%
GASTRO-INTESTINAL SYSTEM	18753	10.28%
ENDOCRINE SYSTEM	11181	9.02%
RESPIRATORY SYSTEM	12554	6.83%



Urgent supply/Public Health Service/Pharmacy First

A total of **5978** Unique Patients received **15,962** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	Number of Paid Items	%
Urgent supply	4825	10332	64.73%
Public Health Service	640	4845	30.35%
Urinary Tract Infection	528	600	3.76%
Impetigo	66	71	0.44%
Skin Infection	52	57	0.36%
Healthboard Local Service	13	22	0.13%
Shingles	11	14	0.09%

Medicines: Care and Review Registrations

A total of **786** patients are registered for the Medicines: Care and Review service

GP Practices in the Kirkcaldy Locality - 11

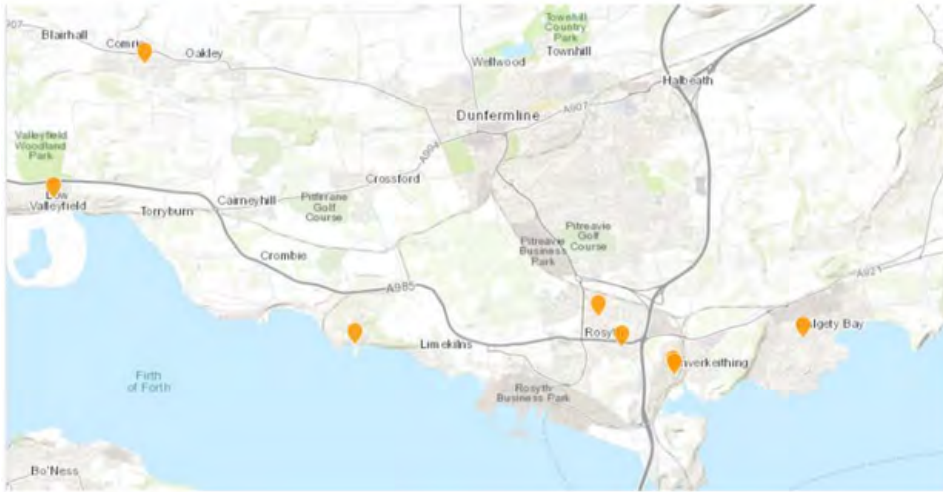
Disp Location Name	Presc Location Code	% of Prescriptions
PATH HOUSE MEDICAL PRACTICE	20998	17.07%
BENNOCHY MEDICAL CENTRE	20979	10.97%
NICOL STREET SURGERY	20950	9.20%
DRS MCKENNA, MURPHY & MCCALLUM	20964	8.94%
ST BRYCEDALE SURGERY	20983	8.62%
DRS DIXON, DUGGAN, EGERTON & MCCRICKARD	21007	8.16%
DR MITCHELL & PARTNERS	21011	6.81%
BURNTISLAND MEDICAL GROUP	20151	6.57%
KINGHORN MEDICAL PRACTICE	20907	4.54%
Other Prescribers	Various	17.77%

Breakdown of all prescriptions sent to the 13 Pharmacies within Kirkcaldy Locality

96% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1g



Pharmacies in the South West Fife Locality - 10

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
OMNICARE PHARMACY	30 HIGH STREET, ABERDOUR, KY3 0SW			✓
CHARLESTOWN PHARMACY LTD	CHARLESTOWN MEDICAL PRACTICE, 1A MAIN ROAD, CHARLESTOWN, KY11 3ED			
ROWLAND PHARMACY	12 BAY CENTRE, REGENTS WAY, DALGETY BAY, KY11 9YD			
HIGH VALLEYFIELD PHARMACY	CHAPEL STREET, HIGH VALLEYFIELD, KY12 8SJ			
LINDSAY & GILMOUR	8 HIGH STREET, INVERKEITHING, KY11 1NN	✓		
LINDSAY & GILMOUR	51 HIGH STREET, INVERKEITHING, KY11 1NL			
WELL PHARMACY	31 HIGH STREET, KINCARDINE, FK10 4RJ			
DEARS PHARMACY & TRAVEL CLINIC	14 WARDLAW WAY, OAKLEY, KY12 9QH		✓	✓
ROWLAND PHARMACY	6 QUEENS BUILDINGS, QUEENSFERRY ROAD, ROSYTH, KY11 2RA		✓	
WELL PHARMACY	2 CROSSROADS PLACE, ROSYTH, KY11 2LS			

General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	14.44%
18 -64yrs	58.67%
Over 65yrs	26.89%

• **876,559** items were dispensed between all 10 Pharmacies

-**39,072** Unique Patients

-**83%** with more than 2 forms

-**577** patients recorded as care home patients



Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	35344	92.29%
NURSES - PRESCRIPTION FORMS	4174	2.69%
PHARMACY FIRST	10484	2.63%
URGENT SUPPLY OF MEDICINES	4099	1.34%
DENTIST PRESCRIPTION FORM	554	0.44%
HOSPITAL FORM	500	0.30%
HOSPITAL ADDICT FORM	128	0.18%
PHARMACISTS PRESCRIPTION FORM	201	0.08%

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

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	19323	22.89%
CARDIOVASCULAR SYSTEM	13334	22.87%
GASTRO-INTESTINAL SYSTEM	14319	9.98%
ENDOCRINE SYSTEM	8485	9.52%
RESPIRATORY SYSTEM	10707	7.51%

Urgent supply/Public Health Service/Pharmacy First

A total of **4099** Unique Patients received **11,713** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	2986	52.04%
Public Health Service	636	41.75%
Urinary Tract Infection	403	3.94%
Skin Infection	53	0.46%
Impetigo	45	0.40%
Shingles	11	0.09%
Healthboard Local Service	5	0.05%



Medicines: Care and Review Registrations

A total of **536** patients are registered for the Medicines: Care and Review service

GP Practices in the South West Fife Locality – 6

Disp Location Name	Presc Location Code	% of Prescriptions
INVERKEITHING MEDICAL GROUP	20752	29.07%
OAKLEY MEDICAL PRACTICE	21613	14.52%
PRIMROSE LANE MEDICAL CENTRE IN DUNFERMLINE CLUSTER	21755	11.46%
PARK ROAD PRACTICE	21760	10.20%
VALLEYFIELD MEDICAL PRACTICE	20729	7.93%
CHARLESTOWN SURGERY	21308	7.27%
Other Prescribers	Various	12.38%

Breakdown of all prescriptions sent to the ten Pharmacies within South West Fife Locality

80% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 2

References

[NHS Fife Director of Public Health Report 2020 and 2021](#)

[Public Health Scotland Community Pharmacy Contractor Open Data 2022](#)

[Know Fife](#)

[NRS Mid-2020 Population Estimates](#)

[NRS Sub-national Population Projections 2018](#)

[NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)

Meeting:	Fife NHS Board
Meeting date:	29 November 2022
Title:	Annual Procurement Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Kevin Booth, Head of Financial Services & Procurement

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- Annual Operational Plan
- Legal requirement

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

- Safe
- Effective

2 Report summary

2.1 Situation

The Board is asked to review the content of the Annual Procurement Report and approve its publication on the NHS Fife Website.

2.2 Background

To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish an Annual Procurement Report. The Annual Report demonstrates to stakeholders how NHS Fife's procurement spend is being used to best effect to achieve better public services, improvements to social, economic, and

environmental outcomes in the local area and aiding a range of local and national policies including those tackling inequality and climate change obligations.

2.3 Assessment

The Annual Procurement Report provides a summary of Procurement activity during 2021/22 and is based on a consistent format comparable to other boards and public sector bodies.

The Report provides information on 13 call-off contracts where the value exceeded the regulated threshold (£50,000 for goods and services). The total value of these call-offs was £3,245,347, with contracts for Non-Domestic Energy Efficiency, Commercial Laundry Equipment, Transport for Urgent Care Services and Oral and Maxillofacial Services being awarded during 2021/22.

The Report clarifies the procedure that NHS Fife Procurement team follow when any contract is awarded where the tender waiver procedure was applied. These contracts do not require to be specifically disclosed in the report but were provided to the Procurement Governance Board for oversight.

Section 3 of the Annual Report demonstrates how NHS Fife Procurement has contributed to the achievement of its objectives and to the general duties in the Procurement Reform (Scotland) Act 2014. The establishment of the Procurement Governance Board is highlighted in this section and its role going forward in the monitoring of performance, risk and active enhancement of the future procurement service.

NHS Fife's adoption of the principles of an Anchor Institute are outlined in the annual report. In support of this NHS Fife Procurement states its commitment to considering and developing procurement pathways to influence and enhance the community benefits for the people of Fife and local communities.

The Annual Report confirms NHS Fife Procurement continue to seek out potential trade opportunities with supported Businesses and section 5 clarifies the two Businesses that NHS Fife placed orders with during the year.

Section 6 details the six presently known, future regulated Procurement projects with a total value of circa £736,000, that will be progressed within FY 2022-2023.

The final section of the Annual Report confirms NHS Fife's compliance towards its 2019 Procurement Strategy as approved by the Finance, Performance and Resource Committee.

2.3.1 Quality/ Patient Care

The compliance of the Procurement Function detailed in the Annual Report contributes towards the service ability to deliver improved quality of care.

2.3.2 Workforce

The report highlights the procurement activities undertaken by the NHS Fife Procurement staff and reaffirms our Procurement Strategy Objectives to ensure Procurement staff can perform to their full potential and that formal and informal training will be encouraged and supported.

2.3.3 Financial

Production and publication of the Report will have no financial impact on NHS Fife. The Invoice Payment Performance Metrix are those that are disclosed in the Boards 2021/22 Annual Accounts.

2.3.4 Risk Assessment/Management

The contents of the report when published will become a public document and as such have been approved by the Head of Financial Services & Procurement and the Interim Head of Procurement.

2.3.5 Equality and Diversity, including health inequalities

The report highlights the local social and economic objectives that the NHS Fife procurement Team is committed to in order to drive greater local equality and contribute towards the reduction in local levels of health inequalities. The NHS Fife Board ambitions an Anchor institute are included along with detail of the community wealth building activities that the Procurement Team are engaged with.

2.3.6 Climate Emergency & Sustainability Impact

The report highlights the NHS Fife procurement commitment in relation to environmental actions and outcomes to drive sustainability.

2.3.7 Communication, involvement, engagement and consultation

The content of the Annual Report has been developed through discussion with the NHS Fife Procurement Team and the wider organisation.

2.3.8 Route to the Meeting

The Annual Procurement Report was endorsed by the Procurement Governance Board on 29/09/22 and thereafter by EDG on 20/10/22 and the FP&R committee on 15/11/22.

2.4 Recommendation

- **Approval** – The Board is asked to approve the content of the Annual Procurement and its subsequent publication on the NHS Fife website.

3 List of appendices

The following appendices are included with this report:

- NHS Fife Annual Procurement 2021-22 (Draft)

Report Contact

Kevin Booth

Head of Financial Services & Procurement

Kevin.Booth@nhs.scot



Procurement Report

April 2021 to March 2022

Date of Issue: September 2022

Date of next review: April 2023

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1 Purpose

The purpose of this annual report is to aid visibility of NHS Fife's ("the Authority") purchasing activities and to allow us to record and publicise our performance and achievements in delivering our Procurement Strategy. This report allows us to demonstrate to our stakeholders that our procurement spend is being used to best effect to achieve:

- Better public services;
- Social, economic and environmental outcomes in our area; and,
- A range of local and national policies e.g. those relating to tackling inequality and meeting climate change obligations.

The Annual Report provides information on how we consult and engage with our stakeholders, as we follow our approved procurement strategy. The Annual Procurement report is a key document in enabling informed engagement with our external or internal clients, our strategic partners, suppliers and potential suppliers, and the general public.

As detailed within our Procurement Strategy, this report will focus on the Board's trade expenditure, which was circa £146 million in 2021/22.

2 Summary of Regulated Procurements Completed

2.1 Definition

In accordance with the Procurement Reform (Scotland) Act 2014, any Public contract (other than a public works contract) of £50,000 or greater and public works contract of £2,000,000 or greater is considered a Regulated Contract. A regulated procurement is any procedure carried out by a contracting authority in relation to the award of a proposed regulated contract which is completed when the award notice is published or where the procurement process otherwise comes to an end. This includes both contracts and framework agreements.

2.2 Summary of Procurements

The following tables summarise NHS Fife's regulated procurements in 2021/22.

Type of Regulated Procurement	Qty in Period	Estimated Value
Contract Awards	13	£3,245,347
Total regulated procurements	13	£3,245,347

2.3 Awards without a competitive procurement process

We identify and log all contract awards which should ordinarily have gone through a Regulated Procurement process, through our Tender Waiver procedure approved by the Director of Finance and Strategy and the Chief Executive.

The Tender Waiver Process identifies spend that has not been subject to the procurement regulations and can normally be categorised within the following criteria:

1. The requirement falls under the general exclusions and Specific Situations of the Public Contracts (Scotland) Regulations 2015 Sections 4 or 7 through 18 or by being a service listed in Schedule 3 of the aforementioned regulations; examples being;
 - a. Property rental.
 - b. Client legal representation
 - c. Legal advice.
 - d. Public Sector to Public Sector contracts under regulation 13(8) of the aforementioned regulations.

2. The requirement can only be delivered by a certain supplier through an exclusive right under regulation 33(1) of the aforementioned regulations.

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3 Review of Regulated Procurement Compliance

3.1 Introduction

This section demonstrates how NHS Fife procurement has contributed to the achievement of our specific objectives and to the general duties in the Procurement Reform (Scotland) Act 2014.

3.2 How we review our Regulated Procurements

NHS Fife Procurement observes the Procurement Journey methodology including application of the Sustainable Procurement tools highlighted in 3.4 & 4.1 for all of its Regulated Procurements where a tendering process is required. Route 2 of the Procurement journey methodology is followed when procurement activities fall below the Government Procurement Agreement (GPA) level, whilst route 3 of the procurement journey methodology is followed for GPA procurements. Any Call-off contracts are checked with the host organisation, including NHS National Procurement, Scottish Government, and where necessary Crown Commercial Service for compliance with regulations and policy before we enact these.

Any procurement activity requiring (GPA) tenders are now published on the e-tendering portal, called Find a Tender Service (FTS) instead of the previously used OJEU.

3.3 Delivering against our Mandatory Obligations

This section provides a retrospective review of our performance against the commitments stated in our Procurement Strategy.

Commitment 1 – Regulated and OJEU/FTS Procurements

We have committed to advertising opportunities and placing award notices on Public Contracts Scotland to maintain our Public Contract Register.

Commitment 2 – Achieving our purpose

We have committed to working closely with colleagues in Regulated and GPA procurements and to use Procurement Journey Route(s) 2 & 3. Each of the specifications and evaluation criteria used were informed by an expert user

intelligence group made up of internal colleagues and supported by external colleagues if the Procurement was collaborative in nature.

Commitment 3 - Delivery of value for money

We have committed to obtain value for money through best practice contracting and supplier management and through undertaking key strategic procurement activities. Due to the reallocation of resource in response to the COVID-19 pandemic, and in support of service remobilisation, the Director of Finance and Strategy has established a Procurement Governance Board to monitor and develop the Procurement Departments contribution to this objective.

Commitment 4 - Utilising the Scottish Model of Procurement

We have committed to ensuring our procurement activity was optimised to the Scottish model of procurement. We achieved this by ensuring we utilised central framework agreements from our Procurement Centre of Expertise (CoE), NHS National Procurement and the Scottish Government.

Commitment 5 - Engaging with our service users

We have pledged to work with colleagues in NHS Fife to utilise NHS Fife's embedded approaches to facilitate better engagement with the public. We continue to engage with colleagues who have a public facing role to understand where we can support them better in their activities.

Commitment 6 - Engaging with Suppliers

We have committed to devise a market engagement strategy in order to inform priorities and direction of travel for the Procurement function in this area. While our focus in the period was responding to the COVID-19 pandemic, we supported the P4H (Procurement for Health) Conference. The 2022 Procurement for Health Conference was held at Edinburgh International Conference Centre and saw members from NHS Fife attend the all-day event. This conference provided a platform for guest speakers from Scottish Health Boards, National Services Scotland and suppliers (both incumbent and new) and allowed various "meet and greet" and "Q&A" sessions throughout the day. The conference provided opportunities for suppliers to showcase

new products, network with NHS Scotland staff, and explore ways to work across Scotland's procurement marketplace throughout 2022 and beyond.

In addition, and where practical, we held a number of virtual supplier engagement sessions throughout the year to build better working relations and ensure contract compliance.

We will continue to reduce barriers to our opportunities to suppliers and identify ways of opening opportunities to new suppliers and to ease the administrative burden on small and micro suppliers. We will support the Supplier Development Programme and, where practicable, hold 'Meet the Buyer' events to encourage wider engagement in the local economy.

Commitment 7 - Community Benefits

NHS Fife has adopted the principles of an Anchor Institute and has implemented a Programme Board to consider and develop ways that it can use its influence to enhance the community benefits of the people of Fife. The NHS Fife Procurement team will play a key part of this programme in the coming years using its considerable influence on non-pay spend direction to help realise the benefits an Anchor Institute can provide in the local community.

Commitment 8 – Food Procurement

NHS Fife Procurement have committed to engage appropriate internal colleagues in food procurements and to support Healthy Choices being available to staff and patients.

A number of national food contracts have been organised into lots to encourage and assist engagement from a wider variety of suppliers in the local area.

NHS Fife Procurement is engaged with the Food 4 Fife Partnership and Strategy project, where public bodies, communities and businesses are coming together to work across all aspects of the food system to help solve some of the health, environmental and economic challenges facing Fife's population today.

Commitment 9 – Scottish Living Wage

NHS Fife Procurement will work with its suppliers through its contracting and relationship management to look at opportunities to encourage its suppliers to implement the Living Wage within their staff structures where this does not already apply. NHS Fife are utilising the Scottish Government's Workforce Matters Procurement Policy to assist with this commitment.

NHS Fife Procurement Team will further engage with its suppliers and attempt to increase its understanding of the supply chains wage policies.

Commitment 10 - Compliance by contractors and sub-contractors with the Health and Safety at Work etc. Act 1974

NHS Fife have stated that all non-NHS Fife personnel working on site are expected to adhere to NHS Fife health and safety processes and procedures. NHS Fife's Estates team are construction site safety management certified which includes legal and practical knowledge of health and safety management on construction works including the Health and Safety at Work, Etc. Act 1974. This supports our in-house capability to ensure that any works completed on behalf of the NHS Fife are performed to the current Health and Safety standards. All building tenders and quotes are run in accordance with the Construction (Design and Management) Regulations 2015.

3.4 Strategy Performance Review

Within our 2019 Procurement Strategy our objectives are set out and the status of these objectives is reported in Section 8.

3.5 Invoice Payment Performance

A key objective of Procurement's element of NHS Fife's Anchor Institute Programme is ensuring that our suppliers are paid promptly to influence enhanced cashflow between suppliers in the local economy. As such payment times are measured and reviewed on a monthly basis. The table below details our performance against the 30 day target and the aspirational 10 day target across the 2021/22 financial year.

Invoice Payment Policy	
Average number of days credit taken	14
Contractual 30-day payment policy	

Total number of invoices	128,197
Total number of invoices paid within 30 days	117,168
% By volume of invoices paid within 30 days	91%
% By value of invoices paid within 30 days	95%
Aspirational 10-day target	
Total number of invoices	128,197
Total number of invoices paid within 10 days	98,781
% By volume of invoices paid within 10 days	77%
% By value of invoices paid within 10 days	90%

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4 Community Benefit Summary

4.1 General Policy

NHS Fife's Community Benefits in Procurement Policy states that all regulated Procurements (£50k plus) will be considered for Community Benefits Clauses. The following tools can be applied to ascertain whether to include Community Benefit Clauses or not:

- *Scottish Public Procurement Prioritisation Tool;*
- *The Sustainability test;*
- *Life Cycle Impact Mapping; and*
- *the Scottish Flexible Framework.*

4.2 Benefits delivered in period

As a result of the ongoing construction of the new Fife Orthopaedic Elective Centre a number of community benefits have been delivered throughout the year through the Graham Group as follows:

Employment

Four existing apprenticeships were utilised on the project during the year.

Seven new apprenticeships were recruited directly or indirectly through supply chain partners.

Three apprentices completed their apprenticeship frameworks whilst working on the project.

Nine employment opportunities for graduates and postgraduates were created as a direct result of the project.

Skills & Training

Six work placements of a duration between one and four weeks were provided to local students.

Seventy-eight pupils from local schools were engaged with to present on careers and the project in general.

5 Supported Businesses Summary

5.1 Trade with Supported Business

NHS Fife Procurement recognise the need to ensure spend to Supported Business is maximised. Over the period of this report, two supported business, Lady Haig's Poppy Factory Ltd and Matrix Fife have received orders from NHS Fife. NHS Fife continues to review all opportunities to engage with these suppliers and other Supported Businesses that are identified.

5.2 Engagement work

As well as continued engagement with Matrix Fife, we have engaged with another Supported Business, Lady Haig's Poppy Factory Ltd to provide remembrance material for NHS Fife in the period. NHS Fife remains committed to supporting Supported Businesses and the importance of social enterprises and intends to identify ways to increase spend in this sector and report in future Annual Procurement Reports.

6 Future Regulated Procurement Summary

Below we present our current view of upcoming regulated procurements over the next 2 years.

Ref	Title	Estimated Value
FIF21095	British Sign Language (BSL) Interpreters Remote & In-Person (Ad-Hoc, Planned & OOH)	£50,000
FIF21029	Fire Alarm Maintenance	£50,000
FIF21031	Air Conditioning and Refrigeration	£56,000
FIF19019	Provision of Transport and Storage of Deceased (Funeral Directors)	£100,000
FIF21117	Community Language Interpreters Remote & In-Person (Ad-Hoc, Planned & OOH)	£120,000
FIF21019	Provision of Taxi Services	£360,000

7 Report Ownership

In line with the Procurement Reform Act 2014 and to ensure our Annual Procurement report details our performance against strategy, this report will be subject to formal annual review and approval. The report is owned by the Head of Financial Services & Procurement.

8 Procurement Strategy 2019

The NHS Fife Procurement Strategy was approved by the Board's Finance, Performance & Resources Committee in September 2019 and has been published on the NHS Fife website. Procurement Strategy Objectives will be detailed and reported in subsequent reports.

Number	Action	Status
1	NHS Fife will assess all regulated procurements for inclusion of Community Benefit Clauses.	Continues to form part of NHS Fife's procurement process.
2	Utilise the National Supported Business Framework.	Supported Businesses utilised in the period were; Lady Haig's Poppy Factory Ltd and Matrix Fife.
3	Consider Supported Business wherever possible.	Continues to form part of NHS Fife's procurement process.
4	Increase Supported Business expenditure year on year.	The following spends are reported: 2020/21 – £19,906 2021/22 – £26,171
5	Consider Social Enterprises wherever possible.	Continues to form part of NHS Fife's procurement process.
6	Apply Community Benefits Clauses wherever possible.	This forms a key focus for Procurement as part of the Anchor Institute Programme.
7	Increase Social Enterprise Expenditure year on year.	Increases to be measured year-on-year in subsequent Procurement Reports.
8	NHS Fife will specify recycled products or ensure they come from sustainable sources in specifications wherever possible in line with our Sustainable Procurement agenda.	Continues to form part of NHS Fife's procurement process.
9	NHS Fife will specify recyclable product/packaging from contracted suppliers.	Continues to form part of NHS Fife's procurement process.
10	Implement Technical User Groups for all key procurement projects.	Continues to form part of NHS Fife's procurement process.

11	Ensure public/patient participation is used wherever appropriate.	Continues to form part of NHS Fife's procurement process.
12	Provide representation to National Clinical/Commodity Advisory Groups.	Continues to form part of NHS Fife's procurement process.
13	NHS Fife will promote compliance of contractors and subcontractors to the Health and Safety at Work Act 1974 with our Terms and Conditions of contract and or specific contract clauses where appropriate.	Continues to form part of NHS Fife's procurement process.
14	Engaging Public Health and Dietician colleagues onto Technical User Groups for food procurements.	Continues to form part of NHS Fife's procurement process.
15	Ensuring Healthy Choices are available to patients and staff.	Actioned within NHS Catering units.
16	NHS Fife will promote the highest standards in animal welfare in the supply chain by way of contract Terms and Conditions and specific clauses where appropriate.	Continues to form part of NHS Fife's terms and conditions of contract.
17	NHS Fife will by way of Terms and Conditions specify that <ul style="list-style-type: none"> • <i>all subcontractors are paid by no later than thirty days from date of receiving an invoice; and,</i> • <i>subcontractors pay their subcontractors no later than thirty days from date of receiving an invoice.</i> 	Continues to form part of NHS Fife's terms and conditions of contract.
18	NHS Fife will continue to use Public Contracts Scotland as above and utilise the Public Contracts Scotland Tender (PCST) tool for regulated procurements.	Continues to form part of NHS Fife's procurement process.
19	NHS Fife will use the Procurement Journey process and documentation for all regulated procurements.	Continues to form part of NHS Fife's procurement process.

20	NHS Fife will continue to seek opportunities to nurture Procurement Talent wherever possible.	NHS Fife are supporting 6 procurement staff to undertake a specifically designed work-based Procurement People Development Programme delivered by Scotland Excel. The initial design commissioned by NHS Lothian, now includes ongoing joint development by Fife, Grampian, Highland, Lothian, and Tayside Health Boards to ensure delivery meets the needs of the individuals and procurement services.
21	NHS Fife will ensure that Procurement staff can perform to their full potential and ensure activity undertaken is compliant with the most current regulation and governance, formal and informal training will be encouraged and supported.	Continuing professional development applied through application of The NHS Knowledge and Skills Framework (KSF) development review process via the NHS Scotland TURAS system and workplace development programme.
22	NHS Fife will maintain and improve performance within the PCIP status of “Superior Performer” using a single improvement plan and demonstrate making evidence and resource available to assist peer organisations at regional and national level.	PCIP assessments have been suspended across the Public Sector for a further 12 months. NHS Fife will engage in future PCIP assessments, develop an improvement plan and report in future Procurement Reports.
23	NHS Fife will carry out bi-annual PCIP assessments of Pharmacy/Construction and Estates.	This is yet to be established and will be reported on in future Procurement Reports.
24	NHS Fife will support Continuous Improvement through the central Procurement Team carrying out bi-annual PCIP assessments within areas such as Pharmacy, Estates and Digital and Information, with targeted work sessions and ongoing support and advice.	This is yet to be established and will be reported on in future Procurement Reports.

25	<p>NHS Fife Procurement will ensure the Board are informed of progress and positioning of the East and North Procurement Programme; the Head of Procurement will include a progress update (from the Programme Lead) in the formal annual report to the Finance, Performance & Resources Committee. This will be in addition to the conventional Programme Board reporting structure to SGHSCD, Boards and associated national partners.</p>	<p>The Programme activity was paused during the COVID-19 pandemic but recommenced during 2021/22.</p> <p>Phase 1 – Business Case Scope Review (Complete)</p> <p>Phase 2 – Case for Change Review (Complete)</p> <p>Phase 3 – Service Arrangement Analysis (Complete)</p> <p>Phase 4 - Options Appraisal (In Progress) – non-financial options scoring currently in progress with financial appraisal to follow</p> <p>Phase 5 – Full Business Case (due March 2023)</p>
26	<p>NHS Fife will optimise the online Self Service approach for Procurement.</p>	<p>The ServiceNow Procurement Helpdesk has now been fully implemented. Customer satisfaction rates will be reported on in future Procurement Reports.</p>
27	<p>NHS Fife will continue to consider the One-Touch/Automation agenda when designing internal procurement processes.</p>	<p>Procurement is a key member of the Medicines Automation Programme and continue to engage with Digital and Information Colleagues to consider automation where appropriate.</p>
28	<p>NHS Fife will ensure local, regional, and national collaboration is optimised, joint working of National Procurement (NP) and NHSF officers should be evident, and implementation and compliance systems embedded as business as usual.</p>	<p>Regional and National Collaboration has increased as a result of the Pandemic and continues to form part of NHS Fife's procurement process.</p>
29	<p>NHS Fife will work with the NDC to optimise throughput through regular work sessions.</p>	<p>Regular meetings are held to discuss progress and collaborate on emerging issues including PPE and product shortages.</p>

30	NHS Fife will ensure consistent and professional management of expenditure across the three best value supply chain dimensions; Purchase Demand Management; Supply Base Management; and Total Cost Management, the Procurement Journey toolkit will be used to manage all expenditure.	Formal engagement plan implemented to drive management of expenditure through best value supply chain dimensions.
31	NHS Fife will ensure that clinical stakeholders are fully supported in the achievement of their HAI objective, the Procurement Team will respond to any needs and change as priority tasks.	Procurement continues to support HAI objectives through involvement of Infection Control representation at appropriate National Commodity Advisory Panels, Capital Equipment Management Group, the Clinical Contingency Group and other local Technical User Groups when required.
32	NHS Fife will maintain a programme of Business Assurance and ensure reporting is timely and accurate by maintaining Action Logs to track continuous improvement.	A Deputy Head of Procurement was recruited in January 2022, and who has undertaken responsibility for the programme of Business Assurance. Including the maintenance of action logs to assist with progressing improvements.
33	NHS Fife will ensure performance measurement matches the needs of the organisation and our stakeholders at local, regional, and national level, KPIs and the Balanced Scorecard will be subject to annual review.	A Procurement Governance Board has been established which will oversee performance measurement to ensure it is in line with the organisation's needs.
34	NHS Fife will continue to deliver Spend Analyser to budget holders and invest time in supporting them in getting maximum value from the tool.	The Spend Analyser tool was decommissioned and a new version is currently being development by National Services Scotland. In the interim procurement will engage with budget holders to identify and

		support alternative means to monitor spend.
35	<p>The Procurement Team will harness these new technologies by continuing to offer to be a pathfinder for national initiatives such as:</p> <ul style="list-style-type: none"> • <i>Scan for Safety</i> • <i>Blockchain Logistics</i> • <i>Artificial Intelligence</i> • <i>Automation of Processes and Logistics</i> 	<p>The Procurement Department continues to look for opportunities to harness new technologies to provide a better service to stakeholders and consider value creating opportunities.</p>

DRAFT

Meeting:	Fife NHS Board
Meeting date:	29 November 2022
Title:	Corporate Risk Register
Responsible Executive:	Margo McGurk - Director of Finance and Strategy
Report Author:	Pauline Cumming - Risk Manager

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Operational Plan
- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is presented to the Board to provide assurance on the management of corporate risks. The content reflects the new approach to presenting the Corporate Risk Register following the first cycle of reporting to the governance committees in November 2022.

2.2 Background

A key component of the Board's commitment to refresh the NHS Fife Risk Management Framework was to replace the Board Assurance Framework (BAF) with a renewed Corporate Risk Register which aligns to our 4 strategic priorities, allows us to present the corporate risks in a way that facilitates effective and focused scrutiny, and reflects and is sensitive to the internal and external environment. To achieve this aim, each risk will be subject to regular review and scrutiny, including at the committees, to ensure:

- All relevant risks are identified

- Risks are clearly described in terms of risk description, cause and consequence
- Risks are scored appropriately
- Mitigating actions are clearly framed as to how they will address the risks

The Assurance Principles at Appendix 4 are intended to support the process; these replace the questions formerly included in the BAF SBAR.

The Corporate Risk Register content will be reviewed between each committee cycle, noting members' feedback. The Risks and Opportunities Group (ROG) will play a key role in supporting the development of the Corporate Risk Register. This will include monitoring and reviewing the risks, considering links to the Board's risk appetite, the strategic priorities, the operational risk profile, and providing critique, recommendations and assurance to EDG, committees and other stakeholders.

The ROG has met on two occasions, with the focus to date on developing its Terms of Reference (ToR), clarifying its role and building consensus on its remit.

The ROG will also develop and implement an approach to horizon scanning in the identification of emerging risks or opportunities, using frameworks to support this activity such as PESTLE (**P**olitical **E**conomic **S**ocial **T**echnological **L**egal and **E**nvironmental).

2.3 **Assessment**

Following Board approval of the Corporate Risk Register and the Strategic Risk Profile arrangements in September 2022, the EDG reviewed the risks on 20 October 2022. The Board is asked to note the resultant updates as detailed below:

Alignment of Corporate Risks to Governance Committees

Risks should be aligned to the Committee where the subject matter is reported. This resulted in the following changes:

- Risk 6 - Whole System Capacity – moved from the Clinical Governance Committee (CGC) to the Finance, Performance & Resources (F,P&R) Committee
- Risk 7 - Access to Outpatient, Diagnostic and Treatment Services – moved from the CGC to the FPR Committee
- Risk 8 - Cancer Waiting Times – moved from the CGC to the FPR Committee
- Risk 10 - Primary Care Services – moved from the CGC to the Public Health & Wellbeing Committee (PHWB) Committee.

Risk Ownership

Risks which previously had two owners should be re-allocated to a single owner:

- Risk 5 - Optimal Clinical Outcomes - Risk owner confirmed as the Medical Director
- Risk 10 - Primary Care Services - Risk owner confirmed as the Director of Health & Social Care.

Alterations to Risk Levels and Ratings

There have been changes to several risk ratings to more accurately reflect the extent of delivery challenge, and in terms of risk targets, what might be realistically achieved in respect of risk reduction in the current financial year.

- Risk 7 - Access to outpatient, diagnostic and treatment services: Following EDG discussion and subsequently with the Director of Acute Services, target level increased from 4 to 12 respectively.
- Risk 13 - Delivery of a balanced in-year financial position: Current and target risk ratings increased from 15 and 8, to 16 and 12 respectively.
- Risk 14 - Delivery of recurring financial balance over the medium-term: Current and target risk ratings increased from 15 and 8, to 16 and 12 respectively.
- Risk 15 - Prioritisation & Management of Capital funding: Target risk rating increased from 6 to 8.
- Risk 17 - Cyber Resilience: Target risk rating increased from 6 to 12.

The Strategic Risk Profile and Risk Improvement Trajectory are provided at Appendix 1. The Corporate Risk Register with Committee Alignment is provided at Appendix 2.

Assurance Reports to Governance Committees

During November 2002, each Governance Committee considered a report setting out the Strategic Risk Profile and the Corporate Risks aligned appropriate to that Committee.

An objective of the new approach to reporting, is to enhance members' understanding of the corporate risks in order to support scrutiny and assurance. One method of doing this, is to select and present risks for a "deep dive" review. A template to facilitate this process has been tested in the November committee reports.

The following "deep dives" have been conducted to date:

- Risk 8 - Cancer Waiting Times to FPR and CGC, and for illustrative purposes to Staff Governance Committee
- Risk 13 - Delivery of a balanced in-year financial position to FPR
- Risk 4 - Policy Obligations in relation to environmental management and climate change to PHWC.

Risk 13 "deep dive" is provided for illustrative purposes at Appendix 3.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priority to deliver value and sustainability.

2.3.4 Risk Assessment/Management

As outlined in this report.

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

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to the Board. The outcome of that assessment concluded on Option 1: No further action required.

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

Communication and engagement on this report has taken place with a range of stakeholders across the organisation. :

2.3.8 Route to the Meeting

2.3.9 Executive Directors' Group on 20/10/22

2.3.10 Clinical Governance Committee on 04/11/22

2.3.11 Public Health & Wellbeing Committee on 07/11/22

2.3.12 Staff Governance Committee on 10/11/22

2.3.13 Finance, Performance & Resources Committee on 15/11/22

2.3.14 Risks & Opportunities Group on 14/09/22 and 27/10/22

2.4 Recommendation

This paper is provided to the Board for **Assurance**.

3 List of appendices

Appendix No. 1, Strategic Risk Profile and Risk Improvement Trajectory

Appendix No. 2, NHS Fife Corporate Risk Register at 17/11/22

Appendix No. 3, Deep Dive - Risk 13 Delivery of a balanced in-year financial position

Appendix No. 4, Assurance Principles

Report Contacts

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Risk Manager

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Appendix 1

NHS Fife Strategic Risk Profile

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

NHS Risk Improvement Trajectory

To improve health and wellbeing

Risk Improvement Trajectory

Risk Level	High	Mod	Low	Very Low
Risks which have improved	-	-	-	-
Risks which have deteriorated	-	-	-	-
Risks which have not moved	3	2	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	3	2	0	0

To improve the quality of health and care services Risk Improvement Trajectory

Risk Level	High	Mod	Low	Very Low
Risks which have improved	-	-	-	-
Risks which have deteriorated	-	-	-	-
Risks which have not moved	5	-	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	5	0	0	0




To improve staff health and wellbeing Risk Improvement Trajectory



Risk Level	High	Mod	Low	Very Low
Risks which have improved	-	-	-	-
Risks which have deteriorated	-	-	-	-
Risks which have not moved	2	-	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	2	0	0	0

To deliver value and sustainability Risk Improvement Trajectory


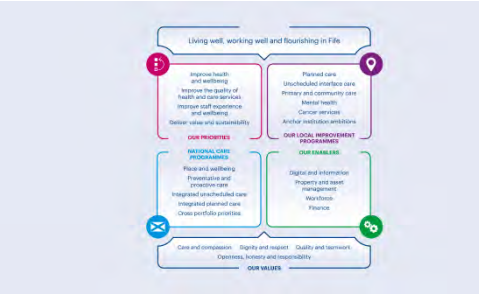

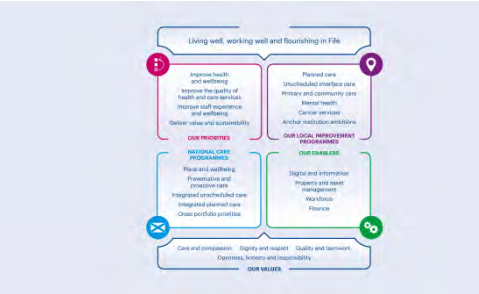
Risk Level	High	Mod	Low	Very Low
Risks which have improved	-	-	-	-
Risks which have deteriorated	2	-	-	-
Risks which have not moved	2	2	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	4	2	0	0



NHS Fife Corporate Risk Register as at 17/11/22



No	Strategic Priority	Risk	Mitigation	Risk Level/ Rating	Target Risk / Date 31/03/23	Risk Level Trend	Risk Owner	Primary Committee
1		<p>Population Health and Wellbeing Strategy</p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p>	<p>EDG has established a Portfolio Board, reporting to the Public Health and Wellbeing Committee to deliver the required system leadership and executive support to enable effective strategy development.</p> <p>The Portfolio Board commissions and monitors the delivery of key milestone activity associated with the delivery of an effective new strategy.</p>	Mod 12	Mod 8	◀▶	Chief Executive	Public Health & Wellbeing
2		<p>Health Inequalities</p> <p>There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.</p>	<p>Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p> <p>Public health department and wider partners ongoing programme of work on reducing health inequalities relating to Public Health Priorities, Health Promotion, Vaccination, Screening, and Dental Public Health (ongoing).</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p>	High 20	Mod 10	◀▶	Director of Public Health	Public Health & Wellbeing
3		<p>COVID 19 Pandemic</p> <p>There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of</p>	<p>Delivery plans are being developed for the autumn/winter vaccination campaign.</p> <p>The proposed start date is early September 2022; some planning is pending JCVI decisions.</p> <p>Implementation of new treatments for individuals at higher risk of adverse outcomes.</p>	High 16	Mod 12	◀▶	Director of Public Health	Clinical Governance





		the population, but complications requiring hospital care and severe disease, including death in a minority of the population.	Public communications programme to raise awareness of infection prevention and control measures across the region population cross the population.					
4		<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p>	<p>Robust governance arrangements have been put in place including an Executive Lead and Board Champion appointed.</p> <p>Regional working group and representation on the National Board Active participation in Plan 4 Fife.</p>	Mod 12	Mod 10	◀▶	Director of Property & Asset Management	Public Health & Wellbeing
5		<p>Optimal Clinical Outcomes</p> <p>There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.</p>	<p>The Board has agreed a suite of local improvement programmes, as detailed in the diagram below to frame and plan our approach to meeting the challenges associated with this risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>	High 15	Mod 10	◀▶	Medical Director	Clinical Governance






<p>6</p>		<p>Whole System Capacity There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p>	<p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> 	<p>High 20</p>	<p>Mod 9</p>	<p>◀▶</p>	<p>Director of Acute Services</p>	<p>Finance, Performance & Resources</p>
<p>7</p>		<p>Access to outpatient, diagnostic and treatment services There is a risk that due to demand exceeding capacity, compounded by COVID -19 related disruption and stepping down of some non-urgent services, NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.</p>	<p>Recovery Plans developed outlining additional activity and resources required to reduce backlog and meet ongoing demand.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p> 	<p>High 16</p>	<p>Mod 12 ▼</p>	<p>◀▶</p>	<p>Director of Acute Services</p>	<p>Finance, Performance & Resources</p>

8		<p>Cancer Waiting Times There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times (CWT) 62-day performance.</p>	<p>Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified.</p> <p>A national Short Life Working Group (SLWG) is being set up to develop a 'Once for Scotland' approach to management of breaches standard operating procedure. This will be led by the NHS Fife Cancer Transformation Manager (Chair of National Cancer Managers' Forum).</p> <p>The Cancer Framework and delivery plan is almost complete. Optimal Pathways and integrated care are included in the framework along with viewing CWT targets as a minimum standard.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>	High 15	Mod 12	◀▶	Director of Acute Services	Finance, Performance & Resources
9		<p>Quality & Safety There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.</p>	<p>Effective governance is in place and operating through the clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee(CGC).</p> <p>This is further supported by the Organisational Learning Group to ensure that learning is used to optimise patient safety, outcomes and experience, and to enhance staff wellbeing and job satisfaction.</p> <p>There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation</p>	High 15	Mod 10	◀▶	Medical Director	Clinical Governance

			and impact.					
10		<p>Primary Care Services</p> <p>There is a risk that due to a combination of the demand on services, workforce availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality services to the population of Fife into the medium-term.</p>	<p>A Primary Care Governance and Strategy Oversight Group has been established. The group brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of governance. It is co-chaired by the Medical Director and the Director of Health and Social Care. The group will provide assurance to NHS Fife Board and the Integration Joint Board through the appropriate sub committees.</p> <p>The establishment of this group will allow governance and scrutiny of all aspects of primary care delivery and to provide a focus for improving patient care for the population of Fife.</p>	High 16	Mod 8	◀▶	Director of Health & Social Care	Public Health & Wellbeing
11		<p>Workforce Planning and Delivery</p> <p>There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.</p>	<p>Development and implementation of the Workforce Strategy to support the Clinical Strategy, workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025.</p> <p>Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025.</p> <p>Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an anchor institution.</p>	High 16	Mod 8	◀▶	Director of Workforce	Staff Governance

12		<p>Staff Health and Wellbeing There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.</p>	<p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised.</p> <p>Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience, which will help to develop a culture that values and supports our workforce.</p>	High 16	Mod 8	◀▶	Director of Workforce	Staff Governance
13		<p>Delivery of a balanced in-year financial position. There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally.</p>	<p>Financial Improvement and Sustainability Programme (FIS) board established to provide oversight to the delivery of Cost Improvements Plans and approve pipeline schemes to be taken to implementation.</p>	High 16 ▼	Mod 12 ▼	◀▶	Director of Finance & Strategy	Finance, Performance & Resources
14		<p>Delivery of recurring financial balance over the medium-term There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>Strategic Planning and Resource Allocation process will continue to operate and support financial planning. The FIS Programme will focus on medium-term productive opportunities and cash releasing savings.</p> <p>The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium- term.</p>	High 16 ▼	Mod 12 ▼	◀▶	Director of Finance & Strategy	Finance, Performance & Resources
15		<p>Prioritisation & Management of Capital funding There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Infrastructure developments prioritised and funded through the NHS Board capital plan.</p> <p>Regular Property and Asset Management Strategy (PAMS) report submitted to FP&R, NHS Board and Government.</p>	High 12	Mod 8 ▼	◀▶	Director of Property & Asset Management	Finance, Performance & Resources

16		<p>Off-Site Area Sterilisation and Disinfection Unit Service There is a risk that by continuing to use a single off-site service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.</p>	<p>Monitoring and review through Decontamination Group.</p> <p>Establishment of local SSD for robotic being planned.</p>	Mod 12	Low 6	◀▶	Director of Property & Asset Management	Clinical Governance
17		<p>Cyber Resilience There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.</p>	<p>Considerable focus continues in 2022 with heightened threat level to improve our resilience to attack and ability to recover quickly.</p>	High 16	Mod 12 ▼	◀▶	Medical Director	Clinical Governance
18		<p>Digital & Information There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social Care.</p>	<p>Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy.</p> <p>Digital & Information Board Governance established and supporting prioritisation with ongoing review.</p>	High 15	Mod 10	◀▶	Medical Director	Clinical Governance

Risk Movement Key

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

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

Corporate Risk Title	Delivery of a balanced in-year financial position.		
Strategic Priority	To deliver value and sustainability		
Risk Description	There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally.		
Root Cause	<p>Uncertainty of both expenditure levels and funding allocations to support Covid related expenditure.</p> <p>Ongoing legacy impact of Covid driving high activity levels across all services.</p> <p>Flow within the acute hospital and out to HSCP impacted by high levels of staff absence, ward and care home closures and service provision levels in care at home.</p> <p>Impact of UK budget on Scottish Government funding levels leading to reductions in a range of in-year funding allocations.</p> <p>Impact of cost-of-living crisis, rising inflation and energy costs on all areas of spend.</p> <p>Potential further impact likely in relation to the ongoing national pay negotiations.</p> <p>Challenges with staff absence driving high locum, bank and agency costs is impacting on the deliverability of a number of FIS schemes.</p>		
Current Risk Level	16	Likelihood 4	Consequence 4
Target Risk Level (in year delivery)	12	Likelihood 3	Consequence 4
Management Actions (current)			
Action	Status		
Consideration of potential revenue to capital cost reclassification.	Significant level of delivery challenge		
Review of SLA costs with a view to reduce and/or redirect costs in year.	Significant level of delivery challenge		
Reviewing opportunities to reduce direct and indirect Covid spend.	At Risk		
Report on and agree recommendations arising from the Mid-year financial review.	Significant level of delivery challenge		
Deliver on all aspects of the FIS programme.	Significant level of delivery challenge		
Management Actions (future)			
Action	Status		
Create pipeline for additional and or replacement FIS schemes.	Significant level of delivery challenge		
Escalate system wide solution to acute hospital surge activity costs.	Significant level of delivery challenge		

Action Status Key
Completed
On track
Significant level of delivery challenge
At risk of non delivery
Not started

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

- Agenda items should relate to risk (where relevant)

Seek Assurance on Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

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

Year End Report

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

GENERAL QUESTIONS:		
•	Does the risk description fully explain the nature and impact of the risk?	
•	Do the current controls match the stated risk?	
•	How weak or strong are the controls? Are they both well-designed and effective i.e. implemented properly	
•	Will further actions bring the risk down to the planned / target level?	
•	Does the assurance you receive tell you how controls are performing?	
•	Are we investing in areas of high risk instead of those that are already well-controlled?	
•	Do Committee papers identify risk clearly and explicitly link to the strategic priorities and objectives / corporate risk?	
SPECIFIC QUESTIONS WHEN ANALYSING A RISK DELEGATED TO THE COMMITTEE IN DETAIL:		
•	History of the risk (when was risk opened); has it moved towards target at any point?	
•	Is there a valid reason given for the current score?	
•	Is the target score: <ul style="list-style-type: none"> ○ In line with the organisation's defined risk appetite? ○ Realistic/achievable or does the risk require to be tolerated at a higher level? ○ Sensible/worthwhile? 	
•	Is there an appropriate split between: <ul style="list-style-type: none"> ○ Controls – processes already in place which take the score down from its initial/inherent position to where it is now? ○ Actions – planned initiatives which should take it from its current to target? ○ Assurances - which monitor the application of controls/actions? 	
•	Assessing Controls <ul style="list-style-type: none"> ○ 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 : <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ▪ the control is working ▪ action is being implemented ▪ the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level ○ What level of assurance can be given or can be concluded and how does this compare to the required level of defence. (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> ▪ 1st line – management / performance / data trends? ▪ 2nd line – oversight / compliance / audits? ▪ 3rd line – internal audit and/or external audit reports / external assessments? 	
LEVEL OF ASSURANCE		
Substantial Assurance	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

Meeting:	Fife NHS Board
Meeting Date:	29 November 2022
Title:	Whistleblowing Quarter 2 Report for 2022 / 2023
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to Fife NHS Board Members for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

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 July 2022 to 30 September 2022.

2.3 Assessment

Whistleblowing Concerns Reporting

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

Given that two formal concerns lodged in Quarter 4 of 2021 / 2022 were not available to report on any lessons learned and performance, this report provides this information rather than members waiting to see this feedback within the Annual Performance Report for 2022 / 2023.

Anonymous Concerns Reporting

NHS Fife received no anonymous concerns during the second quarter reporting period.

Local Press Coverage

There was one Whistleblowing article published in the local newspaper during the second quarter, which was responded to by the Director of Nursing.

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, which we continue to promote.

The Quarter 2 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 2 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 were no whistleblowing concerns received; no anonymous concerns received; one whistleblowing article was published in the local newspaper; assurance of awareness and the whistleblowing training undertaken during Quarter 2.

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 2 (1 July 2022 to 30 September 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 2

1. Introduction

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

2. Whistleblowing Concerns Received During Quarter 2

There were no Whistleblowing concerns received during Quarter 2:

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

3. Anonymous Concerns Received During Quarter 2

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 2:

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

4. Local Press Coverage During Quarter 2

A number of actions have been undertaken which complement the media response. The Chief Executive, Director of Nursing and Director of Acute Services have met with the Senior Nurses within the Victoria Hospital to listen and to discuss pressures being faced.

The development of the Assistant Practitioner (AP) role is gaining traction with the recent appointment of 10 APs, with further recruitment planned for this exciting new role which will support a more sustainable workforce and maximise support for registered healthcare professionals.

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

5. Performance Data

Analysis of the Whistleblowing Concerns Raised during Quarter 4 of the 2021/2022 reporting period is detailed below, for information:

Whistleblowing Concerns Closed At Each Stage	No of Concerns
Total number of concerns closed	2
The number of concerns closed at Stage One	0
The number of Non-escalated concerns closed at Stage Two	2
The number of concerns closed at Stage Two after escalation	0
Average Times	No of Days
The average time in working days to respond to concerns at Stage One	N/A
The average time in working days to respond to concerns at Stage Two (Not escalated)	134.50
The average time in working days to respond to concerns after escalation	N/A
Number of Cases Where An Extension is Authorised	No of Concerns
The number of concerns closed at Stage 1 where extension was authorised, as a % of all concerns closed at Stage 1	N/A
The number of Non-escalated concerns closed at Stage 2 where extension was authorised, as a % of all Non-escalated concerns closed at Stage 2	100%
The number of Escalated concerns closed at Stage 2 where extension was authorised, as a % of all Escalated concern closed at Stage 2	N/A

6. Experience of Individuals Raising Concerns

No feedback is available yet in relation to the experience of those using the standards, however, an update can be provided within future reporting.

7. 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. In future reporting, we intend to develop the data into charts and tables that show themes and trends over time.

Whistleblowing Concern 1

The themes identified from the report were:

- 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.

Whistleblowing Concern 2

The findings of the investigation made recommendations for service improvement in the following areas:

- 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 above 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.

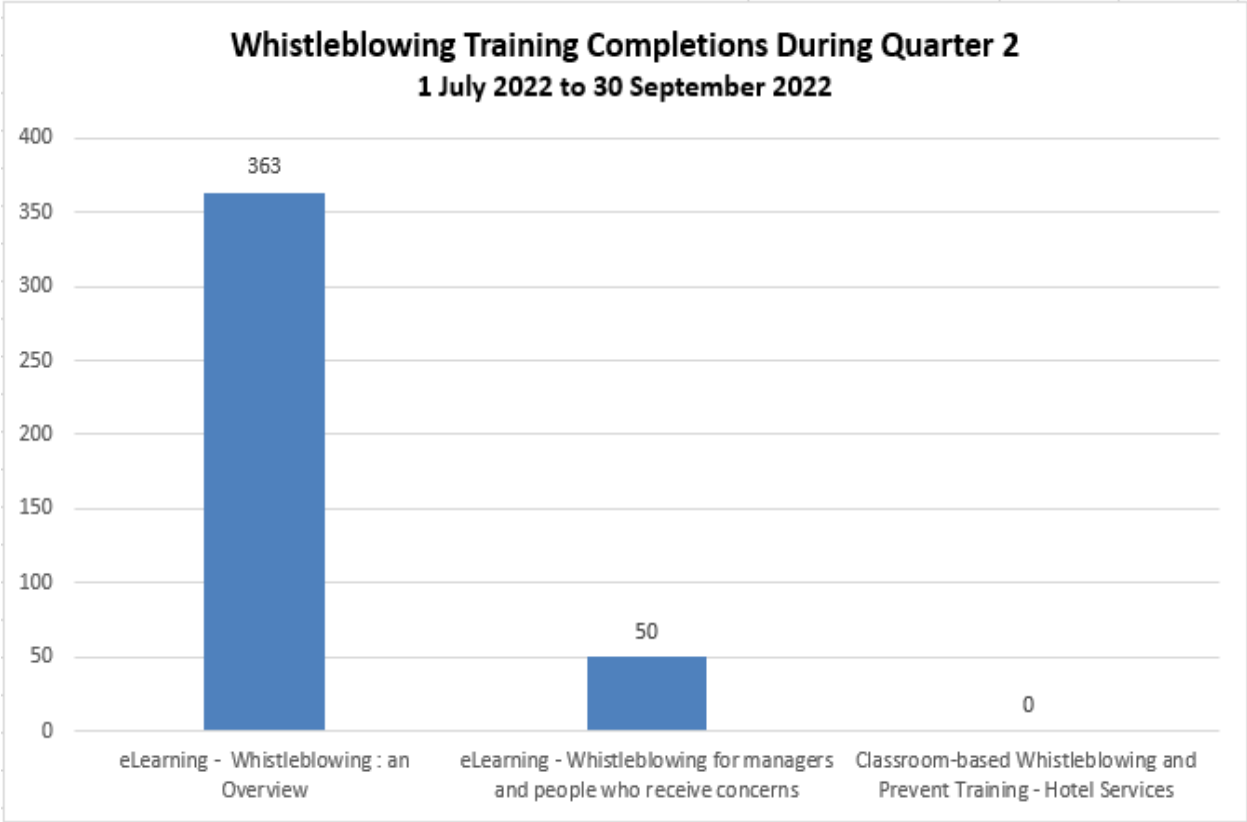
Some actions are already underway, such as the establishment of activity co-ordinators to the wards to ensure more therapeutic dialogue and engagement with patients.

8. 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.

9. Whistleblowing Training Data

The training data is summarised below for all the training that was undertaken during Quarter 2 (1 July 2022 to 30 September 2022):



CLINICAL GOVERNANCE COMMITTEE

(Meeting on 4 November 2022)

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 4 NOVEMBER 2022 AT 10AM VIA MS TEAMS

Present:

Christina Cooper, Non-Executive Member (Chair)
Martin Black, 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
Carol Potter, Chief Executive (*part*)

In Attendance:

Lynn Barker, Associate Director of Nursing
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Alistair Graham, Associate Director of Digital & Information
Colin Grieve, Non-Executive Member (*observing*)
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Elizabeth Muir, Clinical Effectiveness Manager
Gill Ogden, Head of Nursing (*deputising for Lynn Campbell & Iain MacLeod*)
Emma O'Keefe, Deputy Director of Public Health (*deputising for Joy Tomlinson*)
Shirley-Anne Savage, Service Manager (*observing*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a welcome to Colin Grieve, Non-Executive Member, who was observing this meeting, prior to becoming a member of the Clinical Governance Committee effective 1 December.

The Chair advised that Arlene Wood has been appointed Chair of the Clinical Governance Committee, effective 1 December.

The Chair advised that Shirley-Anne Savage has been appointed as Associate Director of Quality and Clinical Governance covering for the period of Gemma Couser's maternity leave, effective 1 December.

The Chair and Medical Director thanked Martin Black for his invaluable service on the Committee, noting that he leaves the Board on 30 November.

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

1. Apologies for Absence

Apologies were noted from members Sinead Braiden (Non-Executive Member), Arlene Wood (Non-Executive Member) and Joy Tomlinson (Director of Public Health), plus attendees John Morrice (Associate Medical Director, Women & Children's Services), Susan Fraser (Associate Director of Planning & Performance), Lynn Campbell (Associate Director of Nursing) and Iain MacLeod (Deputy Medical Director).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 2 September 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 Hospital Standard Mortality Rates (HSMR) Update Report

The Medical Director advised that the HSMR report seeks to clarify the definition of HSMR, explains how it is calculated and provides assurance on Fife's performance.

It was reported that the HSMR data is collated by Public Health Scotland, and assurance was provided that the score for Fife is around the national average and, as such, the Board is not an outlier. It was noted the calculations have been adapted to include Covid-19 as an aspect.

The Medical Director advised that a deeper dive is being carried around deaths within 30 days, as there are different pathways for end of life care in Fife, and to explore if there are any adjustments that need to be made in the report for the number of deaths.

Following a question from S Fevre, Area Partnership Forum Representative, the Medical Director explained that any person who is discharged from hospital to their home, who subsequently dies within 30 days, are counted. It was noted persons are not counted if they have been transferred from Acute care to a community hospital.

Following a query from A Haston, Non-Executive Member, the Medical Director advised that obstetrics or psychiatry specialties are not counted and are considered separately. A Lawrie, Area Clinical Forum Representative, advised that the organisation 'MBRRACE-UK' would look at the obstetrics and maternal deaths.

A further update on HSMR will be brought back to the Committee in due course.

The Committee **noted** the update provided, took **assurance** that HSMR is monitored as a key quality performance indicator, and took **assurance** that the HSMR data for NHS Fife is in keeping with the national average.

5. ACTIVE OR EMERGING ISSUES:

5.1 Covid-19

The Medical Director provided a verbal update on the current position, noting that the numbers are manageable and there has not been a spike in admittances to hospitals. There are varying amounts of Covid-19 in nursing homes and community hospitals, however, the position has improved recently. The situation will be closely monitored, particularly as we go through Winter.

The Committee **noted** the update.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director advised that the Corporate Risks aligned to the Clinical Governance Committee replaces the Board Assurance Framework and refinement of these will be a work in progress over the coming year.

It was reported that the Executive Directors' Group reviewed the risk register and had agreed on risks to be realigned to committees and risks with dual owners being allocated to single owner. An overview was provided on these risks, as outlined in the paper. It was noted a deep dive on specific risks will be carried out at each future Committee meetings to provide greater assurance.

Committee members praised the hard work of the team in developing the report.

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

7. STRATEGY / PLANNING

7.1 Draft Clinical Governance Framework and Delivery Plan

The Medical Director advised that the Clinical Governance Framework is presented to the Committee in draft for comment, with a final version to be presented in January 2023. It was also noted that there is a comprehensive delivery plan aligned to the Clinical Governance Framework.

The Medical Director highlighted the Clinical Governance Framework, noting that it sets out our aims, values, Clinical Governance activities and enablers.

The importance of the structures around Clinical Governance was noted, and it was advised that the flow of information had been queried by the Committee at a previous meeting. The Medical Director advised that the flow of information has been demonstrated via the Sub Structure of the Clinical Governance Committee graphic within the document. A further graphic within the paper demonstrates how the profile of the Clinical Governance Oversight Group (CGOG) has been raised; this group works across and provides connection to the clinical governance meetings and activities that sit across Fife. The CGOG provides assurance of the scrutiny that is carried out with groups.

The Medical Director explained that the Health & Social Care assurance arrangements appendix, including Clinical and Care Governance, describes the arrangements in place within the Health & Social Care Partnership, which aims to ensure that there are the correct connections and reporting into the appropriate structures of NHS Fife, Fife Council and Integrated Joint Board (IJB).

M Black, Non-Executive Member, queried the escalation route to NHS Fife for any clinical governance issues raised at the IJB. The Medical Director explained that minutes from the IJB Quality & Communities Committee (previously Care & Clinical Governance Committee) are provided to the NHS Fife Clinical Governance Committee, and that the IJB Quality & Communities Committee is only reportable to the IJB under legislation. It was also advised that the Medical Director and Director of Health & Social Care work closely to review any potential issues.

A Haston, Non-Executive Member, suggested the wording around being empowered to report quality and safety concerns should be more flexible. K MacDonald, Non-Executive Member, suggested reflecting how the values are put into practice by incorporating the existence of the peer support team in the event of a safety or quality issue. The Medical Director agreed to both suggestions and will take forward.

Action: Medical Director

The Chair thanked Gemma Couser and team for all their hard work.

The Committee **approved** the draft Clinical Governance Framework & Delivery Plan 2022/23.

7.2 Report on Outcomes from Existing Clinical Strategy

The Medical Director advised that the report provides more detail on the outcomes from the existing Clinical Strategy (since this item was presented at a recent Board Development Session held in October) and that it sets out the significant work that has been undertaken. It was noted some of the project outcomes are due to changes in the way the organisation operates due to Covid-19.

The Committee took **assurance** on the significant progress made on the recommendations of the Clinical Strategy 2016-21 and continuation of areas of priority in the Population Health and Wellbeing Strategy.

7.3 Strategic Planning & Resource Allocation (SPRA) 2023-24

The Director of Finance & Strategy highlighted that the Scottish Government Emergency Budget review has been published, noting that the financial decisions at Scottish Government and UK level involves significant prioritisation of spend, which will impact on service delivery. It was reported the cost for the current financial year has not concluded, and the wider pressures on the system have already led to some significant changes being made.

The Director of Finance & Strategy explained that the SPRA process occurs annually, and each directorate complete a set of information that allows us to have a provision on prioritisation for the coming year. A workshop environment has been created to start the process this year, and the Finance and Planning Teams will support and facilitate the workshops, with discussions in each of the areas led by Directors.

The Medical Director offered to support the Director of Finance & Strategy, noting that the challenges that are ahead in terms of competing pressures cannot be underestimated.

The Committee took **assurance** on the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

7.4 Annual Delivery Plan Progress & Winter Actions

The Director of Finance & Strategy reported that following discussion at the Executive Directors' Group, they had agreed that a review will be carried out on the presentation of the report to make the information more focussed, to enable discussions on key aspects.

It was reported that the paper sets out the mid-year position against the key actions agreed in our Annual Delivery Plan. The report is aligned to the IPQR, which provides more detail, and is also linked to the Corporate Risk Register.

The Director of Finance & Strategy highlighted the financial pressures and workforce pressures on delivery of the plan. Despite the challenges, it was noted that there have been areas of improvement.

The Committee took **assurance** on progress in the delivery of the Annual Plan and its related Winter Actions.

7.5 Laboratory Information Management System Update

The Associate Director of Digital & Information spoke to the paper and advised that progress is being discussed through both the Digital & Information Senior Leadership Team (SLT) and the Acute Division SLT, and there is also additional reporting into the Acute Services Clinical Governance Group on a monthly basis. A monthly report will go to the Executive Directors' Group (EDG) on progress and associated risks.

The Committee took **assurance** from the mitigation of the risks associated with the successful implementation of the Citadel system by March 2023 and took **assurance** from the regular reporting to SLTs and EDG for the duration of the implementation period.

7.6 Integrated Unscheduled Care Report

The Medical Director advised that the report summaries the improvement activities for the key priority areas that are being undertaken in the urgent and unscheduled care areas in Fife and have been agreed with the Scottish Government.

It was noted within the report a green status equates to 'on target'.

The Committee took **assurance** from the Integrated Unscheduled Care Report.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR)

The Director of Nursing advised that the team who were involved in the pilot of the Early Cancer Diagnostic Centre won an innovation award at the Scottish Health Awards held on 3 November 2022. Gemma Lawson, Healthcare Support Worker, won the People's Choice award, and the Birth at Home team were finalists in the Midwifery category.

The Director of Nursing provided an overview of the IPQR data, noting that a separate update on complaints will be provided at agenda item 9.1.

M Black, Non-Executive Member, commented on the reputational risks for the organisation in terms of the level of complaints exceeding the response target and highlighted the current position. The Director of Nursing replied that since the new Head of Patient Experience came into post, there has been positive changes made, with a real focus on meeting targets and improving processes. It was noted that work is ongoing for complaints that sit under the 20 days' response timeframe, to support areas reach this target. The Medical Director highlighted activity level pressures and challenges for staff in responding to complaints within target times, noting that a more thorough response can often take longer than the target time of 20 days.

The Director of Health & Social Care provided some practical examples that are carried out, such as an improvement report on a weekly basis, regular meetings with staff to discuss complex areas of complaints and scrutinising data with set priorities.

K MacDonald, Non-Executive Member, highlighted that quality indicators do not always provide a true reflection and suggested expanding the narrative within the IPQR.

The Director of Nursing advised that the Ombudsman in October 2022 changed the model complaints handling process for public bodies, with the exception of the NHS, to four mandatory outcomes for Key Performance Indicators (KPIs). It was noted NHS Fife will continue to have nine mandatory outcomes for KPIs, and that as the reporting for complaints develops, learnings from complaint handling will be addressed through the Organisational Learning Group. It was noted that other NHS Boards are in a similar position to NHS Fife in terms of response times for complaints, reflecting system-wide pressures on staff and services.

The Committee **discussed, examined** and took **assurance** from the NHS Fife performance as summarised in the IPQR.

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing spoke to the main points within the report.

The Committee took **assurance** from the HAIRT report.

8.3 Review of Deaths of Children & Young People Interim Report

The Director of Nursing spoke to the report, advising that it provides an update on progress of the death review process for children and young people.

The Committee took **assurance** from the Review of Deaths of Children & Young People Interim Report.

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Experience & Feedback Report - Quarter 2

The Director of Nursing highlighted the number of complaints and the change to the assessment table within the assessment section of the paper, which now clearly demonstrates the position of complaints. It was noted there is a high number of complaints awaiting statements.

The Director Nursing spoke to the key points within the report.

The Chair questioned if the support is now in place to sustain the workforce. The Director of Nursing advised that a higher number of members within the complaints team would be ideal, however they are aware of the financial implications for additional roles. It was noted the team are currently working through developing and improving processes.

A Haston, Non-Executive Member, queried how compliments are fed back to teams. It was advised that the Datix system is used for both complaints and compliments, however, is time dependant and some areas need encouragement to report compliments.

The Chair congratulated everyone involved for all their hard work, noting the work still to be done in this area.

The Committee took **assurance** from the Quarter 2 Patient Experience & Feedback Report.

9.2 Quality Framework for Community Engagement & Participation

The Director of Nursing spoke to the report, noting that staff from NHS Fife were heavily involved in the work of developing the framework. It was advised that the national framework will be launched later in 2022 and the Director of Nursing has contacted the Senior Community Officer at Health Improvement Scotland (HIS) and a meeting has been arranged to discuss the draft Quality Framework; this will also support avoiding any duplication between the national and NHS Fife framework.

The Committee took **assurance** from the Quality Framework for Community Engagement & Participation Report.

10. ANNUAL REPORTS

10.1 Integrated Screening Annual Report 2022

The Deputy Director of Public Health highlighted the key points from the report, noting the ongoing incidents that are being worked on both within Fife and at a national incident level. The potential impact on Covid with a reduction in screening processes and backlog of patients was also highlighted. The Medical Director explained that

screening is not just related to cancer and is about identifying significant illness earlier at asymptomatic stage.

The Committee took **assurance** from the Integrated Screening Annual Report 2022 Report.

10.2 Medical Education Annual Report 2021-22

The Medical Director highlighted an increase in students for undergraduate medical education, noting they are accommodated in a variety of settings across NHS Fife and Primary Care. The recent Scottish Government decision to restore Primary Medical Qualification awarding status to the University of St Andrews was also highlighted, and it was noted that due to this change in legislation, a graduation ceremony took place for 55 junior doctors across Scotland who have been trained in the ScotGEM programme (Graduate Entry Medical School).

The Medical Director provided an overview on postgraduate medical education. An overview on the surveys carried out by NHS Education Scotland was also provided, and it was noted there had been excellent feedback for some specialities, however other specialities require more work to improve the experience of the doctors. In general, this has been affected by service pressures, particularly for Acute Services.

Following a question from the Chair, the Medical Director advised that a Core Trainee is provided with generalist training, and this training sits between foundation training and speciality training.

A Haston, Non-Executive Member, questioned access to medical school and if access has been widened to people from low income families and if access can be gained through work experience. The Medical Director advised that NHS had one of the most successful summer schools in Scotland, with students from all backgrounds. The Medical Director suggested discussing medical education in more detail at a future Clinical Governance Development session and agreed to liaise with the relevant team to get this session scheduled.

Action: Medical Director

The Committee took **assurance** in relation to the approach taken to ensure the delivery of high quality medical education in NHS Fife.

10.3 Medical Appraisal and Revalidation Annual Report 2021-22

The Medical Director presented the report, noting that it sets out the importance and legislative responsibilities that NHS Fife has in terms of the Responsible Officer legislations to deliver effectiveness appraisal and revalidation processes for doctors. Appraisals are delivered through NHS Education Scotland (NES) trained Appraisers, and the Medical Director, as Responsible Officer, ensures that doctors can revalidate every five years or defer if they have not met the necessary milestones.

The Medical Director advised that there is an ambition to deliver a strategic framework around appraisal and revalidation which will include a workplan and will support identifying any potential issues.

The Committee took **assurance** from the Medical Appraisal and Revalidation Annual Report 2021-22.

10.4 Prevention & Control of Infection Annual Report 2021

The Director of Nursing provided an overview of the Infection Control Care Home Team, noting its development and inclusion of a Senior Infection & Control Nurse and Infection & Control Nurses to offer support within care homes. The Senior Nurses are being supported with a postgraduate study towards a masters specialist practitioners qualification. Two of our Infection & Control Nurses have completed a masters module in the Built Environment.

The Chair praised the comprehensive report and also welcomed the format, noting it was easy to read and understand.

The Committee took **assurance** from the Prevention & Control of Infection Annual Report 2021.

10.5 Controlled Drug Accountable Officer Annual Report 2022

The Director of Pharmacy & Medicines provided an overview on the various sections of the report.

Following a question from the Chair, the Director of Pharmacy & Medicines explained the membership of the Controlled Governance Group.

The Committee considered this report for **assurance** regarding operation of responsibilities of the Controlled Drug Accountable Officer in Fife.

10.6 Volunteering Annual Report 2021-22

The Director of Nursing noted that NHS Fife recognises the dedication and commitment of volunteers. It was reported that due to Covid it had been a difficult time and volunteers had been stood down. Over the previous year, remobilisation of volunteers has taken place, and an overview of the various volunteering roles was provided. It was noted that new opportunities are being explored along with managing risks. It was advised that NHS Fife is hoping to recruit younger volunteers through the Duke of Edinburgh Award Scheme.

Following a question from M Black, Non-Executive Member, the Director of Nursing explained how volunteers are celebrated.

The Chair highlighted the importance of volunteers noting that they are an integral part of NHS Fife. M Black, Non-Executive Member praised all the volunteers within NHS Fife.

The Committee took **assurance** from the Volunteering Annual Report 2021-22.

11. FOR ASSURANCE

11.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

12. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes.

- 12.1 Acute Services Division Clinical Governance Committee held on 7 September 2022 (unconfirmed)
- 12.2 Area Clinical Forum held on 6 October 2022 (unconfirmed)
- 12.3 Cancer Governance & Strategy Group held on 19 August 2022 (unconfirmed)
- 12.4 Clinical Governance Oversight Group held on 16 August 2022 (confirmed)
- 12.5 Digital & Information Board held on 18 October 2022 (unconfirmed)
- 12.6 Drugs & Therapeutic Committee held on 24 August 2022 (confirmed) & 12 October 2022 (unconfirmed)
- 12.7 IJB Quality & Communities Committee held on 9 September 2022 (unconfirmed)
- 12.8 Health & Safety Subcommittee held on 9 September 2022 (unconfirmed)
- 12.9 Medical Devices Group held on 16 August 2022 (unconfirmed)
- 12.10 Portfolio Board held on 15 September 2022 (unconfirmed)
- 12.11 Research, Innovation & Knowledge Oversight Group held on 22 September 2022 (unconfirmed)
- 12.12 Resilience Forum held on 25 August 2022 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

13.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters/issues to escalate to the Board.

14. ANY OTHER BUSINESS

14.1 Clinical Governance Chair

The Medical Director, on behalf of the Chief Executive, the Clinical Governance team and Committee members, warmly thanked C Cooper for all her support during her term as Chair of the Clinical Governance Committee and she was wished well for the future.

Date of Next Meeting – Friday 13 January 2022 at 10am via MS Teams.

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 15 November 2022)

No issues were raised for escalation to the Board.

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 15 NOVEMBER 2022 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
J Keenan, Director of Nursing	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
M Watters, ST4 (Obstetrics and Gynaecology) (*observing*)
K Booth, Head of Financial Services & Procurement
H Thomson, Board Committee Support Officer (*item 6.2 only*)
K Donald, Interim PA to the Director of Finance & Strategy (*minutes*)

Chair's Opening Remarks

The Chair welcomed everyone to meeting.

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

1. Apologies for Absence

No apologies were received from members.

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minute of the last Meeting held on 13 September 2022

The Committee formally **approved** the minute of the last meeting.

4. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

5. QUALITY / PERFORMANCE

5.1 Integrated Performance & Quality Report

The Director of Acute Services provided an overview of the report for August 2022, highlighting unscheduled attendances at Victoria Hospital remain high. Performance has been impacted by a very full hospital, compounded by a low discharge profile, resulting in flow throughout the hospital being very challenged and patients waiting longer. Prostate cancer pathway is in a very challenging position, however actions have been mitigated to improve flow within the pathway, although challenges will continue to be seen within the Cancer 62-day referral to treatment.

Following a question from the Chair querying why no additional activity to deliver the new longer waiting targets has been undertaken since April 2022, the Director of Acute Services highlighted there has been uncertainty around funding from Scottish Government to provide additional waiting list activities. A plan was submitted to Scottish Government, however, due to the reduced funding received, this has not been possible to implement as yet.

The Director of Acute Services highlighted that since submitting the report, confirmation of funding by Scottish Government has been received and a report will be presented at the Executive Directors' Group regarding what can be delivered over the coming months to improve the overall position on performance. The Committee agreed the paper highlighting the position should also be presented to the next meeting of the Finance, Performance and Resources Committee in January 2023.

Following a question from J Kemp, Non-Executive Member, the Director of Acute Services advised the National Treatment Centre will have three dedicated orthopaedic theatres, two of which will replace the capacity currently within Victoria Hospital. The third theatre was identified for waiting times improvement for regional usage. As a consequence of the pandemic, patients requiring orthopaedic surgery are waiting longer, therefore Scottish Government have adjusted the allocation, resulting in NHS Fife no longer holding a significant share of the third theatre. As a result, the initial opening of the Centre will likely not see the improvement in local waiting times as originally expected. Discussions with Scottish Government are underway to ensure Fife's waiting lists do not increase due to the loss of the Fife capacity share of the third theatre.

The Chief Executive confirmed that a methodology is currently being developed around elective capacity and associated costs of treating non-Fife residents using the Centre. The Deputy Director of Finance further clarified that Scottish Government will fund fixed costs, staffing costs and fixed property costs directly to Boards with a National Treatment Centre; however, direct patient costs will be paid for by the referring Board.

The Chair queried if several of the Patient TTG targets may be further challenged given the current trajectory and what the consequences of this would be. The Chief Executive noted the balance of risk between money, performance and the aspiration of the long waiting times targets is a challenge that has been noted to Scottish Government. The

Chief Executive provided assurance to the Committee, advising that teams are doing everything they can with the resources available. However, the situation is very challenging.

The Director of Finance & Strategy noted that the plan submitted to Scottish Government, detailing the required investment to deliver planned elective care was £12.3m, however, a reduced amount of £8.6m has been confirmed. It has been estimated that a minimum of £9.6m is required to ensure waiting times do not increase any further, resulting in a cost pressure of £1m being identified within the mid-year review.

The Medical Director highlighted that the scheduled outpatient performance has a knock-on consequence for unscheduled care performance, due to elective patient procedures not being completed as quickly as required. This results in some patients presenting through unscheduled routes, subsequently causing an increased attendance to the Emergency Department at Victoria Hospital.

The Director of Health & Social Care reported that the number of bed days lost due to patients being in delay increased in August 2022. An overview was provided on the Delayed Discharges (Bed Days Lost) statistics, as detailed in the report. It was noted, the actions that are currently noted as being 'off track' in the report are 'Reduce the number of patients delays in hospital awaiting the appointment of a Welfare guardian' and 'Electronic Referrals'. It was noted that both actions are deliverable, however the timeframe has been affected due to capacity and additional recruitment to both areas. It was further noted that joint work across social work, acute services, community services and the partnership is underway, with a Grand Round event taking place this week to bring all stakeholders together to discuss the collective actions required and share key messages, especially coming into winter.

The Committee took **assurance** from the current position and the actions in place to mitigate areas of challenging performance.

5.2 Financial Improvement and Sustainability Programme Progress Report

The Deputy Director of Finance reported on the cost improvement position, advising that the indicative risk to the total target of £11.7m is £2.2m, as highlighted in the report. Work continues to identify and accelerate other schemes through the pipeline to ensure the £11.7m will be delivered by 31 March 2023. It was highlighted that the predominant risk identified with the £2.2m is based on the targets set by NHS Fife in April/May 2022 to reduce supplementary staffing. The Deputy Director of Finance noted the work on taking forward international recruitment and the new Band 4 posts should start to show a positive impact on staffing as the year progresses.

The Committee took **assurance** from the Financial Improvement and Sustainability Programme Progress Report.

5.3 Financial Position – Mid-Year Review 2022/23

The Director of Finance & Strategy reported on the mid-year review, advising that at the end of August 2022 NHS Fife were £14.7m overspent, noting some the key drivers are

unrelenting capacity pressures in both Acute and HSCP, staffing pressures and an increase in non-pay costs as a result of inflation. It was noted a two-phase action plan has been outlined in the report, highlighting that phase one consists of delivering £5.6m of mitigating actions, which requires agreement on a system response to acute surge activity and Covid costs. Phase two consists of delivering a further £5.9 of mitigating actions.

The Director of Finance & Strategy further noted a letter received from the Director of Health Finance and Governance, Scottish Government, which details plans to return to medium-term financial planning during 2022/23. This will include facilitating Boards to operate within 1% of the Revenue Resource Limit provided the financial position is supported by a credible medium term financial plan.

Following a question from J Kemp, Non-Executive Member, the Director of Finance & Strategy advised that brokerage will be required for 2022/23 and work is underway to review the repayment profile and impact across three-year and five-year terms.

The Committee discussed the update and took **assurance** from the Financial Position mid-year review report.

5.4 Annual Delivery Plan 2022/23 Progress & Winter Plan Actions

The Director of Finance & Strategy spoke to the report, noting that work is ongoing to refocus the presentation of the paper to create a dashboard for the next meeting.

Following a question from M Mahmood, Non-Executive Member, on waiting times for patients, the Director of Acute Services advised that patients on waiting lists are written to on a regular basis. If a patient feels their condition has deteriorated, then the patient is able to make contact with the waiting times office, where their case would then be escalated to the particular speciality. The patient's case would then be reviewed by the medical team and prioritised if appropriate.

The Committee took **assurance** from the Annual Delivery Plan report.

5.5 Fife Capital Investment Group Report 2022/23

The Deputy Director of Finance spoke to the report and provided an overview on recent successful bids for additional capital.

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

5.6 Proposal to Increase Procurement Tender Thresholds

The Head of Financial Services & Procurement spoke to the paper, highlighting that the paper proposes that NHS Fife increases its tendering threshold in both the Financial Operating Procedures and the Standing Financial Instructions, to £50,000 in line with other Boards and the Procurement Reform (Scotland) Act 2014. This will be for both the procurement of equipment and other goods and services, thus removing the current distinction in commodity type.

The Committee **endorsed** the amendment to the current Tender Threshold limit, prior to submission to the Audit & Risk Committee and thence the Board for Approval.

5.7 Procurement Key Performance Indicators

The Head of Financial Services & Procurement spoke to the paper highlighting there are currently 12 key performance indicators (KPIs) proposed. It is intended that the service will add and refine additional KPIs as required.

The Committee took **assurance** from the paper.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the corporate risk paper, noting that as this is the first time the presentation has come to the Committee and that it is expected the paper will iterate and further improve as the new process embeds. It was noted that three of the strategic risks have been reassigned from the Clinical Governance Committee to the Finance, Performance & Resources Committee as they relate to operational performance.

J. Kemp, Non-Executive Member, suggested the Committee should reflect on the risk to the longer-term financial position. The Director of Finance & Strategy suggested the Committee may wish to consider a deep-dive review on the ' strategy to deliver recurring financial balance over the medium term at the January 2023. The Committee supported this suggestion, meeting to highlight and resolve any anticipated risks.

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

6.2 Review of General Policies & Procedures

The Head of Corporate Governance & Board Secretary provided background detail and advised that the paper presents the ongoing work by the Board Committee Support Officer, to review and update General Policies and Procedures and enhance the administrative process around this.

The Board Committee Support Officer spoke to the paper, noting the creation of a new workplan, guidelines and forms, which are now all available on NHS Fife's Stafflink for members, as summarised in Appendix 1 of the paper.

The Director of Property & Asset Management emphasised the benefits of the work completed thus far, advising that the forms are very user-friendly and have made the process for updating policies much more straightforward. The Board Committee Support Officer was commended for her considerable work in this area.

The Committee took **assurance** from the paper.

7. STRATEGY / PLANNING

7.1 Strategic Planning & Resource Allocation Process (SPRA) 2023/24

The Deputy Director of Finance presented the paper, noting that this is the third year of the SPRA process and that it has been adapted to reflect comments made by stakeholders in the previous years.

Following a question from A Lawrie, Area Clinical Forum Representative, regarding priorities from different Directorates, the Deputy Director of Finance advised that a second workshop will be held with each directorate to refine their submissions and key priorities after the new year.

The Committee took **assurance** from the paper.

8. ANNUAL REPORTS

8.1 Annual Procurement Report 2021/22

The Head of Financial Services & Procurement spoke to the paper, highlighting the Procurement Governance Board endorsed the paper prior to presenting at the Finance, Performance & Resources Committee.

The Committee **endorsed** the Annual Procurement Report prior to submission to the Board for review and approval.

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan

The Director of Finance & Strategy noted that the 'Corporate Risks Report' and 'Annual Delivery Plan Report' should be reflected in the annual workplan and be presented at each meeting.

The Committee **approved** the tracked workplan, pending the changes noted above.

10. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

10.1 Fife Capital Investment Group held on 14 September 2022 (unconfirmed)

10.2 Procurement Governance Board held on 29 September 2022 (unconfirmed)

10.3 IJB Finance, Performance & Scrutiny Committee held on 16 September 2022 (unconfirmed)

10.4 Primary Medical Services Committee held on 6 September 2022 (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 issues to escalate to the Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 17 January 2023 at 9.30am via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 7 November 2022)

No issues were raised for escalation to the Board.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 7 NOVEMBER 2022 AT 10AM VIA MS TEAMS**

Present:

Tricia Marwick, (Chair)
Martin Black, Non-Executive Director (*part*)
Alistair Morris, 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
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Mansoor Mahmood, Non-Executive Member (*observing*)
Arlene Wood, Non-Executive Member (*observing*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a warm welcome to Mansoor Mahmood and Arlene Wood, Non-Executive Members, who will both become members of the Public Health & Wellbeing Committee effective 1 December.

The Chair thanked Martin Black and Christina Cooper, Non-Executive Members, for their invaluable service on the Committee, noting that they both leave the Board on 30 November and 31 December respectively.

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

1. Apologies for Absence

Apologies were received from members Wilma Brown (Employee Director) and Christina Cooper (Non-Executive Member).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 29 August 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 the Corporate Risks aligned to the Public Health & Wellbeing Committee replaces the Board Assurance Framework and that refinement of these will be a work in progress over the coming year.

An overview was provided on these risks, as outlined in the paper. It was noted a deep dive on specific risks will be carried out at each future Committee meeting to provide greater assurance. It was also advised that risks are anticipated to change over time and an initial assessment for each risk is being carried out.

The Director of Public Health highlighted Appendix 2: the Assurance Principles developed originally by NHS Lanarkshire, which provides an understanding of the different elements to consider for each risk.

Following a question from A Morris, Non-Executive Member, an explanation on the connection between the 'Summary Statement on Risk Profile' and the 'Total Risk Scores' on the Strategic Risk Profile at section 2.3 within the paper was provided. The Director of Finance & Strategy noted that this is the statement for the overall risk profile and agreed to make the summary statement clearer for future iterations.

Action: Director of Finance & Strategy

M Black, Non-Executive Member, questioned how health inequalities would be targeted to reduce this risk in the most deprived areas. The Director of Public Health clarified that the risk is presented as a high level statement of mitigation and the level of detail will be captured within the strategy, which is still under development.

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

6. STRATEGY / PLANNING

6.1 Report on Outcomes from existing Clinical Strategy

The Medical Director advised that a summary report on outcomes from the existing Clinical Strategy was presented at a recent Board Development Session. The report provides more detail on work that has been undertaken and connects some of the recommendations within the previous Clinical Strategy.

The Chief Executive advised that a session on the existing Clinical Strategy will be presented again at a future Board Development Session, and will include more detailed information and discussion on actions and priorities.

The Medical Director highlighted all the hard work that has been undertaken.

The Committee took **assurance** on the significant progress made on the recommendations of the Clinical Strategy 2016-21 and continuation of areas of priority in the Population Health and Wellbeing Strategy.

6.2 Progress Report on Community & Staff Engagement

The Director of Nursing advised that the report on community and staff engagement is a core part of the development of the NHS Fife Population Health & Wellbeing Strategy, and the report provides an update on work to date and identifies some emerging themes. It was also advised that various methodologies were used to collate feedback and knowledge from communities.

M Black, Non-Executive Member, queried the level of engagement, noting the low number of responses from staff and members of the public involved in the engagement work. The Director of Nursing reported that it has been challenging reaching out to staff when they are working in difficult situations. It was reported that organisation-wide engagement has been carried out, including a Grand Round, which has helped to promote conversations with staff. It was noted that 'Progressive' who lead similar sessions on a regular basis across Scotland were happy with the high quality of feedback received, despite the small numbers of staff involved. The Director of Finance & Strategy added that 'Progressive' were less concerned with the total number of responses as the focus is on understanding the range of issues and themes raised by staff and members of the public. She also highlighted the high number of meetings with different clinical groups that have been carried out, which are culminating in the content of the work to support the existing strategy. The Director of Finance & Strategy advised that it has been agreed with the Area Partnership Forum a specific workshop session will be carried out with that Forum in November 2022. Work will continue to reach out to the community and staff to gather as much information as possible.

Fay Richmond, Kirsty MacGregor, Susan Fraser and the team within the Health & Social Care Partnership were thanked for all their hard work.

The Committee took **assurance** and **noted** the engagement process is ongoing to inform the Population Health and Wellbeing Strategy and that a final report will be presented to the committee when the engagement is complete.

6.3 Strategic Planning & Resources Allocation (SPRA) 2023/24

The Director of Finance & Strategy provided assurance that the annual SPRA process is well underway. The recent Scottish Government emergency budget review was highlighted, specifically the very difficult decisions that have been undertaken in terms of significant prioritisation of spend this year and into 2023. The Director of Finance & Strategy highlighted the importance of ensuring prioritisation at a local level.

It was reported that the ongoing pay deal for Agenda for Change and the broader cost of living crisis will be of significant factors in our allocation of resources with the Scottish Government.

A Wood, Non-Executive Member, queried if the workshops in relation to the Population Health & Wellbeing Strategy will support financial modelling to decrease levels of deprivation within Fife. The Director of Finance & Strategy explained that the SPRA

process is for the coming year and would not form part of that economic evaluation; however, work for the medium and longer term strategy will be predicated on priorities for health and improvements.

The Committee took **assurance** from the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

6.4 Annual Delivery Plan Progress & Winter Actions

The Director of Finance & Strategy advised that the majority of the content within the paper is more relevant to the review that would be undertaken within the Clinical Governance Committee and Finance, Performance & Resources Committee, due to the specific deliverables within the Annual Delivery Plan. The paper is presented to this Committee to highlight the reported mid-year position in terms of progress of high level deliverables within the Annual Delivery Plan.

The Director of Finance & Strategy reported that the Annual Delivery Plan is linked to the Integrated Performance & Quality Report and the Corporate Risk Register. It was reported that the Executive Directors' Group reviewed the Annual Delivery Plan and agreement was made that the presentation of the report requires to be improved, and this will be reflected in the next iteration.

Following a query from A Morris, Non-Executive Member, the Director of Finance & Strategy explained that an exercise was carried out nationally to assess the level of activity that the National Treatment Centre Fife Orthopaedics would commission. The allocation for Fife has been reduced. The Chief Executive advised discussions are ongoing around that allocation, and a paper on the National Treatment Centre will be brought back to the Committee at the next meeting and will include an updated position.

The Committee **noted** the status of deliverables from the Annual Delivery Plan 2022/23 at the end of September 2022.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care spoke to the report and advised that it continues to be a challenge to increase accommodation for smoking cessation services. Options are being explored in both primary care and community venues. It was advised that there has been an increase in the offering, and a Saturday service is now available. It was noted that the work that is ongoing with provision of smoking cessation within community pharmacies.

The Director of Health & Social Care also provided an overview on the Child & Adolescent Mental Health Service (CAHMS) waiting times, noting that the challenges with staffing, experienced in the Summer, had now improved. In relation to Psychological Therapies, it was reported that there may be a delay in achieving the 18 weeks target by March 2023. Assurance was provided that there was nevertheless an improved position in September.

The Director of Health & Social Care provided assurance that targets on uptakes for both Covid and Flu vaccinations had been met.

The Director of Public Health was pleased to report that the target for the 6-in-1 primary vaccination has now been exceeded. In terms of the Immunisation MMR2, it was highlighted more work is required to meet that target.

Following a question from the Chair in terms of uptake in the older cohort for the Flu & Covid vaccinations, the Director of Health & Social Care advised that some of the challenges related to the closure of care homes and a recovery programme is now in place.

The Committee **examined** and **considered** the NHS Fife performance as summarised in the IPQR and took **assurance** from the report.

7.2 Sexual Health and Blood Borne Viruses Framework

The Director of Health & Social Care advised that the report outlines a range of actions across sexual health and blood borne viruses in line with the current strategy. It was noted the national strategy is likely to be refreshed in early 2023. An overview on the contents of the report was provided.

The Director of Public Health highlighted the provision of long-acting reversible contraception, noting that NHS Fife has performed highly in this area.

M Black, Non-Executive Member, questioned the lack of core sites, and how we can improve the uptake. The Director of Health & Social Care agreed to take this forward.

Action: Director of Health & Social Care

The Committee took **assurance** on the action on Sexual Health and Blood Borne Viruses and **noted** that a further report will follow once the national framework is published to assure the actions in Fife are aligned to this framework.

7.3 Shingles & Pneumococcal Vaccination Invite Incident

The Director of Public Health reported that the paper outlines this national incident affecting many NHS Scotland Boards, including NHS Fife. It was advised that significant changes have been made to the way the shingles & pneumococcal vaccine is delivered, and an explanation was provided, as described in the paper. Assurance was provided that the coding issues identified have now been addressed. It was noted enquiries from members of the public were very low.

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

8. ANNUAL REPORTS

8.1 Integrated Screening Annual Report 2022

The Director of Public Health spoke to the report and highlighted that due to Covid-19, a number of screening programmes had been paused. An overview was provided on some of the challenges that are being faced in restarting programmes, with pressures

faced by cervical and breast screening programmes in particular. It was reported all of the programmes show similar reduction in uptake among populations more affected by deprivation. Specific funding has been made available to target inequalities for some of the programmes, and the screening team are developing their plans to address inequalities in the coming year. Preparatory work is also underway for a nationally organised review of women excluded from cervical screening. This will review individuals excluded from cervical screening after surgery to ensure exclusion criteria were correctly applied.

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

8.2 Quality Framework for Community Engagement & Participation

The Director of Nursing spoke to the report, summarising the main points of the briefing paper.

The Committee took **assurance** from the paper.

8.3 Pharmaceutical Care Services Report 2021/22

The Director of Pharmacy & Medicines provided an overview on the contents of the report.

The Director of Public Health highlighted positively the accessibility of Pharmacies across Fife and committee members agreed the report was informative and clearly presented.

It was agreed to present the report to the Board at their next meeting.

The Committee **considered** the report for decision and **approved** the paper ahead of publication.

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

10. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

10.1 Fife Partnership Board held on 23 August 2022 (unconfirmed)

10.2 Population Health & Wellbeing Portfolio Board held on 11 August 2022 (unconfirmed)

10.3 Public Health Assurance Committee held on 5 October 2022 (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

None.

13. DATE OF NEXT MEETING

Wednesday 11 January 2023 at 10am via MS Teams.

NHS FIFE STAFF GOVERNANCE COMMITTEE MEETING

(Meeting on Thursday 10 November 2022)

To highlight the positive work done within the Board to develop our Staff Health & Wellbeing Framework, which was endorsed by the Committee for publication.

The Framework has been developed in partnership and in conjunction with the NHS Fife Staff Health & Wellbeing Group, with the input of our Occupational Health, Psychology and Health Promotion colleagues and other key stakeholders who contribute to this work.

The Framework sets out our ambitions and commitments in terms of Staff Health & Wellbeing and is really important for the Board to have in place as the foundation for this key aspect of our work.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 10 NOVEMBER 2022 AT 10.00 AM VIA MS TEAMS

Present:

Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Alistair Morris, Non-Executive Member
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
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Kirsty Berchtenbreiter, Head of Workforce Development & Engagement
Nicky Connor, Director of Health & Social Care
Pauline Cumming, Risk Manager (*items 1 – 5.1 only*)
Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Susan Fraser, Associate Director of Planning & Performance (*item 6.5 only*)
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
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 Colin Grieve, Non-Executive Member, who is attending his first Staff Governance Committee meeting as a new member,

The Chair advised that Linda Douglas, Director of Workforce, leaves NHS Fife on 3 January 2023, and is attending her last meeting of the Committee. The Chair took the opportunity, on behalf of members, to thank Linda for her valued contribution to the Staff Governance Committee over the past two years and offered the Committee's best wishes for a long and happy retirement.

The Chair also advised that Kirsty Berchtenbreiter is leaving NHS Fife to take up a position with NHS Greater Glasgow & Clyde and wished her well for the future.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

In addition, the Chair acknowledged the on-going 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.

1. Apologies for Absence

Apologies for absence were received from W Brown, Employee Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 1 September 2022

The minutes of the meeting of Thursday 1 September 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. GOVERNANCE / ASSURANCE

5.1 Corporate Risk Aligned to Staff Governance Committee

The Chair, on behalf of Committee members, highlighted the need to define a risk to reflect the potential of forthcoming industrial action. It was agreed to discuss further outwith this meeting, at the Committee's Private Session.

The Director of Workforce introduced this item. The Risk Manager advised that the papers reflect the latest iteration of our refreshed approach to reporting corporate risks. This has been informed from feedback from the Committees in recent months. The refreshed approach will enable better scrutiny, allow for deep dives on specific risks and to the ability to take assurance on actions being taken to mitigate and reduce risks.

The Risk Manager highlighted Appendix 2: the Assurance Principles which provides an understanding of the different elements to consider for each risk.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted that the summary of corporate risks aligned to the Staff Governance Committee were broad and queried how specific risks with significant risk to the organisation will be provided for scrutiny, such as Personal Development Planning and Review and compliance with Statutory and Mandatory training. The Director of Workforce advised that the

risks detailed in the paper are the overall high level corporate risks, and descriptions and mitigation of these risks will be given due consideration. Assurance was provided that there are risks that sit operationally underneath the high-level measures, such as training and appraisal.

A Morris, Non-Executive Member, expressed the view that the mitigation reports are not specific enough in terms of timelines and outcomes for the Committee to be provided with assurance. A Morris suggested a deep dive on staff appraisal and wellbeing for a future meeting. C Grieve, Non-Executive Member, queried if there were deep dives taking place in other areas of the organisation, from which this Committee could take assurance from.

The Director of Finance & Strategy reported that as part of our new risk management arrangement, a new Risk & Opportunities Group has been established. As part of their remit, this Group are reviewing the operational risks linked to the high risks being presented to the Committees, and they will also recommend escalations of new risks to the Corporate Risk Register. It was noted that formal reporting from this group is still be finalised. C Grieve, Non-Executive Member, highlighted the potential requirement for prompt escalation from this Group and questioned how emerging risks are escalated between Committee meetings.

The Chief Executive reported that this is the first iteration of the report and refinement of the corporate risks will be a work in progress over the coming year. Providing adequate assurance to all the Committees and the importance of deep dives was noted as a measure to continue to improve upon, as the refinement process continues.

The Chief Executive then highlighted staffing levels, suggesting this should be a priority for a deep dive at the next meeting. The Director of Nursing also commented on student nurse attrition, noting that this is the first year that courses have not been fully subscribed, which is compounded by a high number of student nurses dropping out of their first year of study.

Discussion took place on deep dive topics for the next meeting and the following topics were suggested: the Radiography and Radiology Workforce Risk ID90, Nursing & Midwifery staffing levels and student nurse attrition, Staff Experience, Personal Development Planning and Review, Statutory & Mandatory Training and Workforce Planning. Further discussion took place on the prioritisation of these topics, and it was agreed to have a deep dive at the next meeting on Nursing & Midwifery Staffing risks.

Action: Director of Workforce / Director of Nursing

The team were thanked for all their hard work in developing the corporate risk register and the Committee took broad **assurance** from the report.

5.2 Staff Governance Standard Overview

5.2.1 HR Policies Update

The Head of Workforce Resourcing & Relations advised that the paper provides an update on the work undertaken by the HR policy group and on the Once for Scotland Workforce Policies Programme. The policies being progressed since the last update to the Committee were highlighted, and it was advised that the workplan is attached as an appendix. The current consultation on the 'Once for Scotland' Workforce Policies 'Supporting the Work-Life Balance', was also highlighted and it was advised that there will be a collective NHS Fife response. Assurance was provided that from the initial review of the consultation documents, there are policies and processes within these which are familiar to NHS Fife, and when the new policies are launched, it is not expected that there will be much difference in our practice.

The Committee took **assurance** from the work undertaken by the HR Policy Group in developing and maintaining HR policies within its scope and the update on the Once for Scotland Workforce Policies Programme.

5.3 Whistleblowing Report – Quarter 2 2022/2023

The Head of Workforce Resourcing & Relations highlighted that Appendix 1 from the paper provides an update on the two whistleblowing reports that were received in Quarter 4 of 2021/22 as the information was not available for the Annual Report. It was agreed to redact the reference to the ward cited within the report.

Action: Head of Workforce Resourcing & Relations

It was advised that a process is being developed over the coming months in the gathering of feedback, which will be presented to the Committee and will include themes. S Fevre, Co-Chair, Health & Social Care LPF, highlighted that concerns and issues that are raised, and are not necessary whistleblowing concerns, also need to be considered. K MacDonald, Whistleblowing Champion, suggested including these concerns in a separate report, along with sharing staff stories.

An update was provided on the activities around the 'Participation & National Speak Up' week in October 2022.

Members commended the report, noting the report will be developed and refined further within future iterations. The work of the Director of Workforce and K MacDonald, Whistleblowing Champion, was also acknowledged.

The Committee took **assurance** from the report, which confirmed there were no Whistleblowing concerns received; no anonymous concerns received; one Whistleblowing article was published in the local newspaper; and **noted** the Whistleblowing training undertaken during Quarter 2.

6. STRATEGY / PLANNING

6.1 NHS Fife Three Year Workforce Plan for 2022-2025 – Scottish Government Feedback

The Head of Workforce Planning & Staff Wellbeing provided background on the development of the three year Workforce Plan, noting that the final plan incorporates feedback collated to date. Any anticipated changes to the workforce composition numbers and financial planning to take account of the Scottish Government response will be provided through the Strategic Planning & Resource Allocation (SPRA) process. It was noted that the Scottish Government workforce projections exercise had not been received this year, and that the level of detail required is currently being collated from Directorates and services through the SPRA process, which will support developing the specific Directorate and service-based workforce plans, which will accompany the overarching workforce plan.

A Morris, Non-Executive Member, noted that he agreed with the Scottish Government's feedback around the workforce and financial implications and queried if the SPRA would cover all of the Scottish Government's feedback. He also highlighted that innovation is required for the workforce challenges and requested that these plans could be developed and promoted more widely and include timescales. The Director of Finance & Strategy provided assurance that the SPRA is being developed and will provide the detail around the changes and composition of our workforce.

The Director of Workforce clarified that some of the gaps in the feedback received from the Scottish Government on the draft Workforce Plan was available through other strategic documents, and that going forward the connections between financial, service and workforce planning will be pivotal.

S Fevre, Co-Chair, Health & Social Care LPF, noted that the report contributes to the Well Informed strand of the NHS Scotland Staff Governance and suggested including the Appropriately Trained and Developed strand too. The Director of Workforce will take this forward. **Action: Director of Workforce**

The Committee **agreed** to the publication of the three-year Workforce Plan for 2022-2025, taking account of the Scottish Government Workforce Planning Data, Analytics and Insight Unit feedback.

6.2 Health and Social Care Partnership Three Year Workforce Plan for 2022-2025 – Scottish Government Feedback

The Director of Health & Social Care advised that due to the timing of the Scottish Government feedback, a verbal update is being provided to the Committee. It was noted there was a lot of positive feedback received on the plan, with some areas requiring further expansion. Updates to the draft HSCP Plan are currently being discussed through the structures of the Integrated Joint Board (IJB) and the Plan will be brought back to the next meeting of the Committee.

The Committee **noted** the verbal report provided.

6.3 NHS Fife Draft Staff Health & Wellbeing Framework

The Head of Workforce Planning & Staff Wellbeing advised that the draft Framework has been developed in partnership with key contributors, following a series of workshops and engagement through various groups. The Framework sets out our ambition and commitments in terms of staff health and wellbeing.

A Morris, Non-Executive Member, welcomed the Framework and advised of a recent Board members' visit to the Stratheden Hospital site and highlighted the lack of central staff hub facilities there, mainly due to the spread-out nature of staff and the difficulties in identifying an easily accessible location suitable for all. He noted a similar issue at the Victoria Hospital. A Morris suggested having smaller staff hubs, which are more easily accessible, as opposed to one main Hub that some staff may find difficult to use due to their working locations within the hospital grounds. S Fevre, Co-Chair, Health & Social Care LPF, advised that he is working closely with the Site Manager at Stratheden to improve the facilities for staff, which will likely involve a number of smaller areas being refurbished. In terms of the Victoria Hospital, it was advised that space for a Staff Hub in the location previously used as the WRVS café is being redeveloped at present, which will be more feasible for staff working within the hospital footprint to access. An overview on the progress on the Staff Hubs at other sites was provided. It was also noted a Staff Facilities Group has been set up to continue discussions on this on an ongoing basis.

Following a query from C Grieve, Non-Executive Member, clarity was provided that the NHS Fife Resilience Forum has a focus on organisational resilience, however a component of their work is also focused on aspects for example travel and cycle to work. It was agreed to make this more explicit in the document.

Action: Head of Workforce Planning & Staff Wellbeing

All those involved in developing the framework were thanked for their hard work. The Committee **endorsed** the Staff Health & Wellbeing Framework for publication within NHS Fife.

6.4 Strategic Planning & Resource Allocation 2023/2024

The Director of Finance & Strategy highlighted that the Scottish Government Emergency Budget review has been published, noting that the financial decisions at Scottish Government and UK level involves significant prioritisation of spend, which will impact on service delivery. It was reported the costs for the current financial year have not concluded, and the wider pressures on the system have already led to some significant changes being made.

It was reported that the ongoing pay deal negotiations for Agenda for Change and the broader cost of living crisis will be significant factors in our allocation of resources by the Scottish Government.

The Director of Finance & Strategy thanked colleagues for a positive change in taking the SPRA process forward, which now includes engagement with teams across the whole organisation.

The Committee took **assurance** from the report and **noted** the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

6.5 Annual Delivery Plan Progress & Winter Actions

The Associate Director of Planning & Performance joined the meeting and informed the Committee that the Quarter 2 update will be provided to the Scottish Government. It was reported that future updates will be in a dashboard format, and this is currently under development.

It was advised the paper is presented to this Committee to highlight the mid-year position in terms of progress of high level deliverables within the Annual Delivery Plan. It was noted that the majority of actions within the Annual Delivery Plan are either complete or partially complete. It was also reported that workshops have been carried out with clinical and managerial staff on the Winter planning actions to identify themes, and a Winter Readiness Checklist has been submitted to Scottish Government.

A Grand Round is scheduled for 16 November 2022 to look at discharges within the organisation, and it was highlighted that this will be a vital and important engagement session with staff to discuss ways processes can be enhanced.

S Fevre, Co-Chair, Health & Social Care LPF, raised concern for Dental Services and questioned what support is planned for these services. The Director of Health & Social Care explained that Dental Services will form part of the Primary Care Strategy, which is in the process of being developed, and that this strategy will underpin the Health & Social Care Strategic Plan and also link into the work of the Population Health & Wellbeing Strategy. Assurance was provided that there is a lot of work to be undertaken, and that this work will progress via the consultation, engagement and governance routes.

The Committee took **assurance** from the status of deliverables from the Annual Delivery Plan 2022/23 at September 2022.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce reported that the sickness absence level remains at around 6.5% for the reporting period, and work continues in this area. The Director of Workforce also highlighted the continued efforts of staff to maintain sickness absence levels and to support individuals to return to and remain at work.

It was advised that the national set target for the new Personal Development & Performance Review (PDPR) indicator is 80%, and our current position is around 30%. It was reported that conversations with staff are taking place, however, there is currently a lack of evidence within the system to show that annual appraisal activities and Personal Development Plans are being recorded, which is reflective of the continuing operational pressures within services. Further work towards improving the current position will be carried out.

The Committee took **assurance** from this report.

8. ANNUAL REPORTS

8.1 Staff Governance Annual Monitoring Return 2021/2022

The Head of Workforce Resourcing & Relations advised that the draft Staff Governance Annual Monitoring Return 2021/2022 has been through the relevant governance routes.

This Committee **considered** the content of the final draft Staff Governance Annual Monitoring Return for 2021/2022, subject to making any further amendments. The Committee **agreed** to delegate to the Chair of Staff Governance Committee and the Employee Director to **approve** the final return, prior to submission to the Scottish Government by 18 November 2022.

8.2 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2021/2022

The Director of Acute Services advised that the report highlights the good work of the Local Partnership Forum and provides an overview of the activity that has been undertaken. The report also identifies priority actions for this year.

The Director of Acute Services highlighted the 'Let's Take a Moment' event and noted the key priority to further develop leadership walkabouts. A Verrecchia, Co-Chair, Acute & Corporate Directorates LPF, provided positive feedback on the recent walkabouts.

The team were acknowledged for their hard work and team spirit in producing the report. The Committee took **assurance** from the report and **noted** the content in support of the Staff Governance Standard.

8.3 Volunteering Annual Report 2021/2022

The Director of Nursing introduced the second NHS Fife Volunteering Annual Report, which provides detail on the favourable work carried out by volunteers. It was noted that NHS Fife explicitly recognises the dedication and commitment of volunteers to supporting staff and patients. The Director of Nursing explained how volunteers are celebrated and highlighted the key points from the report.

The Chair thanked the team for producing the report. The Committee **noted** and took **assurance** from the contents of the Volunteering Annual Report 2021/2022.

8.4 Medical Appraisal and Revalidation Annual Report 2021/2022

The Head of Workforce Planning & Staff Wellbeing advised that the report provides an update and gives assurance on the obligations of NHS Fife in terms of the appraisal and revalidation of our medical staff. It was noted that the General Medical Council (GMC) regulated appraisal revalidation has been in place for medical staff since 2012, and we continue to progress well in this area, despite the challenges of the pandemic and lack of trained appraisers.

The Committee **noted** the contents of the Medical Appraisal and Revalidation Annual Report for 2021/2022.

8.5 Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2021/2022

The Director of Nursing spoke to the report, summarising the main points of the briefing papers.

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

9. FOR ASSURANCE

9.1 Annual Workplan 2022/2023

The Committee took **assurance** from the updated workplan.

10. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 10.1 Area Partnership Forum held on 21 September 2022 (unconfirmed)
- 10.2 Acute Services Division & Corporate Directorates Local Partnership Forum held on 18 August 2022 (unconfirmed)
- 10.3 Health and Social Care Partnership Local Partnership Forum held on 20 July 2022 (confirmed)
- 10.4 Strategic Workforce Planning Group held on 23 August 2022
- 10.5 Health and Safety Sub Committee held on 2 September 2022

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 IQPR summary, notwithstanding the Committee noting the continuing 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

It was agreed to highlight the positive work done within the Board to develop our Staff Health & Wellbeing Framework, which was endorsed by the Committee for publication.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

Thursday 12 January 2023 at 10.00 am via MS Teams.

COMMUNITIES & WELLBEING PARTNERSHIP (CWP)

(Meeting on 8th September 2022)

Key items discussed at the partnership were as follows:

Delivery Plan Report:

Following the Recovery and Renewal Leadership Group feedback a simpler interim reporting template is now being developed for action leads.

Work Programme and forthcoming meetings:

The group agreed future agenda discussions including Foof4Fife, CLD Plan and Volunteering Strategy.

Our Fife Leadership Programme:

There was discussion about the forthcoming Leadership Summit, Masterclasses and Conversations in particular on the Health and Well-being theme.

Local and National Suicide Prevention Update:

There was a comprehensive discussion on this including the important impact of the winter and cost of living crisis.

ISSUES FOR ESCALATION TO THE BOARD:

No immediate issues for escalation however, the partnership would like the Board to be aware of the increasing importance and profile of mental well-being and the on-going and increasing profile of work on national and local mental health strategies over the coming year.

Communities & Wellbeing Partnership

Meeting by Teams, Thursday 8th September 2022, 2.00-4.30pm

Note

Present: Helen Rorrison, Jo-Anne Valentine, Kenny Murphy, Lucy Denvir (chair), Paul Vaughan, Ruth Bennett, Sinead Braiden

Attending: Gill Musk, Julie Christie

Apologies: Andrew Gallacher, Bryan Davies, Emma Walker, Heather Stuart

1. Welcome and introductions

Lucy welcomed members and noted that Bryan Davies will shortly leave H&SCP and has indicated that his successor would be informed about the group.

2. Note of last meeting on 15th June

Note was approved as an accurate record. Matters arising:

Paul confirmed that a meeting of the wider physical activity and sports leadership group would take place late October / early November.

Fiona, Emma and Heather still to take forward the discussion around shared challenges and potential collaboration.

3. Report on Health & wellbeing delivery plan

This first report on the plan went to the Recovery & Renewal Leadership Board on 3rd August. Lucy expressed thanks to all involved in pulling together this wide-ranging report.

While it had been well received there was not much discussion. Lucy reminded the group that we can use the Board as a mechanism for escalating progress if there are issues hampering delivery.

Regarding CWP's role in ongoing monitoring, the group agreed there could be simpler interim reporting by action leads. **ACTION:** Gill/working group to create template

4. Work programme and next meetings

After some discussion, it was agreed that the next meeting in December should be a business meeting by Teams, with an in-person development session taking place in February or March 2023, so we can take account of outputs from the Leadership Summits.

The group considered the current work programme and agreed that the Volunteering Strategy and Food 4 Fife Partnership should remain on the agenda for the next meeting. The CLD Plan monitoring report is postponed to December. New Mental Health Strategy for Fife to be on March agenda.

Helen gave a brief update on recent meetings of the CLD Partnership. Discussion is underway around indicators and measures used to evidence impact, with guidance from Education Scotland. There are

no plans to produce a details Fife-wide action plan, as most of the work will be taken forward by area teams. Work has begun on revising Local Community Plans.

5. Our Fife Leadership Summits

Lucy, Paul and Gill gave an overview of this new tranche of work, which brings together senior leaders from across Fife partners to consider key challenges and co-create a blueprint for how we redesign services. Over the course of three workshops and a series of masterclasses (between now and December) leaders are to produce solid recommendations for four workstreams. The health and wellbeing track is chaired by DPH Joy Tomlinson, supported by Jo-Anne, Lucy, Gill and others.

(More information: [Our Fife Leadership Summits](#))

Paul noted that he and Emma had discussed the need for there to be physical activity and sports input into the health and wellbeing track; they will decide which of them should attend. **ACTION:** Gill to forward appointments to Paul

6. Local and national Suicide Prevention update

Ruth presented latest data and gave an overview of the new national strategy. A detailed action plan is to follow. She outlined the range of work being done in Fife, including activities to support Suicide Prevention Week. (Presentation circulated with the minutes.)

Paul highlighted discussions with elected members on the winter crisis / cost-of-living response, where the need for emotional support had been raised. **ACTION:** Paul/Ruth to liaise re an addition to paper to Cabinet

There was also brief discussion of the Incident Management Team – expand to include partners or simply use the existing vehicle of the Local Resilience Partnership?

Some discussion of Drug Related Deaths and suicide statistics. Ruth noted plans to learn from the DRD review process in developing a suicide review process.

7. Any other business

No other items raised.

8. Date of next meeting

Early December (date tbc), by Teams

EAST REGION PROGRAMME BOARD

(Meeting on 16 September 2022)

No issues were raised for escalation to the Board.

East Region Programme Board

Date: Friday 16th September 2022
 Time: 14.15-16.15
 Venue: Via Microsoft Teams



MINUTES

Present:	
C Potter (Chair)	Chief Executive, NHS Fife
R Roberts	Chief Executive, NHS Borders
J Balkan	East Region Workforce Planning Lead
G Clinkscale	Director of Acute Services, NHS Borders
J Smyth	Director of Planning, NHS Borders
T Gillies	Medical Director, NHS Lothian
C McKenna	Medical Director, NHS Fife
L Douglas	Director of Workforce, NHS Fife
C Briggs	Director of Planning, NHS Lothian
C Marriott	Director of Finance, NHS Lothian
W Brown	Employee Director, NHS Fife
L Cuthell	East Region Project Support (Minutes)
In Attendance	
P McLoughlin	Programme Manager, NHS Lothian
M Carr	Deputy Chief Operating Officer, NHS Lothian
A MacKay	Deputy Chief Operating Officer, NHS Fife

Apologies:	
C Campbell	Chief Executive, NHS Lothian
J McClean	Director of Regional Planning, East Region
M McGurk	Director of Finance, NHS Fife
C Dobson	Director of Acute Services, NHS Fife
J Campbell	Chief Operating Officer, NHS Lothian
J Butler	Director of Human Resources & Organisational Development, NHS Lothian
L McCallum	Medical Director, NHS Borders
A Bone	Director of Finance, NHS Borders
J Crombie	Deputy Chief Executive, NHS Lothian
C Myers	IJB Chief Officer, NHS Borders
S Fraser	Associate Director of Planning, NHS Fife
J Stephen	Head of IM&T, NHS Borders
A Carter	HR Director, NHS Borders

		ACTION
1.	Welcome & Apologies	
	C Potter welcomed everyone to the meeting. Apologies were noted as above. C Potter expressed sincere thoughts with J McClean during her current absence. Special thanks were given to D Isaac, J Balkan, L Cuthell and team for keeping the East Region work running under difficult circumstances.	

	C Potter explained that the CEOs had asked C Briggs to provide leadership to the regional planning team in J McClean's absence.	
2	Minutes of Previous Meeting – 29th April 2022	
	<p>The minutes of the meeting held on 29th April 2022 were approved as an accurate record.</p> <p>Matters Arising Regional Robotic Strategy In the absence of J McClean, RAS workstream will continue to be picked up as part of the East Region workplan.</p>	
3	SMART Service	
	<p>P McLoughlin, Programme Manager, Strategic Planning spoke to the previously circulated SMART Service Paper. Following previous discussions at the last ERPB, a strategic case has been produced and a SMART Consortium Group formed; with the responsibility for this group sitting with NHS Lothian. The next SMART Consortium meeting is scheduled for 22nd September which will focus on the development of the wheelchair and seating service, and the prosthetics service as they have the highest volume of activity. It was noted that NHS Lothian have released £600k to assist with ongoing pressures around supplies for the services. C Potter asked that Lynne Garvey, NHS Fife Head of Community Care Services be included in the discussions along with Maxine Michie, NHS Fife Deputy Director of Finance.</p> <p>It was noted that Regional DoFs have agreed to support the financial discussions around the SMART Service which will therefore allow the Regional Group to focus on service delivery, performance and quality issues. R Roberts suggested that prior to the next ERPB, it would be beneficial as a region to consider further discussions around this Service in advance to consider all options and prioritise decision making at the next ERPB. P McLoughlin noted that it is hoped that the final draft of the business case can be presented to the ERPB at the next meeting in November 2022.</p> <p>It was agreed that P McLoughlin continues his ongoing work around the SMART Service and brings back to ERPB in November following discussion at DoFs.</p>	DoFs
4	Regional Health Protection	
	<p>L Douglas provided a verbal update on behalf of the Regional Health Protection Project noting that progress is being made with the project coming to a point of transition. Two appointments have been made recently with the recruitment of a Service and Nurse Team Manager. The next Oversight Board meeting is scheduled for October therefore a further update can be provided following this.</p> <p>C Briggs asked for clarity around where the governance lies for this project and if this sits with the East Region Team. R Roberts noted that there is a Programme Board for the group which is overseen by board Chief Executives with the arrangement that any formal decisions being made would come through the ERPB for sign off. L Douglas noted that as the project involves 4 board areas (Lothian, Borders, Fife and Forth Valley), it would be useful to clarify this and asked that L Cuthell email Prof Peter Donnelly.</p>	L Cuthell / Joy Tomlinson

	<p>C Potter suggested that the work should still be updated on via the ERPB and it might be easiest to ask colleagues from Forth Valley to join future meetings for this agenda item going forward so that the 4 Boards are duly involved.</p> <p>W Brown informed the group that she has had emails from the BMA recently asking for nominations to join Health Protection Meetings and wondered if any other boards have had similar emails. R Roberts noted that he is not aware of NHS Borders having received any contact from the BMA.</p>	
5	Type 2 Diabetes Programme	
	<p>R Roberts expressed thanks to D Isaac for producing the previously circulated update paper.</p> <p>R Roberts updated the group on developments since the last meeting noting 2 areas of concern, firstly around the resignations of the remaining project team members and secondly, that the financial framework has evolved and puts funding for the project at risk. R Roberts reminded the group that initial project funding allocation came from Scottish Government and the investment from the Regional Transformation Fund. R Roberts also informed the group that resources to date have been allocated on a needs basis which is no longer consistent with the balance of service provision. It is unclear how much of an underspend is at risk from being taken back by SG. C Briggs highlighted his concerns around recent emails with regards to funding and acknowledged that he needs further clarity around the project finances.</p> <p>R Roberts reminded the group on where the Adult and Child Weight Management and Whole System Approach workstreams are currently at.</p> <p><u>Adult and Child Weight Management</u> is being maintained until March 2023 with an assessment of progress and approach by the end of November 2022.</p> <p><u>Whole System Approach</u> had been part of a 5 pilot project but due to the pandemic, only 2 pilots have been awarded funding to date.</p> <p>The need to re-establish the governance groups for T2D was suggested for ongoing discussions around the sustainable transition to be progressed.</p> <p>R Roberts suggested that as a region, work needs to focus on the weight management programmes noting that boards would need to commit resources to help develop where the project sits within each board. C Marriott noted that plans going forward should balance against resources available unless the region what to disinvest from other services to invest within more T2D project areas.</p> <p>R Roberts informed the group that evaluation has taken place around the Weight Management Programme and there is evidence available to outline the benefits of continuing with this work in comparison to the other workstreams, where no evidence is available.</p> <p>C Potter acknowledged the workforce challenges required to progress this work and agreed that further discussions need to take place round the programme at the next DoF meeting.</p>	DoFs
6	Adult Cystic Fibrosis	
	<p>C Briggs referenced the previously circulated update report on Adult Cystic Fibrosis for information. Thanks were expressed to D Isaac for pulling this information together. C Potter noted that DoFs will require to have input into the Regional Adult Cystic Fibrosis group to oversee the cost implications</p>	DoFs

	involved. C Marriott highlighted an error in the figures within Table 1 of the report and agreed to pick this up with C Briggs at a separate meeting.	C Briggs/C Marriott
7	Regional Planning Arrangements	
	<p>C Briggs thanked staff within the East Region and SCAN Teams for their commitment during this difficult time.</p> <p>C Briggs noted that J McClean oversaw and also line managed the majority of the team undertaking all the work within the East Region and SCAN Teams which now has an impact on delivery due to low staffing issues (following a number of resignations and reassignments across the various work streams and an inability to backfill posts from a very challenging recruitment market) and highlighted the urgency of getting the core East Regional team workforce numbers back to a manageable position to support the current requirements and future delivery needs. C Briggs has suggested to the Chief Executives that an option would be to bring in an Interim Head of Regional Planning to work alongside himself and support the workstream Teams in a senior capacity. Following previous discussion with J Butler, a job description is being prepared and will be circulated internally with a hope to second someone to this role asap for a 6 month period initially. The group were in agreement with this plan and support C Briggs to progress via Lothian.</p>	C Briggs
8	AOB	
	<p>Social Distancing / Face Masks</p> <p>W Brown noted that there is no clear or consistent guidance available at the moment around stopping social distancing and mask wearing in hospital dining areas and asked how other boards are managing this situation. A MacKay acknowledged that there has been delays in reaching a national agreement around this and lack of compliance is now creeping in from staff. It was felt that if boards aren't getting national clarity on this, then there should be a regional agreement to ensure consistency across the board areas.</p> <p>G Clinkscale noted that NHS Borders have produced a paper on this and is happy to share with boards. R Roberts noted that NHS Borders have removed social distancing within dining areas following discussion with Jason Leitch during a board visit.</p> <p>Shift Patterns / Agency Workers</p> <p>W Brown highlighted concerns around the numbers of staff leaving posts due to unsocial shift patterns and the impact this has on the need to increase the amount of agency staff being used. W Brown asked if there is a way shift patterns can be made more flexible in a bid to improve terms and conditions as a way to attracting staff back into vacant posts. R Roberts noted that this is part of a wider piece of work and was highlighted to the Chief Executives recently by Alex McMahan via the Directors of Nursing. It had been agreed at that meeting that a smaller sub group would be created to take forward the actions.</p>	G Clinkscale
12	Date of Next Meeting	
	Friday 25 th November 2022 2.15pm – 4.15pm	

INTEGRATION JOINT BOARD
(Meeting on 29 July 2022)

No issues were raised for escalation to the Board.



MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 29 JULY 2022 AT 10.00 AM

Present	Christina Cooper (CC) (Chair) David Graham (DG) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Martin Black (MB), Sinead Braiden (SB), Arlene Wood (AW) Janette Owens (JO), Nurses Director, NHS Fife Ian Dall (ID), Service User Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative, NHS Fife Morna Fleming (MF), Carer Representative Kenny Murphy (KM), Third Sector Representative Debbie Thompson (DT), Joint TU Secretary, Fife Council Amanda Wong (AW), Associate Director, AHP's, NHS Fife
Professional Advisers	Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associate Medical Director Lynn Barker (LB), Associate Director of Nursing
Attending	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 Roy Lawrence (RLaw), Principal Lead Organisation Development and Culture Joy Tomlinson (JT), Director of Public Health, NHS Fife Ben Johnston (BJ), Head of Capital Planning, NHS Fife Lisa Cooper (LC), Immunisation Programme Director Justin Gilbert (JG), Senior Project Manager Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
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1 CHAIRPERSON'S WELCOME / OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board, including the four new Council members– Graeme Downie, Margaret Kennedy, Lynn Mowatt and Sam Steele who joined the Board following the Local Government Election on 5 May 2022 and advised that David Graham is now Vice-Chair of the Board.

Katherine Paramore has stood down from her role on the Board. The Chair thanked Katherine for her input to the Board over her time in that role and advised that a replacement will be announced in due course.

NO TITLE**ACTION**

The Chair then congratulated the Nutrition & Clinical Dietetics Service who did well at the British Dietetics Association (BDA) Awards Ceremony. They picked up the award for Extraordinary Circumstances for Covid-19 Pandemic Response for their new resources, systems, education, and training. And to Janie Gordon, Professional Head of Service, Nutrition & Clinical Dietetic Department who also won the Ibex Award for Professional Achievement.

Those present were asked that, in an effort to keep to timings for this meeting, all questions and responses should be succinct.

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.

The Chair also gave the Boards thanks for the continued support for the hard work and commitment from staff and volunteers within the partnership as well as the third, independent and voluntary sectors.

2 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Alistair Morris, Chris McKenna, Graeme Downie, Amanda Wong, Eleanor Haggett, Nicky Connor, Bryan Davies and Kathy Henwood.

3 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

4 MINUTES OF PREVIOUS MEETING 22 APRIL 2022

The Minute from the meeting held on 22 April 2022 was approved as an accurate record.

5 MATTERS ARISING – ACTION NOTE

The Action Note from the meeting held on 22 April 2022 was approved as accurate..

6 CHIEF OFFICER UPDATE

The Chair handed over to Fiona McKay, who did the Chief Officer Update on behalf of Nicky Connor. Fiona welcomed the new members to the Board and also some well-known faces.

The first round of our new Committee structure took place earlier in July and Fiona hoped it was a positive experience for everyone attending. Fiona advised that the Senior Leadership Team (SLT) welcome the feedback to support our planning.

Bryan Davies is leaving us to take up a post in the Borders, Bryan is currently on leave but there will be time for members to say their goodbyes. Board members will have received an e-mail regarding being part of the recruitment process for Bryan's successor and Fiona thanked those who had responded so far and encouraged others to respond.

6 CHIEF OFFICER UPDATE (Cont)

Fiona then updated on the recent TV advert inviting people to work with us, which has produced favourable responses. We have received enquiries from 72 potential candidates who have submitted 88 applications to date, across all the areas which were being advertised.

Fiona also advised that IJB members would be sent an e-mail later today inviting them to join a "live" online interactive session where they will join other IJB members across the country to explore the key points covered in the *Introduction to Integration* videos and share their local experiences of integration.

7 FINANCE UPDATE

The Chair handed over to Audrey Valente who presented this report which had been discussed at the Finance, Performance and Scrutiny (FP&S) Committee on Friday 8 July 2022.

Audrey Valente advised the financial position of the delegated and managed services, as at 31 March 2022 is currently a surplus of £5.846m.

Currently the key areas of overspend are Hospital & Long-Term Care, Family Health Services, Older People Nursing and Residential, Social Care Other and Adult Placements.

These overspends are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Adults Fifewide, Adults Supported Living, Social Care Fieldwork Team and Housing.

Full funding was made available by the Scottish Government (SG) to fund the costs of Covid-19 and to also fund the unachieved savings as a result of Covid-19.

The reserves balance at the end of 2021-22 is £79.712m and is made up of the core underspend of £5.846m, further funding received in March 2022 for Covid-19 related expenditure and additional Earmarked Reserves.

The Chair then invited Arlene Wood, chair of FP&S to comment on discussions at the Committee before questions from Board Members. Arlene advised that the Committee acknowledged the current positive position, the ongoing challenges and the criticality of the Transformation Programme.

Discussion took place around recruitment, learning from ongoing issues, recognising that current systems may not be working as well as they could and widening how we advertise to encourage interest from prospective employees. Paul Dundas advised that a bi-monthly forum is held with various agencies to work on the recruitment challenges which face the sector. Christina Cooper advised she had attended a third sector gathering recently which discussed these significant challenges.

The Board approved the provisional outturn position as at March 2022 and the Reserves balance to be carried forward into 2022-2023.

NO	TITLE	ACTION
8	<p>KINCARDINE AND LOCHGELLY HEALTH AND WELLBEING CENTRE – OUTLINE BUSINESS CASES</p> <p>The Chair handed over to Joy Tomlinson, Director of Public Health who presented this report which had been discussed at a variety of meetings, most recently the Quality and Communities (Q&C) Committee on 5 July 2022.</p> <p>Ben Johnston, Lisa Cooper and Justin Gilbert had joined the meeting for this item.</p> <p>Joy outlined what had taken place so far to get this Outline Business Cases to this stage. These have been submitted to Scottish Government and work is ongoing on producing the Final Business Cases.</p> <p>Work began in January 2021 and these have gone through a rigorous process with input from various groups. Detailed discussion on the service model have taken place with local stakeholders. Justin Gilbert shared a presentation on the service model elements, services in scope, emerging strategy and simplified patient pathways. These slides will be circulated to members following the meeting.</p> <p>Ben Johnston advised that the design is progressing well, work on the Final Business is well underway, Planning Applications are almost ready to submit and discussions are ongoing are technology.</p> <p>Christina Cooper thanked Joy, Ben and Justin for their input and then invited Sinead Braiden, Chair of Q&C to comment on discussions at the Committee before questions from Board members.</p> <p>Sinead advised Q&C were fully supportive of the report.</p> <p>Arlene Wood asked about quality impact assessments and any negative impacts which might have been identified. A stage 1 assessment had been completed and a Stage 2 assessment will be done for both sites going forward.</p> <p>Discussion took place around technology which might be deployed in the new buildings, capacity building for future needs and project control from a financial perspective. All of these areas are being overseen by the Project Board with Joy Tomlinson as Senior Responsible Officer (SRO) and Ben Johnston as Project Director.</p> <p>The Board were assured of the current position with these Business Cases.</p>	<p>JG/WA</p>
9	<p>WINTER LESSONS AND REFLECTIONS</p> <p>The Chair handed over the Lynne Garvey, Head of Community Care Services who presented this report which had been discussed at the Quality and Communities Committee on 5 July 2022 and the FP&S Committee on 8 July 2022.</p> <p>The report relates to the Winter Plan although in view of ongoing pressures may be renamed to whole year pressures. Lynne advised that last week was the most pressurised in the last two years but staff resilience continues. The OPEL tool gives a whole system overview and helps the Senior Leadership Team understand the pressures in the system.</p>	

9 WINTER LESSONS AND REFLECTIONS (Cont)

The partnership continues to maintain a good discharge provide, despite a 25% increase in referrals. There is an emphasis on redirection and prevention of admissions. Stakeholder events have provided information which is leading to improvements. Business Continuity Plans are being updated and recruitment challenges continue, but are being addressed.

The Chair then invited Sinead Braiden, Chair of Q&C Committee and Arlene Wood, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.

Sinead Braiden advised that the Q&C Committee noted the ongoing, all year round pressures and were assured by the action and mitigations being taken.

Arlene Wood advised that the FP&S Committee acknowledged the pressures and the elements of work being undertaken.

Discussion took place around having a more in-depth report on case studies – both of areas which had gone well and others which had not gone as well. Lynne Garvey committed to bringing a further update on performance outcomes and lessons learned.

The Board were assured of the current position relating to delayed discharges in Fife and noted the improvements being made across services.

10 HOME FIRST UPDATE

The Chair handed over the Lynne Garvey, Head of Community Care Services who presented this report which had been discussed at the Quality and Communities Committee on 5 July 2022 and the FP&S Committee on 8 July 2022.

Lynne Garvey advised that the Strategy for this transformation project would be launched in February 2023. Seven sub-groups have been formed, chaired by officers from eg Housing, Acute Services and the partnership. Each group is undertaking key pieces of work. It is hoped to have 1 or 2 points of access into Services rather than the current 17. A series of key stakeholder events are planned in August and September 2023

The Chair then invited Sinead Braiden, Chair of Q&C Committee and Arlene Wood, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.

Sinead Braiden advised that Q&C Committee welcomed the work being undertaken. This is a significant transformational change which aligns to the Scottish Government agenda. Discussion took place at Committee on triage and single points of access. Future reports and updates would be welcomed.

Arlene Wood advised that FP&S Committee had a full discussion on this report and were supportive of the model.

Discussion took place around costs involved in the project, the detail was not yet available but a full financial analysis would be worked up as the project progresses. Benefits realised could be efficiency or cashable savings.

NO	TITLE	ACTION
10	HOME FIRST UPDATE (Cont)	
	<p>The Board were assured of the considerable work being undertaken to implement a Home First model in Fife and noted the stakeholder event programme that will commence in August 2022.</p>	
11	DRAFT WORKFORCE STRATEGY	
	<p>The Chair handed over to Roy Lawrence, Principal Lead Organisation Development and Culture who introduced this report which had been discussed at the Quality and Communities Committee on 5 July 2022 and the FP&S Committee on 8 July 2022.</p>	
	<p>Roy outlined the main points of the Report including the consultation which had taken place and advised on the next steps.</p>	
	<p>The Chair then invited Sinead Braiden, Chair of Q&C Committee and Arlene Wood, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.</p>	
	<p>Sinead Braiden advised that the Q&C Committee were content to recommend the report to the IJB for approval. This Strategy aligns to the Scottish Government Workforce Plan which was issued in March 2022.</p>	
	<p>Arlene Wood advised that the FP&S Committee were also content to recommend the report for approval and welcomed the change for further discussion and feedback in September 2022.</p>	
	<p>Paul Dundas welcomed the report and the approach taken to create it. Roy Lawrence had highlighted some gaps in data collected and Paul will work with Roy to address these.</p>	
	<p>The Board approved the Draft Health and Social Care Partnership Workforce Strategy and Plan for submission to Scottish Government by 31 July 2022. It was agreed that a final draft strategy and plan with defined metrics and key indicators would then be submitted to the Integration Joint Board in September 2022 following feedback from the Scottish Government, to be endorsed for publishing on the Health and Social Care Partnership website by the 31 October 2022.</p>	
12	LOCAL PARTNERSHIP FORUM (LPF) ANNUAL REPORT 2021-2022	
	<p>The Chair introduced Simon Fevre, Staff Representative, NHS Fife who presented this report which had been discussed at the FP&S Committee on 8 July 2022.</p>	
	<p>Simon gave an overview of the report and thanked those who contributed for their ongoing support. The last year has been busy for the LPF with increased meetings to ensure the forum were kept up to date on situations around workforce, health and safety, recruitment, etc.</p>	
	<p>The Chair then invited Arlene Wood, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.</p>	
	<p>Arlene advised the Committee had discussed the report and one focus was sickness absence and how this is being scrutinised. They were content to recommend the report to the IJB for approval.</p>	

NO	TITLE	ACTION
12	LOCAL PARTNERSHIP FORUM (LPF) ANNUAL REPORT 2021-2022 (Cont)	
	<p>Margaret Kennedy was encouraged to see the focus on staff wellbeing and mental health issues and asked whether the impact of the interventions on offer were being evaluated. Simon advised that the Psychology Department evaluate a number of these interventions. One issue has been staff finding time to access what is on offer, either as individuals or teams.</p> <p>Martin Black asked if Third and Independent Sector staff had access to the same offerings. Simon advised that this varies but there is closer working now that pre-covid. The Health & Wellbeing Group are discussing how this can be increased across the partnership.</p> <p>The Board approved the Local Partnership Forum Annual Report 2021-2022.</p>	
13	DRAFT PARTICIPATION AND ENGAGEMENT STRATEGY	
	<p>The Chair introduced Fiona McKay, Head of Strategic Planning, Performance & Commissioning who presented this report which had been discussed at the Quality and Communities Committee on 5 July 2022 and the FP&S Committee on 8 July 2022.</p> <p>Fiona McKay advised that the Strategy has been supported by a working group made up of IJB members and was the result of a huge amount of input from the working group and other groups across Fife. Following feedback, an Executive Summary has been drawn up and included with the IJB papers.</p> <p>The Chair then invited Sinead Braiden, Chair of Q&C Committee and Arlene Wood, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.</p> <p>Sinead Braiden advised that the Q&C Committee were content to approve the Strategy for approval by the IJB and recognised that a lot of work has gone on the in background.</p> <p>Arlene Wood advised that the FP&S Committee also supported the approval of the Strategy by the IJB. The Committee raised two areas – Social Media use and the mechanism for independent feedback. Fiona confirmed both of these have been addressed in the updated Strategy.</p> <p>The Board approved the final draft of this Strategy.</p>	
14	ANNUAL REVIEW OF BEST VALUE	
	<p>The Chair introduced Fiona McKay, Head of Strategic Planning, Performance & Commissioning who presented this report which had been discussed at the Quality and Communities Committee on 5 July 2022 and the FP&S Committee on 8 July 2022.</p> <p>Fiona McKay advised that the report highlighted areas where best value was being achieved within services and followed a framework which was approved by the IJB in 2019.</p> <p>The Chair then invited Sinead Braiden, Chair of Q&C Committee and Arlene Wood, Chair of FP&S Committee who both supported the report.</p> <p>The Board agreed the Annual Review of Best Value.</p>	

15 GOVERNANCE COMMITTEE ASSURANCE STATEMENTS

The Chair handed over the Audrey Valente, Chief Finance Officer who presented this report which had been discussed at the Q&C Committee on 5 July 2022, the FP&S Committee on 8 July 2022 and the Audit & Assurance (A&A) Committee on 19 July 2022.

Audrey advised that there is room for improvement in the format of these reports and this would be apparent in next year's submissions.

The Chair then invited Sinead Braiden, Chair of Q&C; Arlene Wood, Chair of FP&S and Dave Dempsey, Chair of A&A to comment on discussions at their Committee before questions from Board members.

Sinead Braiden and Arlene Wood were unable to comment on these as they are newly appointed Chairs.

Dave Dempsey felt there was potential for future reports to relate more closely to Committee remits.

The Board were assured that good governance is in place across the partnership and recommended inclusion of this Assurance Statement in the Annual Accounts.

16 DUTY OF CANDOUR ANNUAL REPORT

The Chair handed over to Lynn Barker and Fiona McKay who presented these reports on behalf of NHS Fife and Fife Council respectively. The reports had been discussed at the Clinical & Care Governance Committee on 20 April 2022.

Fiona McKay was presenting this report on behalf of Kathy Henwood, Chief Social Work Officer. Fife Council had reported 7 incidents in the period covered by the report. Learning had been identified from each incident and was used to improve staff awareness and to support service users and their families.

Lynn Barker advised that NHS Fife had reported 27 adverse effects during 2021-2022 and the report detailed the actions taken.

Arlene Wood asked how organisational learning was shared to ensure similar events were avoided. Lynn Barker advised there is a significant review process in place and the Clinical Oversight group is updated on issues. The Quality Matters Assurance Group also receives reports on Duty of Candour incidents. Within Acute a new group has been set up to look at whole system learning and how this can be improved.

These reports had been brought to the Board for awareness.

17 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED

Fiona McKay 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) (was Audit & Risk)

Dave Dempsey advised that A&A Committee is considering how best to each Committee should approach and interact with the Risk Register

NO	TITLE	ACTION
17	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED (Cont)</p> <p>Finance, Performance & Scrutiny (FP&S) Committee (was Finance & Performance Committee)</p> <p>Arlene Wood had no items for escalation from FP&S.</p> <p>Quality & Communities (Q&C) Committee (was Clinical & Care Governance Committee)</p> <p>Sinead Braiden advised that a question had been raised at the Q&C meeting on 5 July 2022 regarding Complaints and the process for these being escalated to the IJB. Audrey Valent advised there is a Complaints Procedure and she will check this and get back to Sinead.</p> <p>Local Partnership Forum (LPF)</p> <p>Simon Fevre had no items for escalation from the LPF.</p>	
18	<p>AOCB</p> <p>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.</p>	
19	<p>DATES OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION – FRIDAY 26 AUGUST 2022</p> <p>INTEGRATION JOINT BOARD – FRIDAY 30 SEPTEMBER 2022</p>	

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 2 SEPTEMBER 2022 AT 10AM VIA MS TEAMS

Present:

C Cooper, Non-Executive Member (Chair)	A Wood, Non-Executive Member
M Black, Non-Executive Member	S Fevre, Area Partnership Forum Representative
S Braiden, Non-Executive Member	J Owens, Director of Nursing
A Haston, Non-Executive Member	C McKenna, Medical Director
K MacDonald, Non-Executive	C Potter, Chief Executive
Whistleblowing Champion	

In Attendance:

L Barker, Associate Director of Nursing (*deputising for N Connor*)
L Campbell, Associate Director of Nursing
P Cumming, Risk Manager (*item 7 only*)
C Dobson, Director of Acute Services
A Graham, Associate Director of Digital & Information
B Hannan, Director of Pharmacy & Medicines
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
E O'Keefe, Deputy Director of Public Health (*deputising for J Tomlinson*)
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a welcome to A Haston, Non-Executive Member, who is joining her first meeting of the Clinical Governance Committee following her recent appointment to the Board.

The Chair recognised the dedication of our staff and volunteers and thanked them for their ongoing hard work and effort.

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

1. Apologies for Absence

Apologies were noted from members A Lawrie (Area Clinical Forum Representative) and J Tomlinson (Director of Public Health), plus attendees N Connor (Director of Health & Social Care), S Fraser (Associate Director of Planning & Performance), G Couser (Associate Director of Quality & Clinical Governance), J Morrice (Associate Medical Director, Women & Children's Services), E Muir (Clinical Effectiveness Manager) and M Wood (Interim Associate Medical Director for Surgery, Medicine & Diagnostics).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 1 July 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.

Emergency / Resilience Planning

A Wood, Non-Executive Member, noted that the NHS Fife Resilience Forum is still referred to in the Clinical Governance Committee Terms of Reference and requested clarity that either resilience is reported through the Executive Directors' Group straight to the Board or if there is a requirement to report through the Clinical Governance Committee. The Board Secretary advised that a proposal is shortly going to the Executive Directors' Group that the Resilience Forum continues to report formally into the Clinical Governance Committee and that the Committee receives an Annual Assurance Report, similar to the existing assurance reports from the Committee's sub-groups. The Resilience Forum minutes will also be supplied to the Committee on a quarterly basis. This will shortly be reflected in the Committee's workplan once reporting dates have been agreed. No change is therefore proposed to the Committee's Terms of Reference.

Integrated Performance & Quality Report: Actions 1 - 3

It was agreed the Medical Director would address actions 1 – 2 outwith the meeting with A Wood, Non-Executive Member, and action 3 outwith the meeting with the Director of Public Health.

Action: Medical Director

Addiction Services in Fife: Action 5

The Medical Director advised that the governance route for Addiction Services is largely through the Clinical & Care Governance Committee (now the Quality & Communities Committee) which feeds into the Integration Joint Board. It was noted that Addiction Services could be a topic for a Committee Development Session. Following a statement from M Black, Non-Executive Member, regarding addiction being also a mental health issue, the Medical Director confirmed that Mental Health staff work in Addiction Services. L Barker, Associate Director of Nursing, advised that an Integration Joint Board Development Session took place recently and there was a presentation on Mental Health Services, and it had been noted at the session a further discussion is required on where Addiction Services sits within Mental Health. L Barker agreed to liaise with the team regarding presenting at a future Committee Development Session.

Action: L Barker, Associate Director of Nursing / Board Committee Support Officer

The Action List will be updated accordingly.

5. ACTIVE OR EMERGING ISSUES:

5.1 Covid-19

The Medical Director provided a verbal update and advised that the situation with managing the number of Covid-19 cases has improved.

The Medical Director advised of the potential consequences of the energy price crisis and noted that this is an emerging issue throughout the Winter that could impact on patient demand. It was reported that NHS Fife will be prepared for all scenarios, however it is expected to be challenging.

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

6. GOVERNANCE MATTERS

6.1 Annual Statement of Assurance for Clinical Governance Oversight Group

The Medical Director advised that the Annual Statement of Assurance for the Clinical Governance Oversight Group is being provided to the Committee for the first time. The Statement sets out the range of activities from the Clinical Governance Oversight Group over the previous year.

A Wood, Non-Executive Member, praised the report and requested more detail on the clinical effectiveness agenda and other key indicators, such as the quality indicator profile for mental health, stroke standards and the Scottish intensive care elements. A Wood noted that assurance to the Committee needs considered in terms of the scope and breadth of this work, along with the Scottish programmes of work around governance issues such as maternity & children and mental health.

The Medical Director reported that careful consideration is required on areas for escalation to this Committee and advised that there are other governance routes to consider, with some of the areas mentioned sitting within the Acute Services Clinical Governance Committee. It was noted minutes of these meetings are shared with this Committee, however if the Committee is unable to take assurance from the minutes, then consideration is required on the level and detail of information that would be provided. It was agreed a further discussion on governance escalation and alignment will take place outwith the meeting between the Medical Director and A Wood, Non-Executive Member.

Action: Medical Director

The Chair queried the level of absence from key attendees at meetings, given the importance of the Group. The Medical Director noted that there had been some issues with attendance at meetings, which was due to the pressures of the pandemic, and that going forward it is expected attendance levels will improve.

The Committee took **assurance** from the Annual Statement of Assurance.

6.2 Board Assurance Framework (BAF) - Quality and Safety

The Medical Director advised that the BAF, in its current format, will be replaced by the new Corporate Risk Register going forward. The Medical Director advised that there were no significant changes to the BAF from the last presentation to the Committee.

A Wood, Non-Executive Member, highlighted the audit trail and questioned the checks and balances that will be put in place for the transition of moving to the new Corporate Risk Register, to ensure that there are no losses of information. The Director of Finance & Strategy advised that the majority of the detail associated with the BAF will remain in the system, and that the new Corporate Risk Register will present the same information in an alternative and focussed way, to allow more meaningful discussions and deep dives. Assurance was provided that the Chief Internal Auditor has been working closely with the team on the development of the new Corporate Risk Register, to provide scrutiny and challenge.

The Committee **considered** the questions set out and **approved** the updated quality and safety component of the BAF.

6.3 Board Assurance Framework (BAF) - Strategic Planning

The Director of Finance & Strategy advised that the moderate level of risk has not changed. Within the Corporate Risk Register, the description of the risk has been changed to reflect the effectiveness and delivery of the strategy.

The Committee **approved** the current position in relation to the Strategic Planning risk.

6.4 Board Assurance Framework (BAF) - Digital and Information

The Associate Director of Digital & Information advised that the Cyber Resilience Risk has been added as a linked risk and is aligned with the four objectives of the Cyber Resilience Framework.

A Wood, Non-Executive Member, queried the associated risk for Laboratory Information Management System (LIMS), noting it was not visible on the BAF, despite recent Board-level discussions on this issue. The Associate Director of Digital & Information advised that the risk is currently sitting within the operational area of Digital & Information, and consideration will be given to including it within the Corporate Risk Register.

Following a question from the Chair on the financial position, the Associate Director of Digital & Information advised of an improved position, noting that the ongoing demand for digital investment still needs to be confirmed. It was also advised that the decision on demand is linked to the outcomes of the Public Health & Wellbeing Strategy development work and the engagement that is being carried will inform that decision.

The Committee **noted** the content and current assessment of the Digital & Information BAF for **assurance**. The BAF's current risk level has been assessed as High, with the target score remaining moderate.

7. RISK

7.1 Corporate Risk Register

The Director of Finance & Strategy advised that the paper is being presented to all the Governance Committees at their September meetings, for onward submission to the full Board on 27 September 2022.

The Director of Finance & Strategy provided background detail and advised that the main focus of the new Corporate Risk Register was the presentation, opportunity for scrutiny and consequential impacts of the risks.

An explanation was provided on the 'Strategic Risk Profile' and 'Risk Improvement Trajectory & Deep Dive into deteriorating risks' graphics, at annex 1. It was advised that detailed scrutiny and deep dive areas will be identified. It is proposed that there is also a high-level summary statement, which would be drafted on behalf of the Chief Executive and would form part of the Chief Executive's key message on the overall position. The Director of Finance & Strategy noted that for deep dives identified, the Executive Lead would be expected to present on the risk and mitigations. It was reported that at the recent Board Development Session, a deep dive was carried out on cyber resilience. It was noted formal reporting outcomes of deep dives, and any potential changes in terms of risk levels, is under consideration.

It was advised that an operational Risk & Opportunities Group has been formed, with positive engagement, and they will carry out detailed scrutiny and challenge the Corporate Risk Register before consideration at Committee level.

The Director of Finance & Strategy advised that the next iteration of the Corporate Risk Register will include the previous risk profile to identify the movement between reporting periods.

The Director of Finance & Strategy advised that 18 strategic risks have been identified within the Corporate Risk Register, detailed at annex 2. It was noted that the 18 risks are at strategic or corporate level, and that the Board need to be assured risks are being managed at an operational level. Feedback was requested from the Committee on whether the 18 strategic risks identified are the key challenges and risks that the organisation is facing. It was also questioned if the description of the risks has improved and if there is anything missing that should be included.

The Medical Director noted that the some of the risks are significant and broad, and questioned if the 'Risk Owner' is the correct term. The Director of Finance & Strategy advised that all the risks relate to corporate objectives, which have a designated Executive Lead, and that this has been replicated in the Corporate Risk Register. It was noted agreement can be made on the overall lead for the risks, if required.

A Wood, Non-Executive Member, commended the work and the concept of the deep dives. She highlighted that 10 of the 18 risks sit with the Clinical Governance Committee and requested that all risks are reviewed to ensure an appropriate spread across the Board's governance structure. A Wood also noted consideration will need to be given to the risks that sit in other areas in terms of the clinical governance aspects. The Director of Finance & Strategy advised that there are a number of risks

that are being proposed to sit within the Clinical Governance Committee and that the Finance, Performance & Resources Committee also have a locus on these risks. It was agreed to review and discuss further at the Executive Directors' Group, with a view to concluding before the Corporate Risk Register is presented to the September Board meeting.

Action: Director of Finance & Strategy

S Fevre, Area Partnership Forum Representative, offered to provide some comments regarding the 'Whole System Capacity' risk, which was welcomed.

Action: Area Partnership Forum Representative

Following a question from the Chair, the Director of Finance & Strategy advised that the Committee should be aware that risks need to be identified in the context that is currently being operated in as a Clinical Governance Committee. It was also advised that the Committees and Board members should be aware that we have a risk around the delivery of a balanced in-year financial position. It was noted that there should be no risks on the Corporate Risk Register that the Committee have not had sight of.

The Committee thanked all involved for their hard work in the development of the Corporate Risk Register.

The Committee took **assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

7.2 Development of Assistant Practitioner Role

The Director of Nursing spoke to the paper. It was advised that a Board Development Session took place on 31 August 2022, and the development of the Assistant Practitioner role was discussed. This item has also been discussed at the recent Staff Governance Committee and will also be discussed at the Finance, Performance & Resources Committee at their September meeting.

Following a question from A Wood, Non-Executive Member, the Director of Nursing confirmed that Band 5 roles will not be replaced by Band 4 roles. There will be opportunity for Band 4 Assistant Practitioners to carry out training and progress to become Registrants. It was noted there has been a significant drop, compared to the previous year, in the number of people applying to become Registrants.

The Director of Finance & Strategy advised more detailed discussions around the financial framework is required through the Finance, Performance & Resources Committee. Assurance was provided that the budget available for Band 5 staff will be maintained at a level which allows all possible recruitment. It was noted agency work is not always the most effective way to recruit staff.

The Chief Executive noted that the focus for the development of the Assistant Practitioner role will change slightly for each Committee and added that a thorough discussion took place at the Staff Governance Committee held on 1 September 2022 on the Staff Governance Standards aspect. Further work will be carried out in relation to engagement with our Band 5 workforce. The financial aspects will take place through the Finance, Performance & Resources Committee for scrutiny.

L Campbell, Associate Director of Nursing, gave assurance and provided detail on the validated tools. Assurance was also provided that there is an associate professional judgement tool which allows the organisation to look at dynamics within areas and the change in clinical delivery that is required, and it also provides the skill mix most appropriate to carry that out. It was noted this is an annual process that forms part of the legislation about to be implemented, and the process can be carried out at any point in the year.

S Fevre, Area Partnership Forum Representative, questioned the accountability and responsibility of Band 5 roles, from a clinical aspect. It was also questioned where the new roles will be allocated. The Director of Nursing advised that accountability and delegation forms part of the learning for Registrants and the Professional Assurance Framework. It was noted that the new roles will support and release pressure from the Registrants, as they will be able to take accountability and delegation for some of the Band 2 to Band 4 roles. The Director of Nursing advised that Fife College have advised that there are 25 spaces for the first cohort and the new roles will be prioritised across Fife, linking in with Acute Services and the Health & Social Care Partnership.

L Barker, Associate Director of Nursing noted that a robust engagement plan is under development.

Following a question from M Black, Non-Executive Member, regarding international recruits, the Director of Nursing advised that NHS Fife is working closely with the Centre for Workforce Supply around international recruitment. It was also advised that there is a Memorandum of Understanding with Yeovil Trust, who are an experienced Trust in terms of international recruits, and that international recruits that are coming to NHS Fife via Yeovil Trust are mainly from India and the Philippines.

M Black, Non-Executive Member, questioned if we need to review our service models, suggesting some of the services could move to the voluntary sector. The Director of Nursing advised that some services models are being reviewed and it is likely that this will discontinue as we go forward.

Following a question from M Black, Non-Executive Member, on the clinical aspect, the Chief Executive advised that there was a challenge from the Staff Governance Committee around the extent of the engagement carried out with our workforce. The Chief Executive also advised that she raised concern at the Staff Governance Committee that if there was a reluctance to proceed with the development of a Band 4 role, then the Staff Governance Committee had to be prepared to accept the clinical risks of not having a workforce as we move into Winter. The Chief Executive added that the Staff Governance Standards were queried at the meeting, and if assurance on our engagement could be offered that the Standards were being met.

The Director of Nursing highlighted the career development pathways, which will hopefully increase our pipeline. S Fevre, Area Partnership Forum Representative, questioned any potential additional support for Registrants. The Director of Nursing advised that close communication and engagement will be carried out with nursing teams, and the Practice Development Nurse will also be closely involved.

The Medical Director recommended that the Committee take assurance from this development and the assurance around the educational aspect. The Medical Director

also recommended that the Committee take assurance that senior staff are exploring supporting staff in clinical areas throughout the Winter to address the exceptional risk.

The Committee **noted** the contextual information and took **assurance** that the Assistant Practitioner role is being progressed with staff, financial and clinical governance aspects in mind.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR)

The Director of Nursing spoke to the Clinical Governance section with the IPQR.

A Wood, Non-Executive Member, raised concern that the narrative for the in-patient falls and the reference to staffing issues and Covid factors which are impacting on the number of in-patient falls, has not changed over a long period of time. No changes in the narrative around complaints was also highlighted.

A Wood, Non-Executive Member, also highlighted the number of people who have experienced major/extreme harm or moderate harm and sought assurances on outcomes and on the work that is being carried out to reduce the number of falls, including those that were preventable.

L Barker, Associate Director of Nursing, agreed to look at the narrative that is included in the report going forward to provide greater assurance.

Action: L Barker, Associate Director of Nursing

The Committee took **assurance** from this report.

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing outlined the key points in the Infection, Prevention & Control Priorities report, as detailed in the paper.

The Director of Nursing reported on the Healthcare Improvement Scotland Infection Prevention and Control Standards (2022) and advised that further updates will be provided to the Committee as the actions progress for each of the new Standards.

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

9. DIGITAL/INFORMATION

9.1 Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme

The Director of Pharmacy & Medicine provided a verbal update and advised that the Board had approved the full business case for HEMPA, and progress since then has been positive. The Programme Board recently met and had advised that the contract negotiations in relation to the new supplier is well underway. Advanced planning is ongoing in terms of the delivery of the discharge element and the pharmacy stock control solution, which will enable the foundations to be built. It is expected progress

for both elements, in terms of implementation, will be this financial year, which will allow us to commence the pilot in late Spring 2023.

The Director of Pharmacy & Medicine reported that progress has been made on recruiting teams, advanced planned resource, Terms of Reference, and governance structures.

A written update will be provided to the Committee at its next meeting.

The Committee **noted** the update.

9.2 Information Governance and Security Steering Group Update

The Associate Director of Digital & Information spoke to the paper and advised that there is a defined risk appetite for the organisation that will allow the Information Governance & Security Steering Group to carry out work in relation to its responsibilities. It was noted that it is expected that the risk appetite will change from low for cyber security.

The Associate Director of Digital & Information highlighted that whilst we are in an improving position for assuring measures, the position is not yet final.

M Black, Non-Executive Member, queried the number of Freedom of Information (FOI) requests that are received on a monthly basis. In response, it was advised that the number is variable and amounts to circa 80 – 100 per month, throughout the whole organisation. The Associate Director of Digital & Information agreed to provide a summary on the FOI requests and share with the Committee.

Action: Associate Director of Digital & Information

A Wood, Non-Executive Member, queried why there is no risk associated with FOIs. It was advised that the resourcing which was added in June 2022 impacted positively on the risk, however it was noted that there be some residual risk in terms of the operational pressures and that this would be considered.

Action: Associate Director of Digital & Information

The Committee **noted** the progress being made across the Information Governance and 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 1

The Director of Nursing spoke to the paper and advised that a new Head of Patient Experience is now in post.

The Patient Experience and Feedback Quarterly Report was shared with members separately just before the meeting. The Director of Nursing apologised for the lateness of circulation and agreed to discuss any aspects of the report outwith the meeting, should Committee Members have any queries.

The Director of Nursing highlighted from the Patient Experience and Feedback Quarterly Report, that there were 191 care opinion posts over the quarter, and 7,500 views. Almost 80% of the care opinions were positive and complimentary around the service that people had received. A reduction in the complaints, compared to the previous quarter, was reported, and it was noted that the average length of time to respond to complaints has improved. It was reported that work is ongoing with the Organisational Learning Group to improve the number of compliments and reduce complaints. An overview was provided on the reasons for complaints, which are detailed in the report.

The Chair questioned if there will be more investment in staff within the Patient Experience Department. The Director of Nursing outlined the work that is ongoing in the background and noted that some staff who were part of the Test & Protect Team have been seconded to the department.

M Black, Non-Executive Member, highlighted the improvement with complaints, noting this is positive.

The Chief Executive provided assurance that benchmarking of the team against other areas in Scotland is underway and that this will link into the ways of working, processes and process mapping.

K MacDonald, Non-Executive Whistleblowing Champion, suggested the narrative within the IPQR is referenced to within the Patient Experience and Feedback Quarterly Report, and to also provide more information on outputs and outcomes. The Director of Nursing advised that this work is ongoing.

The Committee **noted** the report.

11. ANNUAL REPORTS

11.1 Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework

The Director of Nursing spoke to the paper. Assurance was provided that strategies have been reviewed and references updated within the report.

A Wood, Non-Executive Member, questioned if there are any measure dashboards associated with the framework. The Director of Nursing advised that there is an Excellence in Care dashboard that includes the quality issues. It was also reported that a survey was carried out the previous year on the Professional Assurance Framework and, due to a lack of learning opportunities during the pandemic, it was felt there would be no benefit to carry out another survey this year, however it will be considered in 2023. It was also noted that updates are provided to the Director of Nursing on a monthly basis and include Personal Development Plans, lapses in registrations and suspensions.

The Committee **noted** and **took** assurance from the contents of the paper.

11.2 Occupational Health Annual Report

S Braiden, Non-Executive Member, advised that this report was a substantive item at the Staff Governance Committee held on Thursday 1 September 2022 and was well received.

The Occupational Team were thanked for all their hard work.

The Committee **noted** the report.

12. FOR ASSURANCE

12.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

12.2 Proposed Clinical Governance Committee Meeting Dates 2023/24

The Committee **approved** the Committee meeting dates for 2023/24.

13. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes.

- 13.1 Acute Services Division Clinical Governance Committee held on 15 June 2022 (unconfirmed)
- 13.2 Area Clinical Forum held on 4 August 2022 (unconfirmed)
- 13.3 Area Medical Committee held on 14 June 2022 (unconfirmed)
- 13.4 Cancer Governance & Strategy Group held on 2 June 2022 (unconfirmed)
- 13.5 Clinical Governance Oversight Group held on 14 June 2022 (unconfirmed)
- 13.6 Digital & Information Board held on 28 July 2022 (unconfirmed)
- 13.7 Fife Drugs & Therapeutic Committee held on 22 June 2022 (unconfirmed)
- 13.8 Fife IJB Clinical & Care Governance Committee held on 5 July 2022 (unconfirmed)
- 13.9 Health & Safety Subcommittee held on 10 June 2022 (unconfirmed)
- 13.10 Infection Control Committee held on 8 June 2022 (confirmed) & 3 August 2022 (unconfirmed)
- 13.11 Ionising Radiation Medical Examination Regulations Board (IRMER) held on 24 May 2022 (unconfirmed)
- 13.12 Information Governance & Security Steering Group held on 6 July 2022 (unconfirmed)

A Wood, Non-Executive Member, requested feedback on the violence and aggression incidents discussed at the Clinical Governance Oversight Group, and also around the RIDDOR reportable incidents in relation to physical assault, noting that this had been flagged for escalation. It was noted that some minutes do not have an escalation of issues cover paper, and the importance was highlighted, for assurance, of providing this to the Committee. The Medical Director agreed to take this forward with the Associate Director of Quality & Clinical Governance.

Action: 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

There were no matters/issues to escalate to the Board.

15. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 4 November 2022 at 10am via MS Teams.

Confirmed

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 13 SEPTEMBER 2022 AT 9.30AM VIA MS TEAMS**

Alistair Morris
Chair

Present:

A Morris, Non-Executive Director (Chair)

W Brown, Non-Executive Member

A Grant, Non-Executive Director

M McGurk, Director of Finance & Strategy

J Tomlinson, Director of Public Health

In Attendance:

L Barker, Associate Director of Nursing (*deputising for J Owens*)

N Connor, Director of Health & Social Care

G Couser, Associate Director of Quality & Clinical Governance (*items 1 – 7.1 only*)

B Hannan, Director of Pharmacy & Medicines

B Johnson, Head of Capital Planning & Project Director (*items 6.3 & 6.4 only*)

N McCormick, Director of Property & Asset Management

G MacIntosh, Head of Corporate Governance & Board Secretary

M Michie, Deputy Director of Finance

A Wilson, Waiting Times General Manager (*item 6.7 only*)

H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to meeting.

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members A Lawrie (Area Clinical Forum Representative), M Mahmood (Non-Executive Director), C Potter (Chief Executive), J Owens (Director of Nursing), C McKenna (Medical Director) and from attendee C Dobson (Director of Acute Services).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minute of the last Meeting held on 12 July 2022

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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 **Board Assurance Framework (BAF) – Financial Sustainability**

The Chair advised that the BAF, in its current format, will be replaced by the new Corporate Risk Register going forward.

The Deputy Director of Finance advised that the risk remains high and is likely to remain high for the remainder of the financial year.

Following a question from the Chair on the funding received from the Scottish Government for additional Covid pressures the previous year, the Deputy Director of Finance advised that £7.5m has been made available and we must contain all of our Covid expenditure within this. It was noted the projected Covid spend is circa £12m, and work is underway to try and reduce this, exploring other options to manage the situation.

The Committee **considered** and took **assurance** from the updated Financial Sustainability element of the Board Assurance Framework.

5.2 **Board Assurance Framework (BAF) – Strategic Planning**

The Director of Finance & Strategy advised there has been no change to the risk since the previous iteration of the BAF and it remains at a moderate level. It was reported within the new Corporate Risk Register, the risk description has been changed around strategy and strategic planning.

The Committee **considered** and took **assurance** from the current position in relation to the Strategic Planning element of the Board Assurance Framework.

5.3 **Board Assurance Framework (BAF) – Environmental Sustainability**

The Director of Property & Asset Management advised the BAF remains as a high risk. It was advised the two risks within the BAF have not moved in terms of risk level and it was noted they are both long term risks. One of the risks will be mitigated when the National Centre for Orthopaedic Centre opens, which is still on track for this year.

The Committee **considered** and took **assurance** from the current position in relation to the Environmental Sustainability element of the Board Assurance Framework.

5.4 **Proposed Finance, Performance & Resources Committee Meeting Dates 2023/24**

The Committee **approved** the proposed Committee meeting dates for 2023/24.

6. **STRATEGY / PLANNING**

6.1 Development of Assistant Practitioner Role

The Associate Director of Nursing reported on the development of the Assistant Practitioner role which will contribute to delivering a sustainable workforce for the future. This new role is supported nationally by the Scottish Government and the Chief Nursing Officer Directorate. The three-phased approach to implementation and the financial impact of the new role are detailed in the paper.

W Brown, Non-Executive Member, advised she took assurance around the financial plan and advised that the new role is not designed to prevent the recruitment of Band 5 nurses. The Director of Health & Social Care agreed and thanked the teams for all their support.

The Committee **noted** the contextual information and took **assurance** that the Assistant Practitioner role is being progressed with due consideration to all staff, financial and clinical governance aspects.

6.2 Financial Improvement and Sustainability Programme Progress Report

The Deputy Director of Finance reported on the cost improvement position and advised that some of the targets are proving to be challenging to deliver, due to a number of factors. It was advised that the cost improvement target for medicines is progressing positively and is anticipated to be delivered in full. The targets within property and infrastructure areas are on target and expected to be delivered. It was reported that the targets within Acute Services must be delivered by the end of the financial year.

It was advised that the high-risk areas identified in the report relate to supplementary staffing, procurement and the grip & control target, and it was noted work is underway to address these risks. The Deputy Director of Finance advised there is a commitment to deliver the full £11.7m target.

The Chair stated that the full £11.7m target must be delivered, and indicated that if it was not delivered, then the following year would be much more challenging. Regular and clear updates going forward were requested by the Chair.

Following a question from A Grant, Non-Executive Member, the Deputy Director of Finance advised that the targets at risk are not specific to one area but the whole organisation. The Chair asked what more the Committee could do to support delivery of the plans. The Deputy Director of Finance advised that continued support from the Committee through active scrutiny is very welcome, and support for staff to be innovative in terms of delivery will be required.

W Brown, Non-Executive Member, noted that there has not been the capacity to focus on savings compared to pre-pandemic times, and that consideration needs to be given to improve the situation. She also noted that staff are aware of savings that need to be made and are actively supporting this.

The Director of Finance & Strategy was encouraged by the difficult questions being asked by the Committee in relation to meeting the cost improvement targets. The Director of Finance & Strategy highlighted the impact of the cost of living crisis, and the removal of Covid financial support from the Scottish Government, which is impacting

across the whole system. It was reported that the Scottish Government have recognised that NHS Fife is looking ahead further than the 12 month operating time, which is positive. It was noted that to deliver the £11.7m target, difficult decisions will need to be made, including a potential proposal to revisit some of the revenue commitments in terms of the new programmes of work.

The Director of Finance & Strategy advised the Committee that the Financial Improvement and Sustainability Programme is not solely focussed on saving money and includes all the work that is ongoing around increasing productivity and capacity.

The Director of Pharmacy & Medicines noted that there is acceptance on delivery of what is required in moving forward, which is positive.

The Committee took **assurance** from the Financial Improvement and Sustainability Programme Progress Report.

6.3 Property & Asset Management Strategy (PAMS)

The Director of Property & Asset Management advised this is the third PAMS in just under two years. A significant amount work has been undertaken to streamline the document, and an overview on what the document provides was given. It was noted close working has been ongoing with the Internal Auditors, as there are audit recommendations with regards to alignment with the strategy and ensuring that we can deliver against the action plan and demonstrate progress. It was also advised that there is an opportunity within the document to describe the function of the Property & Asset Management department.

The Head of Capital Planning & Project Director reported that the document is required by the Scottish Government and is also used as an internal document for colleagues across all directorates.

A Grant, Non-Executive Member, queried if there was an update or feedback to the outline business cases for Kincardine and Lochgelly Health Centres, since submission to the Scottish Capital Investment Group in June. The Head of Capital Planning & Project Director advised that the outline business cases were submitted to the Scottish Government, and that they were relatively supportive of the two projects. The Scottish Government had requested an update to take account of the current position in respect of the option appraisal to demonstrate our preferred option has not changed. A meeting is scheduled with the Scottish Government on 16 September 2022 and will be discussed further.

The Director of Finance & Strategy noted that the Deputy Director of Finance for Capital at the Scottish Government is attending the Finance, Performance & Resources Committee Development Session on 20 September 2022 to present on capital planning and the National Infrastructure Board.

The Committee **endorsed** the 2022 PAMS prior to submission to the Board for Approval in September.

6.4 Victoria Hospital, Kirkcaldy – Locations with Listed Building Status by Historic Environment Scotland

The Head of Capital Planning & Project Director spoke to the paper and advised that Phase 1 and Phase 2 Tower Block have both now been categorised as listed buildings. Internally there will be freedom to carry out refurbishment however this will require liaison with the local authority.

The Director of Property & Asset Management added that there are no other buildings on the Victoria Hospital site that Historic Environment Scotland are considering in terms of listing, which provides a degree of flexibility for any further developments.

The Board Secretary questioned the likelihood of other NHS Fife premises being listed. The Director of Property & Asset Management advised that there is a block at Lynebank Hospital site, which has been listed. In terms of the Stratheden site, it is expected that one of the older buildings at this site could be listed.

The Committee took **assurance** from the Report.

6.5 Fife Capital Investment Group Report 2022/23

The Deputy Director of Finance spoke to the report and gave an overview on recent successful bids for additional capital.

The Chair congratulated everyone involved on securing the additional capital funding.

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

6.6 Orthopaedic Elective Project

The Associate Director of Nursing spoke to the paper.

The Head of Capital Planning & Project Director advised that from a construction perspective, work is expected to conclude in November 2022. It was also noted there is additional work to be carried out in terms of the commercial costs in bringing patients in who are outwith the Fife boundary.

The Chair stated that the development may attract staff who want to work in the new facility and questioned whether this would result in a deficit in other areas. The Associate Director of Nursing advised that there is a whole system approach to recruitment to the NTCs, and that attracting staff from outwith Fife is being explored as part of that.

The Chair also asked if there is anything that can be done for those who are not getting the opportunity to work in the new facilities in terms of keeping up morale. The Director of Property & Asset Management advised that discussions are ongoing in terms of exploring areas for refurbishment and there is a lot of activity in terms of wellbeing hubs for our staff. It was noted more work is required to improve the working environments within the hospital over the coming months.

The Committee took **assurance** from the current position.

6.7 Delivery of Long Wait Targets, Outpatients, Elective Surgery and Diagnostics

The Waiting Times General Manager joined the meeting and presented the report.

Following a question from A Grant, Non-Executive Member, on the implications of the core waiting times monies, the Waiting Times General Manager explained the financial support requested, as per the table at point 2.3.3 in the paper.

The Director of Public Health questioned if there was any additional support being provided to NHS Health Boards in terms of modelling from our Scottish Government colleagues. The Waiting Times General Manager explained that the modelling has been very difficult, as it is normally based on previous referral patterns, and that this was interrupted due to the pandemic. It was noted in some specialities, we have returned to pre Covid levels of activity, however, some areas remain challenged.

Following a question from the Chair, the Waiting Times General Manager advised that the delivery plan to deal with the waiting times backlog does not include involving new staff, and that the addition would be delivered by existing staff. It was noted theatres are an area of concern as this is where the most pressure sits.

W Brown, Non-Executive Member, emphasised that NHS Fife have a duty to ensure that targets are met. Consideration and the importance of language when reporting on the longest waits was noted.

The Waiting Times General Manager was thanked for providing a comprehensive report and update.

The Committee **considered** and took **assurance** from the report.

7. RISK

7.1 Draft Corporate Risk Register & Dashboard

The Director of Finance & Strategy provided background detail and advised that the paper presents the strategic risk profile and a number of proposed strategic risks for consideration. It was reported that the Draft Corporate Risk Register had been presented to the all the Governance Committees at their September meetings, with positive feedback received and further enhancements suggested.

The Associate Director of Quality & Clinical Governance noted the new corporate risk register and dashboard will provide opportunities for more alignment within our decision making in terms of our risk profile and strategic priorities. It was advised annex 1 sets out the proposed strategic risk profile and demonstrates that three out of the four strategic priorities are currently facing a risk profile in excess of our risk appetite. It was advised that it has been recognised that risk movement between each of the Committee cycles needs to be presented, and this is work that is being taken forward.

The Associate Director of Quality & Clinical Governance reported that deep dives into deteriorating risks will be carried out. It was expected this will initially be directed by the Executive Team.

It was advised that 18 strategic risks have been identified within the Corporate Risk Register, detailed at annex 2. Operational risk registers linked to the Corporate Risk Register will have significant level of detail in terms of current and future plans.

The Chair advised that the Corporate Risk Register will be reviewed and developed over time.

The Committee took **assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Finance & Strategy advised that we have maintained the forecast position at £10.4m forecast deficit for this financial year.

The Deputy Director of Finance reported that there was an overspend of £6.2m with an underspend on Health Delegated Services, at the end of June 2022.

It was advised that the August IPQR is being finalised, and early indications suggest we continue to see additional costs in relation to the level of demand on services. It was noted however that there has been some improvement within the Financial Improvement and Sustainability Programme.

A Grant, Non-Executive Member, asked whether the impact of delayed discharges on costs could be quantified. The Deputy Director of Finance advised that circa £1m is an overspend of set aside services, which is a combination of factors, such as additional beds due to delayed discharges. It was advised work is ongoing through the Unscheduled Programme Board, who are looking at the various projects that are underway and evaluating what improvements can be made.

Following a question from A Grant, Non-Executive Member, on the medicines position, the Director of Pharmacy & Medicines explained that there have been advancements in expensive drug treatments and we are treating more people for longer due to these advancements. Challenges of growth and rate of growth was reported, which is continuing to outstrip the efficiencies delivered.

The Director of Health & Social Care reported on the operational aspects of the IPQR and advised that the number of bed days lost due to patients being in delay had reduced in June 2022. One of the key challenges is the type of delay that is being experienced.

An overview was provided on the Delayed Discharges (Bed Days Lost) statistics, as detailed in the report. The actions that are in place were outlined, including Home First Strategy which focuses on prevention and early intervention; partnership working across the whole system in relation to our delay work and feeding into our urgent care programme work; and specific actions in relation to delayed discharge. In relation to patient Guardianship, it was advised part of this relates to national challenges with times and processes within courts. Within Fife, and through joint working with Fife Council Social Work Department, it was reported weekly Whole System Verification meetings are taking place to look at quality improvement methodology, rapid changes and continuous improvement.

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

9. FOR ASSURANCE

9.1 Audit Report – Post Transaction Monitoring

The Committee took **assurance** from the Post Transaction Monitoring Report No. B19-23.

9.2 Delivery of Annual Workplan

The Committee **approved** the tracked workplan.

10. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

10.1 Fife Capital Investment Group held on 9 June 2022 (confirmed) & 27 July 2022 (unconfirmed)

10.2 IJB Finance & Performance Committee held on 8 July 2022 (unconfirmed)

10.3 Primary Medical Services Committee held on 7 June 2022 (confirmed)

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 issues to escalate to the Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 15 November 2022 at 9.30am via MS Teams.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 29 AUGUST 2022 AT 10AM VIA MS TEAMS**

Present:

T Marwick, (Chair)	M McGurk, Director of Finance & Strategy
M Black, Non-Executive Director	C McKenna, Medical Director
C Cooper, Non-Executive Member	J Owens, Director of Nursing
A Morris, Non-Executive Member	J Tomlinson, Director of Public Health
C Potter, Chief Executive	

In Attendance:

N Connor, Director of Health & Social Care
P Cumming, Risk Manager (*Item 7 only*)
S Fraser, Associate Director of Planning & Performance
G MacIntosh, Head of Corporate Governance & Board Secretary
F Richmond, Executive Officer to the Chief Executive & Board Chair
H Thomson, Board Committee Support Officer (Minutes)

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 member W Brown, Employee Director.

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 4 July 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 Proposed Public Health & Wellbeing Committee Dates 2023/24

The Committee **approved** the proposed dates for 2023/24.

6. STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy: Progress Update

The Director of Finance & Strategy reported that the paper explains the high-level progress against the key strands of our ongoing strategy work and development.

The Committee took **assurance** on the progress of the strategy through the content of the report.

Alignment to the Four National Care Programmes

The Director of Finance & Strategy advised that the paper describes the mapping out to each of the four national care programmes and the specific work captured to date as part of our corporate objectives in the first year of our strategy work.

The Committee took **assurance** that NHS Fife, in developing its Population Health and Wellbeing Strategy, is aligning to the National Care and Wellbeing Portfolio.

Public Health & Wellbeing Strategy: Whole System Engagement

The Director of Nursing provided an update on whole system engagement and advised that joint working is ongoing with the Fife Health & Social Care Partnership as engagement activity is planned over similar periods; this also increases partnership working, prevents duplication and ensures widespread engagement. Clinical teams are also being invited to assess the achievements of the previous clinical strategy. It was also advised an extraordinary Grand Round introducing the strategy and inviting staff contributions will take place on 31 August 2022.

Focus Groups are being arranged across the seven localities in conjunction with the Fife Health & Social Care Partnership. Engagement with harder to reach groups will form part of this work. The Focus Groups will commence from week beginning 19 September 2022 and will be flexible in approach to maximise engagement. M Black, Non-Executive Member, noted that it is positive the harder to reach groups are being involved.

The Director of Health & Social Care provided assurance that other areas of engagement work, including the mental health estate, will also contribute to the strategy. Assurance was provided that the engagement plan is aligned to the four strategic priorities of NHS Fife. F Richmond and S Fraser were thanked for all their hard work.

C Cooper, Non-Executive Member, questioned the timeline for the commissioning of an independent company and asked if the company will support and lead on engagement with the harder to reach groups. The Director of Nursing confirmed that the company will take the lead and have an independent viewpoint.

The Director of Finance & Strategy reported that a meeting is being arranged with the company Progressive to further discuss engagement work and how this can be improved.

A Morris, Non-Executive Member, raised concern around what seems to be ambitious timings and requested a timeline be added which takes the strategy to the delivery stage. The Director of Nursing provided assurance that timelines are being monitored on a regular basis to ensure milestones are reached.

The Committee took **assurance** that the engagement plan is aligned to the four strategic priorities of NHS Fife and the output from this engagement will be included in the development of the Public Health & Wellbeing Strategy.

6.2 NHS Fife as an Anchor Institution – Progress Update

The Director of Public Health highlighted and provided an overview on the national Place & Wellbeing Programme, the NHS Scotland Community Benefit Gateway and the workshop event scheduled with local community and voluntary sector organisations, as described in the paper. Assurance was provided that work is progressing, and it was advised a more formal process of reporting will be provided in time.

A Morris, Non-Executive Member, noted that procurement is largely controlled through a central procurement function at a national level and questioned if there was more that could be done from a local perspective. The Director of Finance & Strategy noted that this is challenging in terms of movement for the Anchor programmes at a national level, and that the majority of spend is locked into national contracts. It was advised a detailed assessment has been carried out for our local procurement and an overview of the spend was provided. Assurance was provided that all opportunities to procure locally are being explored.

M Black, Non-Executive Member, questioned the criteria of those involved in the ‘no-one left behind’ programme and questioned what steps have been taken to establish if there are any gaps. The Director of Public Health advised that there is a national framework of approach and agreed to provide M Black the detail of the ‘no-one left behind’ programme outwith the meeting.

Action: Director of Public Health

In terms of applications for local needs through the Community Benefits Portal, the Director of Public Health confirmed that the four themes are all linked and have been made explicit to ensure actions are aligned to each theme to progress with the priorities.

The Committee **noted** the contents of this paper and those areas of business included in development as an Anchor Institution.

7. RISK

7.1 Corporate Risk Register - Draft Strategic Risks

The Director of Finance & Strategy provided background to the Corporate Risk Register.

The paper outlines the output profile in terms of presenting the strategic risk profile, as per the exemplar given at annex 1. Each of the 18 proposed strategic risks have been mapped to the Board’s four strategic priorities within the emerging strategy and have

also been mapped to the agreement on the revised Board risk appetite. It was advised that the current strategic level profile indicates that three of the four strategic priorities are facing a risk profile in excess of the Board's risk appetite, and it was questioned if that reflects the performance being monitored for NHS Fife. It was noted mitigations, detailed in annex 2, are in place to support the risks. It was also noted there is the potential for a visual dashboard format to be used once there is agreement on specific risks.

The Director of Finance & Strategy asked Committee members' views on the visuals proposed and questioned if all risks that are currently facing the organisation have been captured and are at the correct level. A Morris, Non-Executive Member, agreed that there is a greater connectivity through the risk profiles and risk assessment, and that more clarity is provided through the visuals, which is good progress. M Black, Non-Executive Member, agreed that there has been good progress and noted concern regarding the cyber resilience risk, and the likelihood that this will remain an area of high risk for the foreseeable future. The Director of Finance & Strategy welcomed the feedback from Members and agreed to review the cyber resilience risk level.

Action: Director of Finance & Strategy

Following a question from M Black, Non-Executive Member, on the Operational Pressures Escalation Levels (OPEL), it was advised that the process forms part of business as usual activities.

The Committee took **assurance** from the work done to date on developing the Corporate Risk Register and dashboard reporting.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR)

The Associate Director of Planning & Performance noted that the risk section will be included in the next iteration of the report.

The Director of Health & Social Care advised that there is an unavoidable 12 week time lag in the data, and provided an overview on performance in Smoking Cessation, Child & Adolescent Mental Health Service (CAHMS), Psychological Therapies and Covid Vaccination, as detailed in the report.

Following a question from M Black, Non-Executive Member, an explanation was provided on the definition of 'on track' for waiting times, this reflecting the fact that a timeline is being worked towards for delivery of meeting targets.

The Director of Public Health reported on immunisation, as detailed in the report, and noted that this is the first time the child immunisation data has been included. This will continue to be included in all future reports.

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

8.2 Community Immunisation Service Flu & Covid Vaccination (FVCV) Delivery Update

The Director of Health & Social Care provided assurance that the work and decisions taken by the Board in relation to supporting a substantive workforce, and the work around the immunisation strategy, places Fife in a good position in relation to delivery.

An overview on the current position was provided, as detailed in the paper. It was noted that the issue with national scheduling, where people were not scheduled close to their home, was advised and engagement is ongoing to rectify the situation. Assurance was provided that this was not pose any difficulty for delivery in Fife.

M Black, Non-Executive Member, questioned if there would be communications to the public at a local level in relation to immunisations. The Director of Health & Social Care advised that there are national toolkits that will be adapted locally.

The Chair asked if there was any concern for the scale of the various immunisations given to members of the public and provided an example. The Director of Health & Social Care agreed to feed back the concern to the team. The Director of Public Health added that NHS Fife co-administers Flu and Covid vaccines to make best use of resources and capture as many of the population as possible.

Action: Director of Health & Social Care

A Morris, Non-Executive Member, questioned if all appointments are carried out through the national scheduling system, noting the issues that had previous occurred. In response, it was advised that there had been lessons learned and that the system now works well. It was noted NHS Fife have representation on the national group.

Following a question from A Morris, Non-Executive Member, on the prioritisation approach within cohorts, it was advised risk assessments will take place for individuals, and those individuals are then prioritised on the waiting list.

A Morris, Non-Executive Member, also questioned if staff are being reallocated and removed from the hospital posts potentially causing additional workforce pressures. It was reported that we are now in a position of having a stable cohort of vaccination workforce, which was not the same position the previous year. However, if timescales of delivery were brought forward nationally, then this would become a challenge and a risk. Assurance was provided that the workforce is in place for delivery in December 2022 without reprioritising or reallocating staff from other areas.

The Committee took **assurance** from the update, considered the progress achieved and updated information regarding the programme, and ongoing developments in the approach.

8.3 Community Children Services Annual Report 2021/22

The Director of Health & Social Care advised that the report outlines both the national and local context. An overview on the contents of the report was provided. The Director of Public Health highlighted that the preventive contribution from core services to children in their early years is crucial.

C Cooper, Non-Executive Member, praised the report and thanked the team for the assurance provided in this area.

It was agreed this report should go onward to the Board meeting in September 2022.

Action: Director of Health & Social Care

The Committee took **assurance** on the work undertaken by Fife Health Promotion Service during 2021/22 to support delivery of strategic priorities and public health priorities for the people of Fife and the priorities for 2022/23.

8.4 Local Delivery Plan Standard for Psychological Therapies: Update at June 2022

The Director of Health & Social Care spoke to the paper and highlighted appendix 1, which details a range of improvement actions that are taking place. It was reported the demand for psychological therapies is high and that this is challenging in terms of capacity to recruit and pathways for delivery of care.

It was highlighted that there has been a reduction since February 2022 of 53 people who have been waiting over 53 weeks, and a focus continues on reducing longest waits. An overview was provided on performance. Assurance was provided that work is ongoing to increase the number of referrals.

Assurance was also provided that psychological therapies is scrutinised in depth and that there are a range of improvement activities that are ongoing. It was also noted that the risk in relation to demand and recruitment is being closely monitored through the Integrated Performance & Quality Report (IPQR) with a further detailed report to come back to this Committee.

M Black, Non-Executive Member, queried the rationale which has driven developments within Adult Mental Health systems in recent years (detailed in appendix 1) to 'identify' blocks within current system and better understand demand-capacity ratios within tiers of the service, noting that the blocks are already known. The Director of Health & Social Care explained that the blocks are iterative and identifies what else can be carried out or delivered.

A Morris, Non-Executive Member, questioned what happens to those who are waiting over one year to be referred, and queried if their condition worsens, over this time, would this result in a need for more intensive treatment. Assurance was provided that there is a point of escalation within the service, should anyone deteriorate during the waiting time.

The Committee was informed on the current performance, the benefits realised from the improvement actions and the ongoing risk in relation to recruitment and took **assurance** that this is actively being managed through the Psychology Service, is actively being monitored and data is included in the IPQR.

8.5 Child & Adolescent Mental Health Service (CAMHS) Performance & Recruitment Update

The Director of Health & Social Care spoke to the paper and advised that the report details the 18-week referral & treatment position and the ongoing activity in relation to the CAMHS service. The support from the Scottish Government was highlighted and it was advised that this has allowed an opportunity to scrutinise. The report outlines a range of influencing factors and improvement actions. It was also noted, in line with the

Scottish Government and Public Health Scotland, that CAMHS will no longer have tier two psychological services as they are not the threshold for CAMHS intervention and will be extracted from submissions; this will provide a more accurate waiting time analysis, which is comparable with other Health Boards in Scotland.

An overview on recruitment was provided, and the Chair questioned if there was a willingness to over recruit. The Director of Health & Social Care agreed to explore this option with the team.

Action: Director of Health & Social Care

C Cooper, Non-Executive Member, queried if there was an opportunity in the redesign of the service for other sectors to support in areas that are potentially missing or any other support that is required. The Director of Health & Social Care agreed to ask the team to provide some examples, in relation to successful joint working, in the next iteration of the report for further discussion at this Committee on what else can be achieved through support from other sectors and services.

Action: Director of Health & Social Care

An explanation was provided on the 'All National Referrals to CAMHS per 1,000 people' and 'Accepted National Referrals to CAMHS per 1,000 people' charts in the paper. The Chair questioned why Fife receive more referrals compared to other local authorities. The Director of Health & Social Care agreed to feed this back to the team and provide an update in the next iteration of the report.

Action: Director of Health & Social Care

The Medical Director added that Omicron has had an impact on waiting times and delivery of health services across all NHS Scotland Boards and that it can be difficult to understand the reasons for variation in referral patterns between Boards. The Chair, on behalf of the Committee, acknowledged how difficult the situation is.

It was agreed to hold a Public Health & Wellbeing Committee Development Session in early 2023 for a deep dive on psychological services and CAHMS.

Action: Director of Health & Social Care/Board Committee Support Officer

The Committee was informed on the progress against achieving the Scottish Government CAMHS 18-week referral to Treatment Target (RTT), current referral and waiting times activity and took **assurance** on the progress on recruitment and further actions to achieve these objectives.

8.6 Health Promoting Health Service Update

The Director of Public Health spoke to the paper and advised that prior to the pandemic, there was a change in approach from the Scottish Government with a lighter touch and self-assessment approach to the different objectives. It was noted the programme is continuing, however it has not had the same level of scrutiny from national colleagues. It was reported that the paper outlines the work that has been carried out throughout the course of the pandemic, with the four outcomes linking in well with our strategy. It was noted that developments nationally are awaited regarding the future direction of the programme.

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

8.7 Joint Health Protection Plan

The Director of Public Health spoke to the paper.

Following a question from the Chair, the Director of Public Health confirmed that the paper is also presented to a future meeting of the Fife Partnership and that she would clarify the timescales for this.

The Committee **endorsed** the updated Joint Health Protection Plan 2022-24.

9. INEQUALITIES

9.1 Child Poverty Action Plan

The Director of Public Health spoke to the paper and advised that there is a proposed change to the way the Child Poverty Action Plan will be reporting in future. Fife Partnership have included the Child Poverty Action plan within the delivery plan for the overarching Tackling Poverty and Preventing Crisis Board.

It was confirmed that this paper will also be presented to a future meeting of the Fife Partnership.

The Committee took **assurance** from the report, which was provided to members for information.

10. ANNUAL REPORTS

10.1 Immunisation Annual Report

The Director of Public Health spoke to the paper, noting it describes the key points over the course of the previous year. It was advised that there was a high uptake across all of the child immunisation programmes, although there are still areas for improvement.

It was reported that work is ongoing to complete an equality impact assessment, and data gathering is progressing well and will be concluding in the coming months, with an update brought back to this Committee.

The Committee **noted** the findings of the NHS Immunisation Annual Report provided to members for **assurance**.

11. FOR ASSURANCE

11.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

12. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

12.1 Minutes of Population Health & Wellbeing Portfolio Board held on 12 May, 9 June and 14 July (unconfirmed)

12.2 Public Health Assurance Committee held on 3 August 2022 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

13.2 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.

14. ANY OTHER BUSINESS

None.

15. DATE OF NEXT MEETING

Monday 7 November 2022 at 10am via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 1 SEPTEMBER 2022 AT 10AM VIA MS TEAMS

Present:

S Braiden, Non-Executive Member (Chair)	J Owens, Director of Nursing
W Brown, Employee Director	C Potter, Chief Executive (<i>part</i>)
A Morris, Non-Executive Member	A Verrecchia, Co-Chair, Acute Services
M Mahmood, Non-Executive Member	Division & Corporate Directorates
S Fevre, Co-Chair, Health & Social Care	Local Partnership Forum (LPF)
Local Partnership Forum (LPF)	

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
H Bett, Interim Senior Manager, Health & Social Care Partnership (*deputising for N Connor*)
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormack, Director of Property & Asset Management (*item 5.3 only*)
M McGurk, Director of Finance & Strategy
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

The Chair acknowledged the on-going service pressures affecting colleagues and thanked them for their 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.

1. Apologies for Absence

Apologies for absence were received from attendee N Connor (Director of Health & Social Care) and Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 14 July 2022

The minutes of the meeting of 14 July 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. The following Matters Arising were discussed:

Action No. 2 – Coverage of Staff Governance Standard

The Director of Workforce highlighted that no specific feedback been received, to date, from Committee Members in relation to providing feedback on how the strands of the Staff Governance Standard could be visibly demonstrated and linked to agenda items. Committee Members agreed this action could be closed, recognising that this will be developed over time.

S Fevre, Co-Chair, Health & Social Care LPF, suggested that SBARs coming to this Committee should be explicit in terms of which strands of Staff Governance reports are related to. The Board Secretary advised that a revised SBAR template is being presented to the Executive Directors' Group on 8 September 2022 for formal approval, with a proposal within that the Staff Governance Standard is incorporated into the template as a defined field for completing. Additionally, details of the applicable strand/s of the Standard will be included in the Assessment section of each SBAR. It was noted that this proposal had been incorporated into the papers for this meeting as an initial trial, and it was agreed this was a helpful addition.

Timeline for Receipt of Papers

W Brown, Employee Director, raised her concern that the papers were distributed less than seven days before the meeting and highlighted the difficulty she had encountered, due to this timeline, to be able to read all the Committee papers in advance of the meeting. The Director of Workforce noted that the meeting pack had been held back until completion, which was to avoid sending out more than one version and multiple emails. The Board Secretary advised that the Board's Standing Orders within the Code of Corporate Governance notes that papers should be distributed no later than three clear working days before the meeting and therefore the distribution and issue of Committee papers in this instance met this deadline. Nevertheless, a further ask will be made to report authors to request papers are submitted timeously, to provide all Committee Members with adequate time for preparation.

Action: Director of Workforce

5. GOVERNANCE / ASSURANCE

5.1 Board Assurance Framework (BAF) – Workforce Sustainability and Linked Operational High Risks Update

The Director of Workforce advised that the BAF, in its current format, will be replaced by the new Corporate Risk Register going forward and highlighted the content to the Committee for assurance.

W Brown, Employee Director, raised concern on the workforce engagement section, suggesting that closer attention is required in this area. Reassurance was requested that a high level of engagement with staff will be included in the plan and examples of good engagement was provided. The Director of Workforce confirmed that enriching workforce engagement will be taken forward.

A Morris, Non-Executive Member, noted that the BAF in its current format is difficult to read and analyse. A Morris also noted that the high risks appear to have stagnated and assurance was sought in relation to these. The Director of Finance & Strategy advised that the mechanisms currently in place make it difficult to focus on areas where risks are either deteriorating or are static. It was advised that the new Corporate Risk Register strategic risk profile process, at Board and Committee level, intends to identify these specific risks and a deep dive can then be carried out to provide meaningful discussions. Further discussion took place at Agenda item 6.1 on the Corporate Risk Register.

A Verrecchia Co-Chair, Acute Services Division and Corporate Directorates LPF, noted that, as a UNISON member, regular engagement with members and staff is carried out, and questioned the position that face-to-face engagement with staff is no longer allowed. The Director of Workforce suggested that he liaises with the Head of Workforce Resourcing & Relations outwith the meeting to discuss this further.

Action: Co-Chair, Acute Services Division and Corporate Directorates LPF and Head of Workforce Resourcing & Relations

The Committee broadly took **assurance** from the report, which confirms that:

- There have been no new linked operational high workforce risks added to the Board Assurance Framework
- The current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework

5.1.1 Linked Operational High Risk Update – Risk ID: 1420 Loss of Consultants within the Rheumatology Service

H Bett, Interim Senior Manager, HSCP, spoke to the paper. It was advised that the Health & Social Care Partnership and Senior Teams will be provided with updates on a frequent basis. The Chair questioned if there was access to more locum Consultants to support the service during this difficult period. It was advised that locum Consultants are regularly sought, although the difficulties of recruiting locum Consultants were highlighted.

A Morris, Non-Executive Member, questioned if recruitment can be carried out earlier to replace the Rheumatology Consultants who are due to retire. He also questioned the barriers around the contracts of locum Consultants that prevent recruiting permanent Rheumatologist Consultants, and whether these barriers can be overcome. The Interim Senior Manager reported that there is a national shortage of Rheumatology Consultants and explained that service redesign is required to ensure service sustainability. The Director of Finance & Strategy added that this is an

example where a more generic risk is needed that describes the supply issues in terms of medical workforce and looks at all elements within our control in terms of exercising mitigation. It was noted that there are aspects that will be outwith our control, with a level of acceptance and a tolerance level. It was also noted that there may be other specialities that will be similarly impacted, and that this is a concern going forward.

The Committee took **assurance** from the report that the risk has been appropriately identified, there are mitigations in place to support patient care and an options appraisal is being undertaken to support a future sustainable model.

5.2 Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019 Update

The Director of Workforce advised that the paper provides a brief outline on the implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019, including a timetable for implementation that has been shared and communicated. The timetable will support the sequence of actions required for the implementation date. It was highlighted that the paper has had oversight from the Strategic Workforce Planning Group at their most recent meeting.

W Brown, Employee Director, expressed disappointment that there is a 14 month period for the production of the national guidance, given that the Act was originally to be implemented in 2019. The Employee Director requested that this time is used to ensure NHS Fife is well prepared for implementation. She also noted that the current staffing models will be insufficient in terms of the numbers of staff required to satisfy the Act, and that this requires being considered in future, along with meeting staff expectations. The Deputy Director of Workforce provided assurance that NHS Fife will be proactive, and that there are workstreams in place which will support the development of the national guidance.

A Morris, Non-Executive Member, highlighted the current position in relation to safe staffing levels and expressed that this is borderline safe. A Morris also raised a concern about the timing of changes required to comply with this Act. W Brown, Employee Director, responded and expressed that current staffing levels are often less than the levels given in the legislation, noting the potential safety implications.

The Director of Nursing provided an overview of the local groups involved in the preparations for the implementation of safe staffing. It was reported that Nursing & Midwifery, over the previous few years, have been heavily involved in the staffing (workload) tools and methodology, which continue to be used and form part of the safe staffing programme. It was also advised that there is a lack of Registrants to achieve the requirement identified from the staffing (workload) tools and methodology, however, mitigation and risk assessments are in place. The Director of Nursing reported that Healthcare Improvement Scotland (HIS) inspections will include consideration of how the safe staffing legislation is managed, and that NHS Fife is looking at risk and escalation processes; the importance of ensuring that this is in place was noted.

M Mahmood, Non-Executive Member, questioned the impact of new recruits in terms of the staffing levels. The Director of Nursing advised that due to the increase in the number of Registrants around new service models, there will be a shortage of c.200

Registrants compared to where we would like the staffing levels to be. It was noted that all avenues are being explored for recruitment.

A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates LPF, advised that from a UNISON perspective there are serious concerns around staffing levels, and a meeting has been arranged with the Chief Executive to discuss this further as a health & safety issue within NHS Fife. He questioned if NHS Fife is offering to take part, or if they are appointed, in a pre-implementation test and learn stage, with two other Boards of varying location and size fully implementing the Act. The Deputy Director of Workforce advised that it is currently unknown how that will be decided, and the Committee will be updated once direction from the Scottish Government is provided.

The Chief Executive highlighted and explained the risk relating to safe staffing levels and advised that the Board will be asked to make difficult decisions over the coming months and years in this area.

The Committee took **assurance** from the report, which provides:

- an updated timescale for the implementation of the Health and Care (Staffing) (Scotland) Act 2019
- the proposed arrangements for the implementation of the Act provisions within NHS Fife

5.3 Staff Governance Standards Overview – Improved and Safe Working Environment

The Director of Property & Asset Management joined the meeting and advised that a presentation on the Staff Governance Standards was provided at the previous meeting. He spoke to the paper and reported that the Property & Asset Management Team are looking at the impact, effect and influence they have on the safe working environment and providing that as a continuing improvement situation. The overall team consists of Estates, Facilities, Health & Safety, Capital Development and Property. It was noted a new Health & Safety Manager commenced in post in August 2022.

W Brown, Employee Director, noted that the physical environment, in terms of buildings, is not the health & safety aspect that staff are concerned with, and that the greatest concern for staff is stress and working at a high level of activity, and that this also forms part of this particular strand of the Staff Governance Standard. The Director of Property & Asset Management noted it was also important to present on the work that happens in the background to provide safe working spaces and agreed to provide a further paper detailing the wider issues.

Action: Director of Property & Asset Management

S Fevre, Co-Chair, Health & Social Care LPF, highlighted that staff stress requires to be addressed through a number of channels within the organisation. It was noted that a Staff Facilities Group has been set up. The Chair requested that the Co-Chair, Health & Social Care LPF, Employee Director and the Director of Property & Asset Management have a discussion outwith the meeting to progress this issue.

Action: Director of Property & Asset Management

A Morris, Non-Executive Member, highlighted that although there are challenges, there are also successes.

The Chief Executive noted that in addition to the Staff Governance Committee, conversations are taking place on the impact of staff wellbeing, on a regular basis through a number of routes, and that there are opportunities for staff to raise concerns in any regard, through established processes.

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

5.4 Whistleblowing Report – Quarter 1 2022/2023

The Head of Workforce Resourcing & Relations provided an overview on the report and advised that from the Q2 report, local press coverage on whistleblowing would be included.

An update was provided on the two live cases recorded in the Q4 report, noting that these cases are now with Commissioning Officers to consider recommendations. Performance and lessons learned from the two cases will be provided in the Q2 report.

S Fevre, Co-Chair, Health & Social Care LPF, suggested including concerns raised by our staff in the reports, noting that it appears external concerns have greater merit. The Head of Workforce Resourcing & Relations advised that if a member of staff raises a whistleblowing concern, then this would be recorded in the report, however the difficulty is if the concern is raised anonymously and that it may also be recorded through another route. The Chief Executive noted that the external concerns are not more important than staff concerns. The Head of Workforce Resourcing & Relations and Co-Chair, Health & Social Care LPF agreed to discuss further outwith the meeting on the assurances that can be provided within the report.

Action: Head of Workforce Resourcing & Relations and Co-Chair, HSCP LPF

The Committee took **assurance** from the report, which confirms:

- the data for the first quarter of 2022 / 2023, i.e., 1 April 2022 to 30 June 2022. No whistleblowing concerns were received, and no anonymous concerns were received
- one Whistleblowing article was published in the local newspapers during Quarter 1
- the data on training from 1 April 2022 to 30 June 2022

5.5 Proposed Staff Governance Committee Dates 2023/2024

The Committee **agreed** the proposed dates for the 2023/2024 meetings.

6. RISK

6.1 Corporate Risk Register – Draft Strategic Risks

The Director of Finance & Strategy advised that the paper is being presented to all the Governance Committees at their September meetings, for onward submission to the full NHS Fife Board meeting on 27 September 2022.

The Director of Finance & Strategy provided background detail and highlighted the key areas within the paper. An explanation was provided on the 'Strategic Risk Profile' and 'Risk Improvement Trajectory & Deep Dive into deteriorating risks' graphics, at Annex 1. It was reported that a Risk & Opportunities Group has been formed, who will carry out detailed scrutiny and challenge the Corporate Risk Register before the final assessment for the period is made.

The Director of Finance & Strategy advised that 18 strategic risks have been identified within the Corporate Risk Register, detailed at Annex 2. Feedback was requested from the Committee on whether the 18 strategic risks identified are the key challenges and risks that the organisation is facing. It was also questioned if the description of the risks has improved and if there is anything missing that should be included.

The Director of Nursing commented that the new Corporate Risk Register is easier to interpret and identifies important areas for deep dives, compared to the previous Board Assurance Framework. S Fevre, Co-Chair, Health & Social Care LPF, agreed and commented that it is difficult at this point to identify if there is anything missing.

A Morris, Non-Executive Member, questioned how changes to risks are tracked over reporting periods, and how areas for further Committee discussion are actioned and recorded. The Director of Finance & Strategy noted there was no immediate solution to recording the discussions and actions and questioned if these should be captured within the minute of the meeting, or if there is a need to highlight the key points in the SBAR. It was agreed to explore this further at the November 2022 meeting, when the Corporate Risk Register is presented for the first time as a live document for members' review and discussion.

The Director of Finance & Strategy noted that the deep dives will be populated in future into the two key risks after the new report is presented to the Committee at the November 2022 meeting.

The Committee took **assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce highlighted that NHS Fife is currently not achieving the sickness absence target, and similarly, the target is not yet achieved for the Personal Development Plan & Review (PDPR). Mitigations and actions are detailed in the report.

A Morris, Non-Executive Member, was encouraged that the report will include the establishment gap information in future. A Morris went onto suggest that if the PDPR process was in a simpler format, then it would be easier and less time consuming to complete these, which would hopefully bring back the momentum. The Director of Workforce noted that many managers have a light-touch approach to the process, and that the measurement provided in the IPQR is extracted from the system and is not necessarily a measurement of conversations or interactions between a team member and a team manager. The Director of Acute Services highlighted the

staffing challenges and time constraints to engage with the formal PDPR process and agreed with A Morris on having a simpler format.

S Fevre, Co-Chair, Health & Social Care LPF, noted that the reporting system does not recognise one-to-one discussions between team members and team managers. W Brown, Employee Director, highlighted the importance of having meaningful discussions with staff through the PDPR process.

The Committee took **assurance** from the Integrated Performance & Quality Report.

7.2 Promoting Attendance Update

The Head of Workforce Resourcing & Relations highlighted the key areas within the paper and noted that the attendance data will be monitored due to the recent change in Covid reporting.

The Head of Workforce Planning & Staff Wellbeing reported that the Staff Health and Wellbeing Framework is currently being developed and that the Live Positive Stress Toolkit is has been modernised, ready for re-launch. It was advised health and wellbeing activities will be covered in more detail at a future Staff Governance Development Session.

W Brown, Employee Director, expressed disappointment that the Attendance Management Taskforce has not progressed more quickly and noted that she had not been involved in the Attendance Management Operational Group. The Chief Executive advised that the Terms of Reference for the Attendance Management Operational Group are presently being reviewed.

The Chief Executive went onto provide an update on the Attendance Management Taskforce, noting that the focus for the group would arguably be more valuable by leadership teams being visible to the workforce, in addition to what is already in place. Assurance was provided that the Taskforce will be standing down over the coming weeks, as reporting is being absorbed into the Executive Directors' Group, with the commitment of Executive Directors and the support of Local Partnership Forum members and the Employee Director.

The Committee took **assurance** from this report, which confirms:

- the sickness absence and COVID-19 absence rates for July 2022
- the work currently being undertaken by the Attendance Management Taskforce and Operational Group towards improving attendance and wellbeing

8. PROJECTS / PROGRAMMES

8.1 Development of Assistant Practitioner Role

The Director of Nursing spoke to the paper. It was advised that a Board Development Session recently took place on 31 August 2022, and the development of the Assistant Practitioner role was discussed. This item will also be discussed at the Clinical Governance Committee and Finance, Performance & Resources Committee at their September 2022 meetings, with each Committee reviewing their particular aspect of the proposal.

Concern was raised about the proposed timing of recruitment. W Brown, Employee Director, noted the importance of engagement, which had not yet fully commenced with the Band 5 cohort, who will be impacted by the new Assistant Practitioner role and will require clarity on what the role entails. The Director of Nursing advised that the next college intake is in November 2022 and preparations need to commence, such as recruitment advertising and engaging with staff. The importance of the educational component of the Assistant Practitioner role was highlighted.

W Brown, Employee Director, highlighted that recruitment is likely to be internal, which would result in other roles requiring to be backfilled as a result of staff moves. The Employee Director also noted that the Assistant Practitioner role will not substitute for Band 5 Registrant roles, and that it is also not comparable to other Band 4 roles.

A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates LPF, advised that it has been identified that there are a number of Band 2 roles who could progress easily to Band 3 roles and questioned if it will be considered that Band 3 roles could easily progress to Band 4, with support. The Director of Nursing advised that Band 3 roles will be mapped against the development framework and any additional support that may be required would be identified.

Further discussion was had on the proposal. The Chief Executive, as Accountable Officer, asked the Committee - if recruitment for the new role is delayed further - if they would accept the level of risk to a sustainable workforce by not progressing this matter as quickly as possible the following week. The Chief Executive also noted that delaying recruitment could compromise staff starting their education at the November 2022 intake. The Chief Executive requested to commence recruitment, the following week, in parallel with input from other Operational Directors, and the Committee were asked if they would accept the level of risk that would bring, for the potential to enhance our workforce with this programme. The Chief Executive acknowledged that it was not an ideal position to carry out recruitment in parallel with continued engagement.

W Brown, Employee Director, did not agree to accept the risk and advised that staff-side colleagues have commented that processes have not been followed. She also noted that consideration and consultation is required for Band 5 staff, who will be impacted by the introduction of these new roles and questioned where the additional support will come from when the new postholders are receiving the educational input. W Brown also noted that some Band 3 roles could be assimilated to the new roles.

A Morris, Non-Executive Member, noted he was in favour of moving forward with recruitment and engagement from the following week.

The Director of Finance & Strategy advised that if the Committee did not agree to proceed with recruitment the following week, then the risk appetite that has already been agreed is being challenged.

S Fevre, Co-Chair, Health & Social Care LPF, stated that he did not take assurance from the report and provided his reasons for that. The Chief Executive explained that the role of this Committee is to scrutinise the contextual part of the process and take assurance that the different strands of the work is progressing appropriately. The

Committee are not being asked for approval to commence the recruitment process; they are being offered assurance on the way forward.

W Brown, Employee Director, expressed concern that the Staff Governance Standard was not being met. The Chief Executive offered an opportunity outwith the Committee with either W Brown, S Fevre or A Verrecchia and J Owens, with input from C Dobson and N Connor, to agree at what level and how staff engagement will be carried out over two weeks from 5 September 2022 in parallel with conversations through the Clinical Governance Committee and Finance, Performance & Resources Committee, in order to progress and ensure compliance with the Staff Governance Standard. The Committee agreed to this approach.

Action: Director of Nursing

The Committee broadly took initial **assurance** on taking the role development forward, subject to further discussion as detailed above, and **noted** that the Assistant Practitioner role is being progressed with staff, financial and clinical governance aspects in mind.

9. ANNUAL REPORTS / OTHER REPORTS

9.1 Staff Governance Annual Monitoring Return 2020/2021 Feedback and Staff Governance Annual Monitoring Return 2021/2022

The Head of Workforce Resourcing & Relations advised that the return has been received and is presently being compiled. The paper described the governance arrangements to get the return completed and submitted to the Scottish Government by 18 November 2022.

The Committee took **assurance** from the report, which confirms:

- the feedback received in relation to the Staff Governance Annual Monitoring Return for 2020/2021 closes the Staff Governance Annual Monitoring exercise for 2020/2021
- the areas the Staff Governance Plan should consider when planning the subsequent return for 2021/2022.
- the development of the Staff Governance Annual Monitoring Return for 2021/2022

9.2 Health and Social Care Partnership Local Partnership Forum Annual Report 2021/2022

S Fevre, Co-Chair, Health & Social Care LPF, noted that this is the second publication of the Annual Report and this has been through the Finance, Performance & Scrutiny Committee and the Integrated Joint Board of the Fife Health & Social Care Partnership.

The Committee took **assurance** from the report and noted the content.

9.3 Whistleblowing Annual Performance Report 2021/2022

The Head of Workforce Resourcing & Relations advised that this is the first Whistleblowing Annual Performance Report. Any updates from April 2022 will

feature in the quarterly reports or 2022/23 report. It was also advised that the reporting element is in development and there is an evolving position in relation to the handling of whistleblowing concerns.

It was reported that an assurance statement from Non-Executive Whistleblowing Champion, Kirstie MacDonald will be included in the 2021/2022 report.

The Committee took **assurance** from the report, which confirms:

- the concerns raised from 1 April 2022 to 31 March 2022
- the data on training from 1 April 2022 to 31 March 2022

9.4 Occupational Health & Wellbeing Service Annual Report 2021/2022

The Head of Workforce Planning & Staff Wellbeing highlighted the ongoing important role undertaken and the work that the Occupational Health & Wellbeing Service have been involved in during the pandemic, including responding to staff outbreaks, contact tracing and providing important advice to managers. The report also details business-as-usual activity, and it was advised that there are two new post holders: the Occupational Therapist and Mental Health Occupational Nurse, supporting NHS Fife staff.

S Fevre, Co-Chair, Health & Social Care LPF, appreciated the update provided by the report and recognised the hard work of the Occupational Health & Wellbeing Service staff. The Head of Workforce Planning & Staff Wellbeing agreed to pass this on to the team.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the report and **noted** the contents of the Occupational Health and Wellbeing Service Annual Report for 2021/2022.

9.5 NHS Fife Workforce Information Overview

The Deputy Director of Workforce advised that providing more routine information around workforce is being explored. It was noted that the frequency of reporting against availability of data is being investigated, and, in the longer term, we are looking to identify where the information will sit to enable easy access for the Committee Members.

The Deputy Director of Workforce acknowledged positive input from staff side colleagues involved in the recent Employee Relations case handling discussions.

The Committee took **assurance** from the report and **noted** the contents of the NHS Fife Workforce Information Overview report as at 30 June 2022 and summary of the Staff Health and Wellbeing Support activities and statistics for April to June 2022.

10. FOR ASSURANCE

10.1 Annual Workplan 2022/2023

The Committee took **assurance** from the updated workplan.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 11.1 Minutes of the Area Partnership Forum held on 20 July 2022 (unconfirmed)
- 11.2 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 23 June 2022 (unconfirmed)
- 11.3 Minutes of the Health and Social Care Partnership Local Partnership Forum held on 20 June 2023 (confirmed)

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 IQPR summary, notwithstanding the continuing 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

W Brown, Employee Director, highlighted that if the Staff Governance Standard in relation to the recruitment of the Assistant Practitioner Role is not met in the coming weeks, then this issue will require to be escalated to the Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

Thursday, 10 November 2022 at 10.00 am, via MS Teams.

Fife Integrated Performance & Quality Report

Produced in September 2022

Introduction

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

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 of the following sections:

- a) Corporate Risk Summary ****NEW******
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 are also columns indicating where a measure is related to a key Corporate Risk and 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 Assessment 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
20 September 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite	Summary Statement on Risk Profile
To improve health and wellbeing	5	3	2	-	-	◀▶	High	Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.
To improve the quality of health and care services	5	4	1	-	-	◀▶	Moderate	
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate	Mitigations in place to support management of risk over time with some risks requiring daily assessment.
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate	Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.
Total	18	13	5	0	0	◀▶	Moderate	

Risk Key

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



Movement Key

Improved - Risk Decreased
 No Change
 Deteriorated - Risk Increased

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

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	N/A	Month	Jul-22	47	○	▲	▼	●
	HSMR	N/A	Year Ending	Mar-22	1.02	●	◀▶	◀▶	● YE Mar-22
	Inpatient Falls	6.91	Month	Jul-22	6.51	○	▲	▲	●
	Inpatient Falls with Harm	1.65	Month	Jul-22	1.44	○	▲	▲	●
	Pressure Ulcers	0.89	Month	Jul-22	1.02	○	▲	▲	●
	SAB - HAI/HCAI	18.8	Month	Jul-22	17.0	○	▲	▼	● QE Mar-22
	C Diff - HAI/HCAI	6.5	Month	Jul-22	13.6	○	▼	▼	● QE Mar-22
	ECB - HAI/HCAI	33.0	Month	Jul-22	44.1	○	▲	▲	● QE Mar-22
	Complaints Closed - Stage 1	80%	Month	Jul-22	41.7%	○	▼	▼	● 2020/21
Complaints Closed - Stage 2	50%	Month	Jul-22	4.3%	○	▲	▼	● 2020/21	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jul-22	100.0%	●	◀▶	◀▶	●
	4-Hour Emergency Access	95%	Month	Jul-22	69.3%	○	▼	▼	● Jul-22
	Patient TTG % <= 12 Weeks	100%	Month	Jul-22	51.6%	●	▼	▼	● Jun-22
	New Outpatients % <= 12 Weeks	95%	Month	Jul-22	53.9%	●	▼	▼	● Jun-22
	Diagnostics % <= 6 Weeks	100%	Month	Jul-22	63.5%	●	▼	▼	● Jun-22
	18 Weeks RTT	90%	Month	Jul-22	73.6%	●	▲	▲	● QE Jun-22
	Cancer 31-Day DTT	95%	Month	Jul-22	100.0%	○	◀▶	▲	● QE Mar-22
	Cancer 62-Day RTT	95%	Month	Jul-22	86.6%	○	▲	▼	● QE Mar-22
	Detect Cancer Early	29%	Year Ending	Dec-21	23.9%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Jul-22	83.0%	●	▼	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jul-22	11.8%	●	▼	▲	● QE Mar-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jul-22	7.0%	○	▲	▲	● QE Mar-22
	Antenatal Access	80%	Month	Mar-22	82.1%	●	▼	▼	● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Jul-22	(£11.5m)	●	▼	—	●
	Capital Resource Limit Performance	£31.4m	Month	Jul-22	£9.2m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Jul-22	5.88%	○	▲	▲	● YE Mar-22
	Personal Development Plan & Review (P DPR)	80%	Month	Jul-22	30.4%	●	▼	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Apr-22	25	●	—	▼	● QE Dec-21
	CAMHS Waiting Times	90%	Month	Jul-22	56.5%	○	▼	▼	● QE Jun-22
	Psychological Therapies Waiting Times	90%	Month	Jul-22	70.8%	○	▼	▼	● QE Jun-22
	Drugs & Alcohol Waiting Times	90%	Month	May-22	89.7%	●	▲	▲	● QE Dec-21
	COVID Vaccination (Booster 1 or Dose 3)	80%	Month	Aug-22	78.9%	●	◀▶	—	● Aug-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Mar-22	93.5%	○	▼	▼	● QE Mar-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Mar-22	89.6%	○	▲	▲	● QE Mar-22

Performance Key

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

SPC Key

○	Within control limits
○	Special cause variation, out with control limits
●	No SPC applied

Change Key

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

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Projected and Actual Activity

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

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-22	Jul-22	Aug-22	Sep-22	Sep-22	Dec-22	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	1,012	1,012	1,029	3,053	3,087	3,087
	Actual	2,878	884	1,033		1,917	0	0
	Variance	-158	-128	21				
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	6,201	6,220	6,385	18,806	19,132	19,166
	Actual	20,951	6,266	7,825		14,091	0	0
	Variance	2,384	65	1,605				
Urgent	Actual	10,868	3,460	4,165		7,625	0	0
	Routine	10,083	2,806	3,660		6,466	0	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	497	497	497	1,491	1,491	1,491
	Actual	1,550	478	613		1,091	0	0
	Variance	59	-19	116				
Upper Endoscopy	Actual	575	185	239		424	0	0
Lower Endoscopy	Actual	182	46	82		128	0	0
Colonoscopy	Actual	738	234	269		503	0	0
Cystoscopy	Actual	55	13	23		36	0	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	3,996	3,996	3,996	11,988	11,988	11,988
	Actual	13,471	4,350	4,593		8,943	0	0
	Variance	1,483	354	597				
CT Scan	Actual	4,083	1,322	1,379		2,701	0	0
MRI	Actual	2,936	979	1,109		2,088	0	0
Non-obstetric Ultrasound	Actual	6,452	2,049	2,105		4,154	0	0

d. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
HSMR		1.00	1.02
<p>Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife.</p>			
Inpatient Falls	<i>Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22</i>	6.91	6.51
<p>The overall trend continues to reduce with continued close review to sustain this outcome. A higher rate continues in the acute services division with progress being impacted by both capacity and workforce challenges. The falls group have since met with a refresh of the workplan to support further improvement. As part of the review of the NHS Fife trigger list for major events, the adverse events team are reviewing current guidance regarding falls and remapping against national guidance. This aims to enhance the current process and improve consistency in the level of review required. The In-Patient Falls Steering Group will contribute to that process.</p>			
Pressure Ulcers	<i>Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22</i>	0.89	1.02
<p>The data for Hospital Acquired Pressure Ulcer incidents across NHS Fife as a whole continues to show a random picture, although there are signs of improvement across VHK with 6 in two categories i.e. Grades 2-4 & Multiple and Grades 3 & 4.</p> <p>Clinical teams are being encouraged to take ownership of their own data and improvement activities. They are analysing the PU report each month and those areas with increased incidence are also collecting weekly process measures data to highlight areas for improvement and recording this on an Improvement Action Plan.</p> <p>The Tissue Viability Steering Group constitution is still under review. The integration of the Acute and Community Tissue Viability services is still being considered with related discussions continuing.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	18.8	17.0
<p>NHS Fife continues to address its SABs and is currently ahead of the trajectory to achieve the 10% reduction by March 2023. 4 PICC Line associated SABs have been identified (1 of which was a relapse of infection) and 4 PWID SABs in 2022 to date. Positively, following a single PVC SAB in March and there have been no further PVC related SABs and no Renal haemodialysis line related SABs this year.</p>			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	6.5	13.6
<p>NHS Fife is above the trajectory for CDI to achieve the 10% reduction target by March 2023, although we are below the national average. There have been 17 health care associated CDI to date in 2022. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target and continues to be addressed. There have been only 2 recurrences of infection in 2022.</p>			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i>	33.0	44.1
<p>NHS Fife is above the target to achieve the ambitious 25% reduction of HCAI ECBs by March 2023. Reducing CAUTI HCAI ECB incidence remains the quality improvement focus to achieve our targets, there have been 20 CAUTIs in 2022 to date. Enhanced surveillance in place aiming to identify other areas for quality improvement.</p>			
Complaints – Stage 2	<i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i>	50%	4.3%
<p>Investigating and responding to Stage 2 complaints within the national timescales remains challenging. This is primarily due to staffing and capacity issues across all services with a previous pause within one directorate. We also continue to see an increased volume of complex complaints, covering multiple specialities/services.</p> <p>There are ongoing pressures due to the back log of complaints which are awaiting statements and sign off, and we continue to work with the services to support and to streamline existing processes.</p> <p>There are ongoing capacity and staffing challenges, exacerbated by vacancies and staff short term absence. A Support Officer post is being recruitment to. There is an additional 1.0 WTE staff member on a bank contract and</p>			

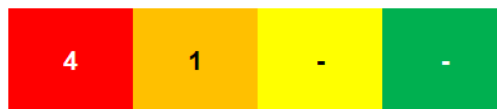
two redeployed staff members supporting with the drafting of complaints until the end of September. With the additional support, the number of complaints being drafted or awaiting drafting has dropped significantly to 8%. The number of delayed complaints within the system continues to have a negative impact, due to the increased workload on staff (managing multiple caseloads).

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

4-Hour Emergency Access

95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer

95%

69.3%

The trend for high attendances at ED continues and we have seen a rise in 'walk in' patients who have not gone through NHS 111 or FNC triage. Redirection to MIU at QMH test in place with transfer of ENP to support the model. Flow and high inpatient occupancy impact the ED performance in relation to bed waits and knock-on effect of high ED occupancy limits available space to review attenders, resulting in delays to first assessment. Staffing levels across IP areas has had an impact on discharge times which result in later moves from front door. OPEL escalation tools continue to support whole site actions.

Patient TTG (Waiting)

All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat

100%

51.6%

Performance in July continued to deteriorate. Day case elective activity continues at QMH, but inpatient surgery continues to be restricted due to sustained pressures in unscheduled care and staff absence and vacancies. The waiting list continues to rise as demand exceeds capacity with 4,939 patients on list in July, 54% greater than in year previous and 59% higher than July 2019. There is a focus on urgent and cancer inpatients and long waiting day cases. With the standing down of the clinical prioritisation framework the review of patients categorised as P3 has commenced whilst reviewing the capacity to see long waiting patients to meet the new long waiting targets. A new recovery plan was submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver the new targets. No additional activity has been undertaken in April through July and core activity remains restricted.

New Outpatients

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

95%

53.9%

Performance in July deteriorated slightly as core activity decreased over the holiday period in the majority of specialities. The need for enhanced infection control procedures and the pressure of unscheduled care continues to impact on outpatient capacity in some specialities. The waiting list continues to increase as demand exceeds capacity, with 25,231 on the waiting list, 15% higher than year previous and 78% higher than July 2019. 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. A new recovery plan was submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver and sustain the new targets. No additional activity has been undertaken in April through July apart from Breast Surgery to maintain urgent waiting times. Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from absence and vacancies.

Diagnostics

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

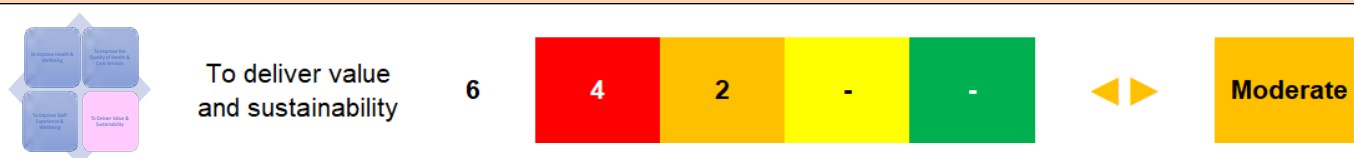
100%

63.5%

Performance deteriorated in July, both in Radiology with 70% and in endoscopy with 37% of patients waiting less than 6 weeks. In Radiology whilst the activity is greater than projected there are particular challenges with ultrasound capacity and with cardiac CTs. No additional activity has been undertaken and core activity continues to be restricted in Endoscopy due to the need for enhanced infection control procedures. The overall waiting list has reduced to 5,487 in July although this is 13% higher than year previous and 25% higher than July 2019. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan was submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity to reduce the number of long waiting patients. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence and vacancies.

		Target	Current
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	86.6%
<p>July continued to see challenges, but performance was sustained and similar to the previous 2 months. Referrals remain high, consistently exceeding pre pandemic numbers. Breaches are attributed to required resources unable to meet demand, in respect of both staffing and capacity across many specialties. Colorectal and Urology (Prostate) are currently our most challenged pathways. The range of breaches (majority in Urology) was 6 to 62 days (average 27 days).</p>			
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5%	7.0%
<p>The % of Bed Days lost due to patients in delay reduced again in July and, while remaining above the target, was over 3% less than at the July 2021 Census. The national figures for q/e March show that Fife is in the middle ranking of Mainland Health Boards and close to the Scottish average, for both 'Standard' and 'All' delays. Code 9 delays remain high, accounting for around 40% of all delays and lost bed days, but NHS Fife recorded the lowest number of Age 18+ 'standard' delays per capita of all Mainland Health Boards at the July Census. In addition, the overall number of delays was 25% lower than a year ago. The H&SCP surged to 45 beds in July due to operational pressures and regularly maintains occupancy levels above 110% during summer months. In addition, referrals to the Integrated Discharge hub remain high, placing continued strain on community services.</p>			

FINANCE



		Forecast	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£10.4m)	(£11.5m)
<p>Following the Q1 review with Scottish Government (SG) in August, SG colleagues confirmed a cap on all Covid funding available to the Health Board of £7.5m. Consequently, the financial position deteriorated significantly in July to an overspend of £11.52m for Health Board retained services. The overspend comprises: £3.4m anticipated financial gap (£10.4m full year), £3.0m Covid unfunded covid spend, £1.8m slippage in financial improvement and sustainability plans (FIS), £1.0m of costs incurred for which funding remains outstanding from SG, £1.0m drugs pressure primarily within Haematology services, and just over £1m arising from the sustained unprecedented demand for unscheduled care services. Efforts continue to mitigate Covid expenditure wherever possible, ensure the FIS programme is delivered in year and deliver a financial position in March 2023 in line with the board's approved financial plan.</p>			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorate</i>	£31.4m	£9.2m
<p>The overall anticipated capital budget for 2022/23 is £31.360m. This reflects the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government and anticipated allocations expected during the year to support numerous ongoing projects. The capital position for the period to July records spend of £9.216m. Therefore, 29.39% of the anticipated total capital allocation has been spent to month 4. The capital programme is expected to deliver in full with significant activity in the latter half of the financial year particularly with the completion of the National Treatment Centre – Fife Orthopaedics. Additional capital funding of £1.5m has been secured in the first quarter of the financial year from the National Infrastructure and Equipping Board to support purchase of equipment. The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to FBC, subject to NHS Assure approval and a Benefits Realisation Addendum to the OBC.</p>			

STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

Target Current

Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

5.88%

The sickness absence rate in July was 5.88%, a decrease of 0.37% from the rate in June. The COVID-19 related special leave rate, as a percentage of available contracted hours for July, was 2.21 %, down from 2.27% in June.

To ensure focus on this issue, an Attendance Taskforce has been established which will facilitate actions and drive improvements to support achievement of the sickness absence performance target. These actions are complemented by ongoing health & wellbeing support for staff.

Pending any additional NHS Scotland guidance on sickness absence targets, we continue to monitor absence against our existing target of 4%. We would anticipate that any national update will reflect the circumstances of the last two years and therefore this target may be subject to change. In addition, the change in national guidance on COVID absence recording, with all sickness absence, (COVID-19 and non COVID-19 related), being recorded as sickness absence from September, will likely cause our sickness absence rate to increase.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

30.4%

Throughout NHS Fife, PDP compliance continues to show a gradual decline in performance as the pandemic continues to impact all services. Even though there is a growing appetite for these important discussions to take place, participation in the joint PDPR meeting remains challenging. The compliance rate has now dropped to 30.4%. In order to re-establish focus on this process, we will continue to monitor performance regularly and take necessary actions to improve staff engagement.

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



High

Target Current

Smoking Cessation

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

473

25

The service has moved into a transitional stage using an element of service delivery through telephone support while concurrently returning to face-to-face delivery. Initial uptake levels are low but those that have engaged with the face-to-face support report positive interactions and enjoying seeing/speaking to the advisors. We have seen an increase in GP practices agreeing to accommodate the service, to 14, an increase of 3 in the month. Due to a lack of available free accommodation, we have started 5 community clinics across Fife, but this has cost implications and may not be sustainable. The service has access to a mobile unit 2 days a week to enable us to take the service out to our most vulnerable communities.

CAMHS Waiting Times

90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral

90%

56.5%

RTT performance has dropped as predicted due to concerted efforts to reduce the longest waits. Focussed waiting list initiatives continue which includes overtime evening/weekend sessions and redirecting clinical capacity to ensure maximum use of staff resource. Combined with ongoing recruitment this has resulted in the number of patients waiting over 18 weeks continuing to reduce and the national target of less than 10% waiting more than 18 weeks projected to be achieved by January/Feb 2023.

Psychological Therapies

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

90%

70.8%

The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of that year. Demand increased again in the first 6 months of 2022, compared to the latter half of 2021. This has resulted in an increase in numbers on the waiting list. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October 2021 onwards.

		Target	Current
COVID Vaccination	<i>At least 80% of the Age 18+ population will receive a Booster 1 or Dose 3 vaccine</i>	80%	78.9%
<p>Uptake of primary and booster COVID vaccination doses remains high in the most vulnerable groups; in addition to the population wide booster 1 offer, the elderly and those with immunosuppression have since been offered a further 'spring/summer' booster. Uptake of the first booster dose in the younger healthy population is lower though overall our 18+ uptake is very close to the target of 80% and is comparable with uptake elsewhere in Scotland. Throughout 2022 there has been a continued offer of primary and booster 1 doses to the general population through a rolling programme of drop-in clinics across Fife. This has been supplemented by efforts to reach out to groups where uptake has been lowest. For example, outreach activity has taken place in food banks, retail centres, Kirkcaldy Mosque and industrial sites. In addition, since June, selected community pharmacies across Fife can offer COVID vaccination to specific groups such as those on methadone. Engagement with the third sector to support outreach efforts continues. As such, we are seeing ongoing small increments towards our 18+ population target of 80% uptake of booster 1.</p> <p>From September, the focus of COVID vaccination activity will be the Autumn booster offer to eligible groups as outlined by the UK Joint Committee on Vaccination & Immunisation (JCVI). This will be co-administered with the seasonal flu vaccination.</p>			
Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	93.5%
<p>The 6-in-1 primary vaccination protects against Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B; and is delivered as part of the primary routine infant schedule at 8, 12 and 16 weeks. Uptake of the 6-in-1 vaccine in infants monitored when they reach 12 months in the quarter ending 31st March 2022 was 93.5%, below the national target of 95%. Although there can be fluctuations from quarter to quarter, it has been recognised that the trend in Fife suggests action is required to ensure we meet the 95% target and to avoid the risk of vaccine preventable disease in areas within the population where uptake is lower. The next quarterly data release will be issued end of September 2022.</p> <p>A Quality Improvement Group is meeting in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake.</p>			
Immunisation: MMR2	<i>At least 90% of children will receive their MMR2 vaccination by the age of 5</i>	95%	89.6%
<p>The MMR vaccine protects against Measles, Mumps & Rubella infection; the first dose is given at 1 year and the second dose given at 3 years 4 months or soon after. Uptake of the second MMR vaccine is monitored in children that reach 5 years of age. For the quarter ending 31st March 2022, Fife achieved 89.6%, below our local target to reach 92% uptake by March 2023. There is a national target of 95% uptake based on WHO guidance (as outlined in the Fife Strategic Framework); however, given the trend data in Fife and Scotland a local uptake target for this FY was agreed by the Area Immunisation Steering Group at their meeting on 27 May. Performance against the local target will be reviewed with anticipation that a further local target of 93% or higher will be set for FY 2023-24. The next quarterly data release will be issued end of September 2022.</p> <p>A Quality Improvement Group is meeting in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake.</p>			

e. Performance Exception Reports

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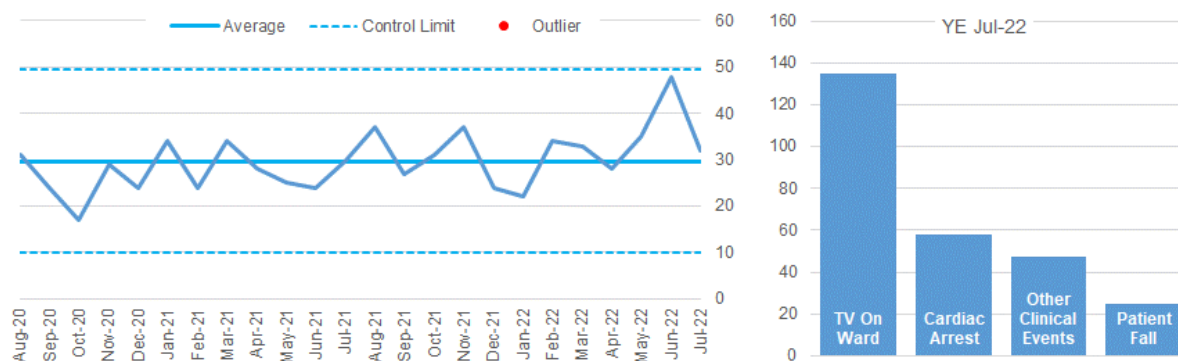
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CLINICAL GOVERNANCE

Adverse Events	Performance 47
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Major and Extreme Adverse Events



All Adverse Events

	Month	2021/22						2022/23					
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
ALL	NHS Fife	1454	1401	1397	1439	1493	1501	1297	1471	1237	1404	1306	1295
	Acute Services	614	612	650	631	593	613	513	675	528	606	597	613
	HSCP	802	747	691	749	836	853	734	729	656	750	664	662
	Corporate	38	42	56	59	64	35	50	67	53	48	45	20
CLINICAL	NHS Fife	956	968	952	1015	967	942	903	1059	851	1009	921	835
	Acute Services	549	539	570	580	532	566	463	615	480	542	528	524
	HSCP	386	402	352	406	394	361	411	405	349	445	371	306
	Corporate	21	27	30	29	41	15	29	39	22	22	22	5

Commentary

The overall number of adverse events in July was slightly lower than monthly average for previous 10 months. Cardiac Arrest events, which had increased in the two months prior to this report, have decreased however still sit above average (8 in July compared to monthly average prior to May/June spike of 5.5 in the preceding 10 months). Focussed improvement work is ongoing in this area.

A decrease is noted in the numbers reported in the 'Patient Information (Records / Documentation / Tests / Results)' category – further breakdown of this category shows that the 'Incorrectly Completed / Mislabelled Documentation, Sample or Request' sub category is where the decrease is evident (17 events for July compared to an average of 21 over the previous 10 months). Early indications show that this reduction is sustained into August.

A decrease is also noted in the number of 'Patient Falls' – specifically within the 'Patient Fall whilst walking' sub category – July figures are lower than any of the preceding 10 months.

Capturing and closure of actions is a work stream of the Adverse Events improvement plan and is in early stages of development.

Key Deliverable	End Date
Adverse Event Process and Policy Review including 1) Review of policy 2) Increased focus on governance/assurance in relation to improvement actions from adverse events 3) 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.

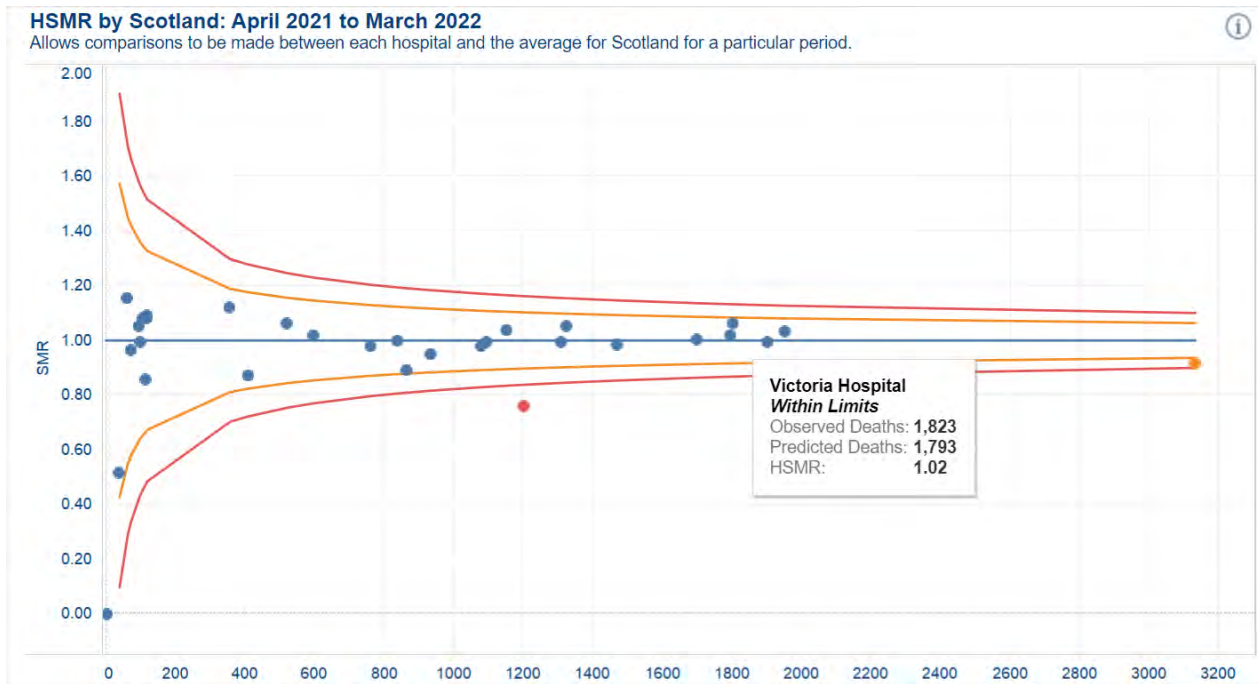
Performance

1.02

Reporting Period; April 2021 to March 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.



Commentary

Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife.

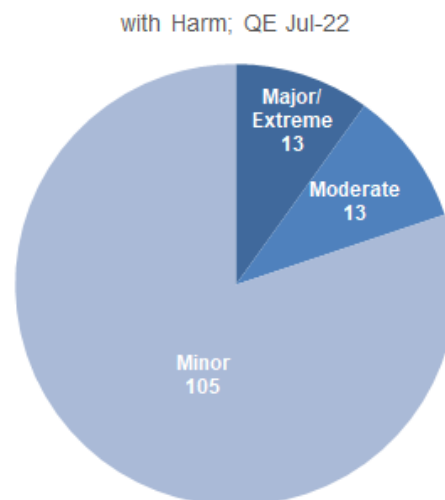
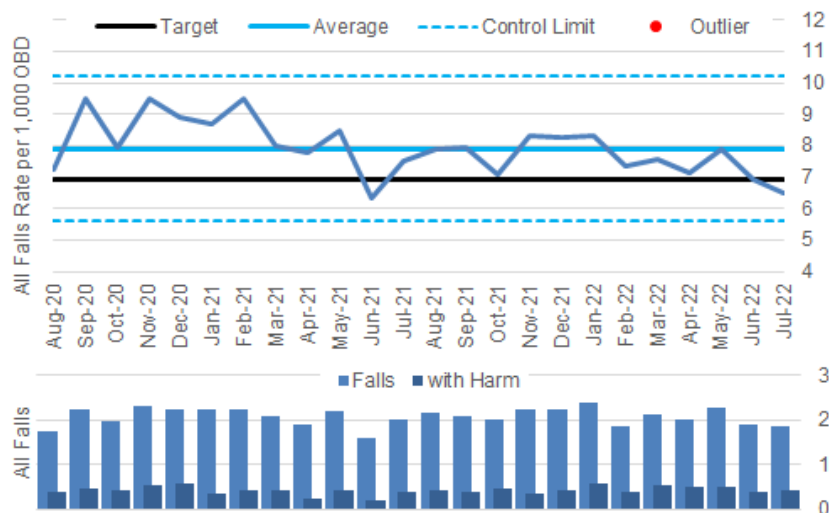
CLINICAL GOVERNANCE

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
6.51

Local Performance



Performance by Service Area

	2021/22								2022/23			
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	7.88	7.93	7.08	8.32	8.25	8.29	7.33	7.59	7.13	7.90	6.91	6.51
Acute Services	8.17	7.61	8.51	8.71	8.47	9.39	7.55	7.10	8.25	8.11	7.83	8.20
HSCP	7.63	8.21	5.85	7.97	8.06	7.34	7.16	8.01	6.14	7.72	6.08	4.97

Key Deliverable

Reduction in number of Patient Falls in order to achieve specified reduction target in this FY **End Date**
Mar-23
On track

Key Milestones	End Date
Refresh Falls Champions Register and Network	Sep-22 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	Sep-22 Not started
Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales	Apr-23 On track
Review LEARN summaries to support shared learning	Mar-23 On track
Explore feasibility of implementation of Falls module on Patient Trak	Mar-23 On track
Explore QI resource to support clinical staff and enhance local improvement work	Oct-22 Not started

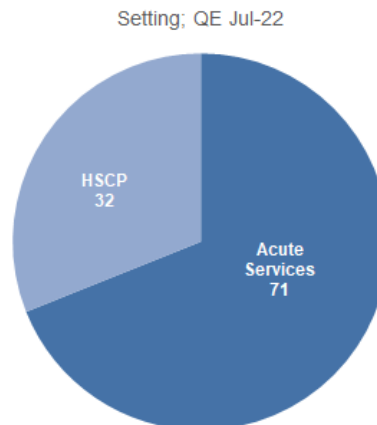
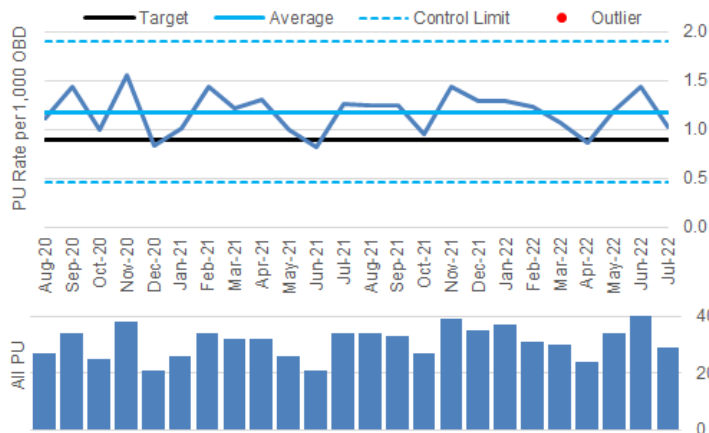
CLINICAL GOVERNANCE

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
1.02

Local Performance



Performance by Service Area

	2021/22									2022/23			
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	
NHS Fife	1.25	1.24	0.95	1.44	1.30	1.29	1.23	1.07	0.87	1.18	1.44	1.02	
Acute Services	2.36	2.10	1.44	2.54	2.16	2.18	1.84	1.83	1.37	1.77	2.13	1.40	
HSCP	0.27	0.49	0.53	0.49	0.55	0.52	0.72	0.40	0.41	0.66	0.82	0.67	

Key Deliverable

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

End Date

Mar-23
Off track

Data continues to show random variation across NHS Fife but ASD are showing an improving picture with 6 consecutive data points below the medium in a couple of categories

Key Milestones	End Date
Refresh PU Link Practitioner Register and Network	Oct-22 On track
Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Dec-22 On track
PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 On track
PU Documentation Audit to support compliance	Mar-23 At risk
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	Aug-22 At risk
Embed the revised HIS Pressure Ulcer Standards (October 2020)	Oct-23 On track
Develop and test electronic PURA and SSKIN bundle on Patienttrack	Oct-22 On track
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 On track

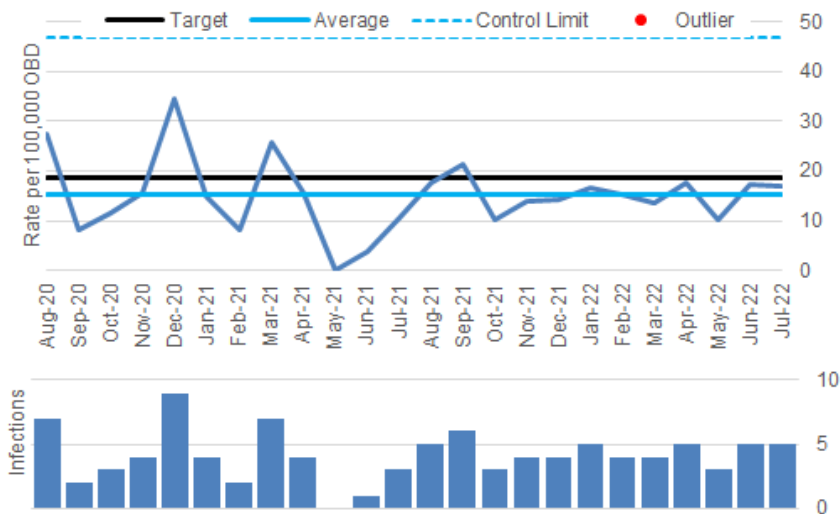
CLINICAL GOVERNANCE

SAB (HAI/HCAI)

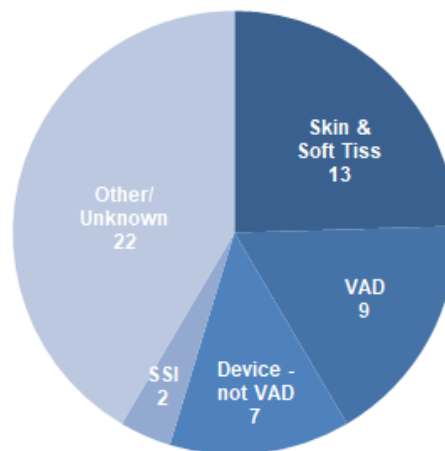
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
17.0**

Local Performance



Infection Source; YE Jul-22



National Benchmarking

Quarter Ending	2020/21			2021/22			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	18.7	20.6	17.8	6.3	16.6	12.7	15.2
Scotland	17.2	18.9	18.4	18.6	18.3	17.3	16.3

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 Optimise communications with all clinical teams in ASD & the HSCP	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 At risk

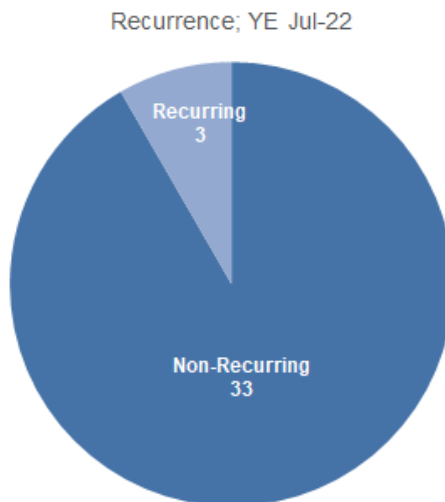
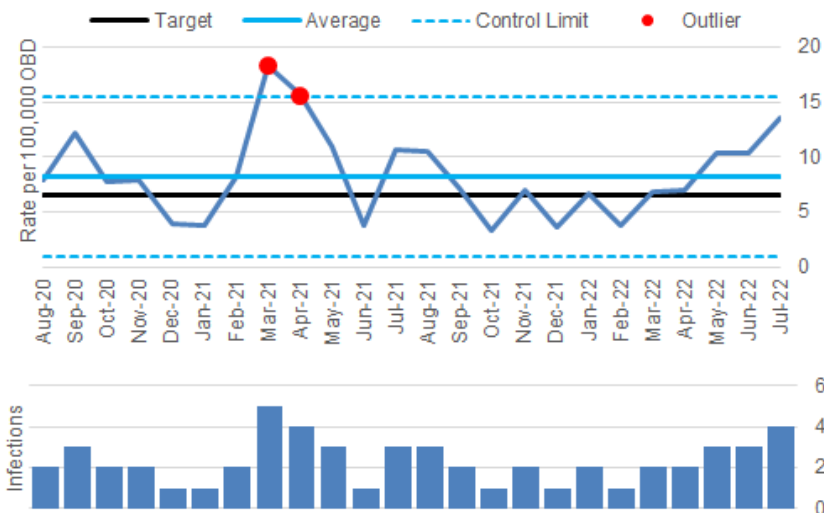
CLINICAL GOVERNANCE

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
13.6**

Local Performance



National Benchmarking

Quarter Ending	2020/21			2021/22			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	9.3	7.7	14.0	10.0	9.5	4.6	7.0
Scotland	17.4	16.4	15.8	14.6	16.8	13.3	12.6

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 At risk

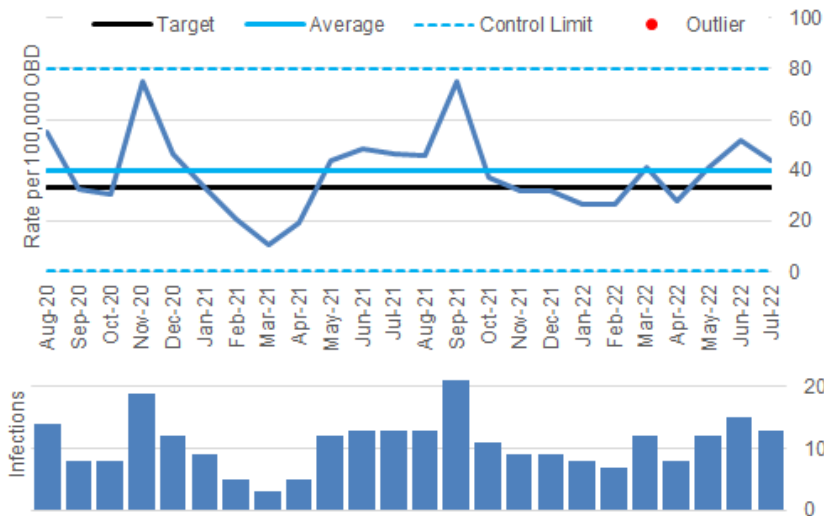
CLINICAL GOVERNANCE

ECB (HAI/HCAI)

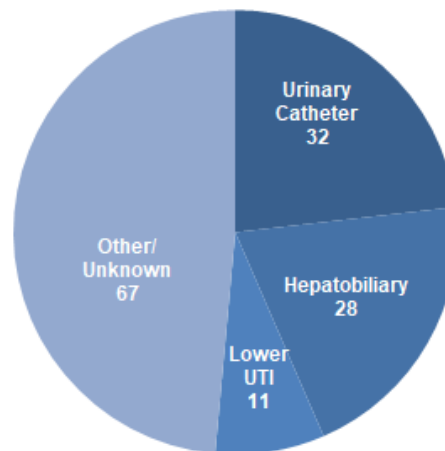
Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
44.1**

Local Performance



Infection Source; YE Jul-22



National Benchmarking

Quarter Ending	2020/21			2021/22			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	45.3	50.3	21.6	37.6	60.3	33.6	31.6
Scotland	42.0	40.9	34.7	38.2	41.5	34.1	30.5

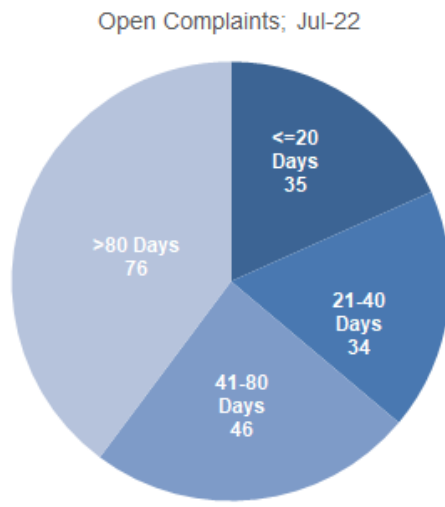
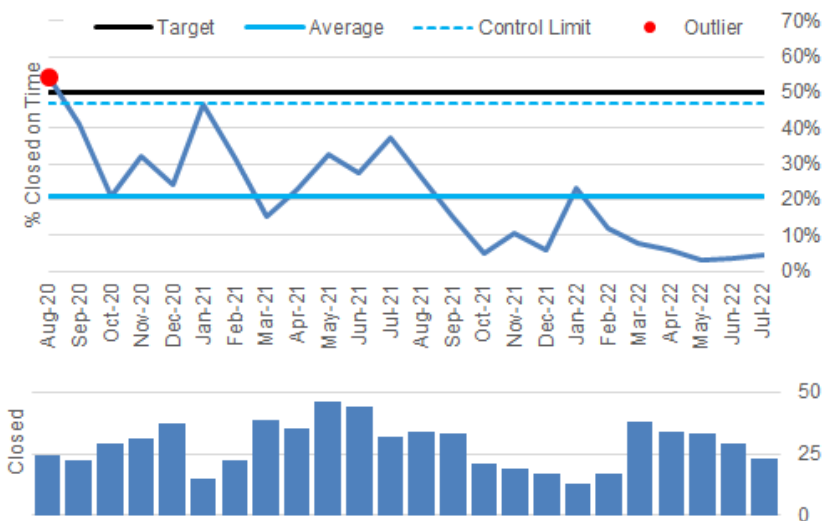
Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-23 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
	Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patienttrack- 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 At risk

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
4.3%

Local Performance



Performance by Service Area

		2021/22						2022/23					
		AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	% Closed on Time	26.5%	15.2%	4.8%	10.5%	5.9%	23.1%	11.8%	7.9%	5.9%	3.0%	3.4%	4.3%
	% Acknowledged (3 days)	100.0%	100.0%	100.0%	100.0%	88.2%	84.6%	100.0%	89.5%	88.2%	90.9%	93.1%	87.0%
Acute Services	% Closed on Time	31.6%	21.7%	0.0%	16.7%	7.7%	30.0%	18.2%	3.6%	8.0%	0.0%	5.0%	7.7%
HSCP	% Closed on Time	16.7%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	9.1%	0.0%	0.0%

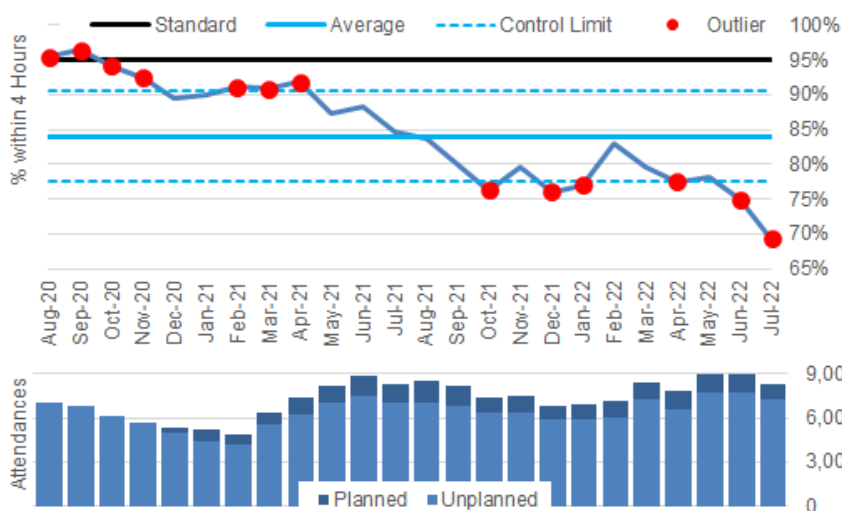
Key Deliverable	End Date
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Mar-23 On track
Adherence to NHS Fife's Participation and Engagement Framework	Mar-23 On track
Rebrand Patient Relations to Patient Experience Team	Dec-22 On track

4-Hour Emergency Access

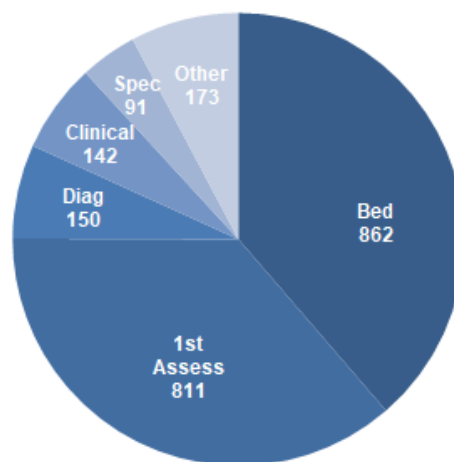
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Performance
69.3%

Local Performance



Breach Reason; Jul-22



National Benchmarking

	2021/22							2022/23				
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	83.6%	80.1%	76.3%	79.7%	76.1%	77.0%	83.0%	79.6%	77.5%	78.2%	74.9%	69.3%
Scotland	77.8%	76.1%	73.5%	75.9%	75.7%	76.0%	74.2%	71.6%	72.1%	73.0%	71.3%	69.9%

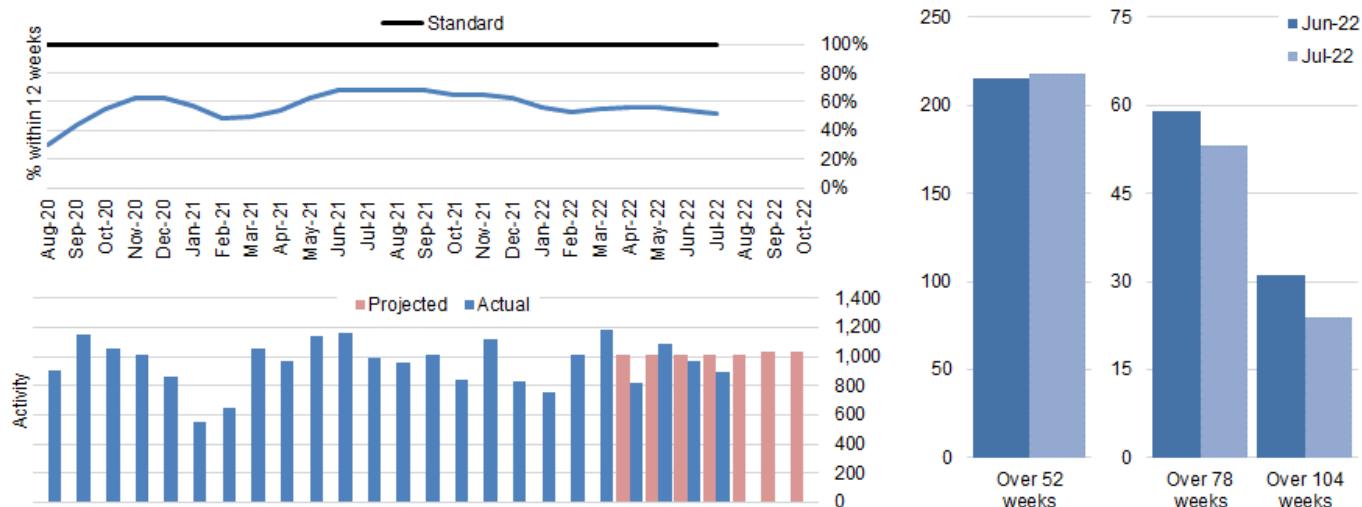
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 On track
	Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.	Mar-23 At risk
	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
51.6%

Local Performance



National Benchmarking

	2021/22						2022/23					
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	68.2%	68.2%	64.9%	65.1%	63.1%	56.6%	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%
Scotland	36.5%	34.0%	37.5%	37.3%	34.6%	33.7%	32.5%	34.0%	32.8%	32.5%	31.5%	

Key Deliverable

Reducing long waits; TTG

Day case elective activity continues at QMH, but inpatient surgery continues to be restricted due to sustained pressures in unscheduled care and staff absence and vacancies. There is a focus on urgent and cancer inpatients and long waiting day cases. With the standing down of the clinical prioritisation framework the review of patients categorised as P3 has commenced whilst reviewing the capacity to see long waiting patients to meet the new long waiting targets. A new recovery plan was submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver the new targets. No additional activity has been undertaken in April through July and core activity remains restricted.

End Date

Mar-23
Off track

Key Milestones

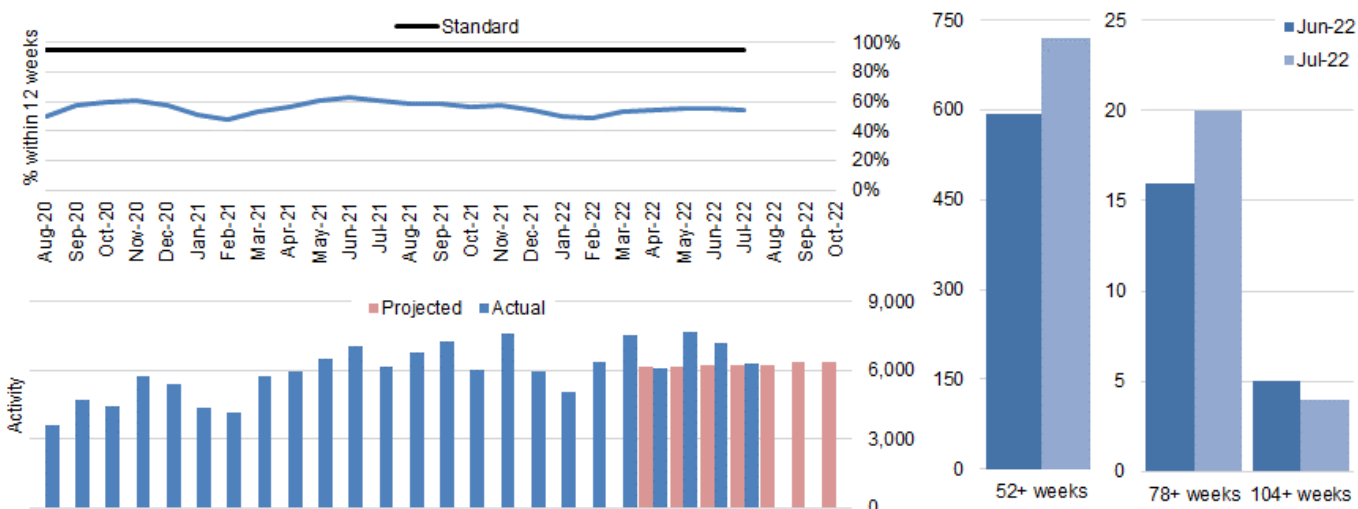
Preassessment	Sep-22 At risk
Elective Orthopaedic Centre	Jan-23 On track
Maximise utilisation of QMH Theatres	Mar-23 On track
Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 On track

New Outpatients

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

Performance
53.9%

Local Performance



National Benchmarking

	2021/22							2022/23				
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	58.6%	58.3%	56.5%	57.1%	53.8%	50.1%	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%
Scotland	49.7%	48.1%	48.0%	48.4%	46.5%	45.5%	45.9%	49.6%	48.9%	49.6%	49.1%	

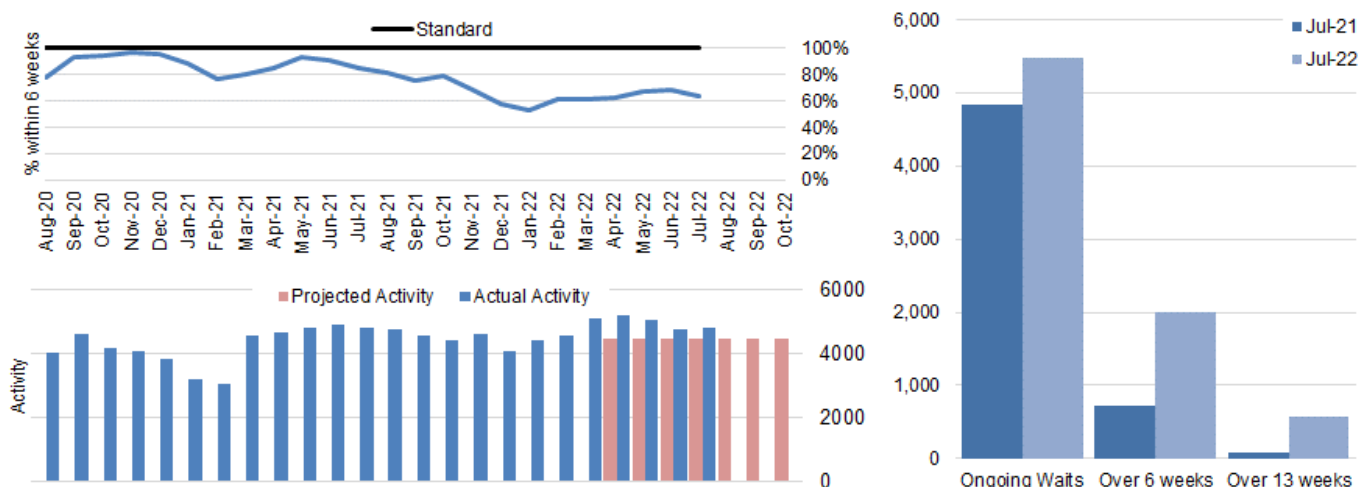
Key Deliverable		End Date
Reducing long waits; Outpatients		Mar-23 At risk
Key Milestones	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services	Sep-22 At risk
	Three step validation process of waiting lists will be implemented	Mar-23 At risk

Diagnostics Waiting Times

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

Performance
63.5%

Local Performance



National Benchmarking

	2021/22								2022/23			
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	81.2%	75.7%	78.7%	68.3%	57.8%	52.7%	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%
Scotland	56.5%	57.8%	55.2%	56.9%	49.6%	48.1%	50.8%	49.6%	45.2%	47.0%	47.5%	

Key Deliverable

End Date

Reducing long waits; Diagnostics

In Radiology whilst the activity is greater than projected there are particular challenges with ultrasound capacity and with cardiac CTs. No additional activity has been undertaken and core activity continues to be restricted in Endoscopy due to the need for enhanced infection control procedures. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan was submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity to reduce the number of long waiting patients. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence and vacancies.

Mar-23
Off track

Radiology -7 day working

No funding identified from SPRA. Ongoing work to scope out 24/7 CT only

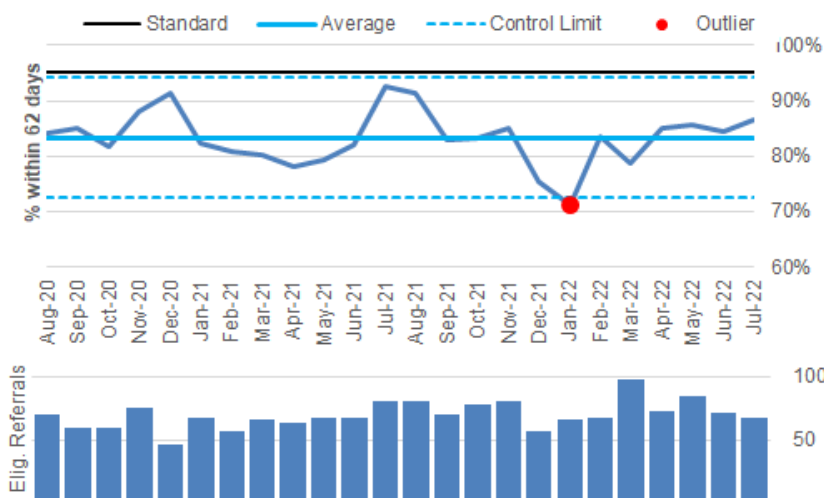
Apr-23
At risk

Cancer 62-Day Referral to Treatment

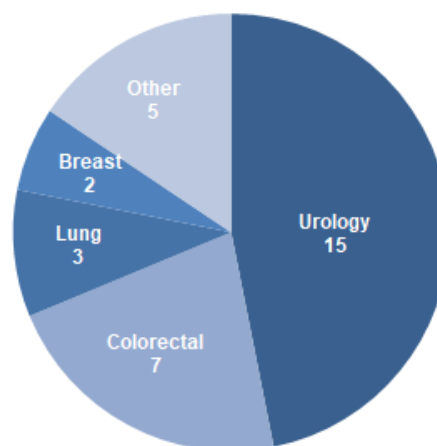
At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

Performance
86.6%

Local Performance



Breaches; QE Jul-22



National Benchmarking

Month	2021/22								2022/23			
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	91.3%	82.9%	83.3%	85.0%	75.4%	71.2%	83.6%	78.6%	84.9%	85.7%	84.5%	86.6%
Scotland	83.5%	83.1%	78.8%	78.1%	78.3%	76.3%	77.4%	75.5%	77.0%	75.8%	73.5%	75.8%

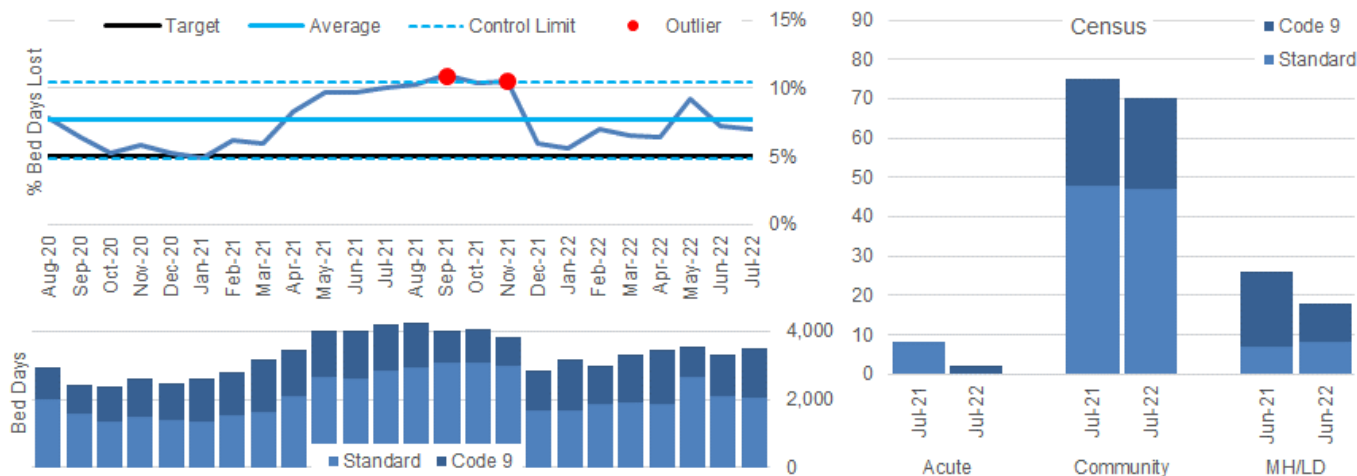
Key Deliverable		End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services		Mar-23 On track
Key Milestones	ECDC development/expansion	Mar-23 On track
	Development of single point of contact hub (SPOCH)	Sep-22 On track
	Review of cancer workforce	Mar-23 At risk
	Environmental needs of cancer services	Mar-23 On track
	Continued public and patient engagement	Mar-23 On track
	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 At risk
Delivery of Cancer Waiting Times		Mar-23 At risk
Key Milestones	Deliver improved Digital solutions to support delivery of Cancer Waiting Times performance <i>Initial plan was not supported by eHealth and a supported alternative tracking solution is being considered. This will not be delivered this FY.</i>	Suspended
	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 On track
	Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-23 At risk

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
7.0%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending								
		2019/20		2020/21				2021/22		
		MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	Standard	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%
	All	12.4%	8.6%	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%
Scotland	Standard	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%
	All	9.3%	5.9%	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%

Key Deliverable

End Date

Deliver Home First and enable Prevention and Early Intervention

Dec-23
On track

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
At risk

Key Milestones

Reduce hand offs in discharge processes

Sep-22
On track

Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian
Principal SW absent and has resulted in this work being delayed. Will be picked up by HoS Critical Care.

Oct-22
Off 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
At risk

Develop app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages.

Dec-23
At risk

Planned Date of Discharge Project

Dec-22
On track

Front Door Model

Dec-22
On track

Electronic referrals

Dec-23
At risk

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Finance <i>NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)</i>	Revenue (£11.5m)
	Capital £9.2m

1. Executive Summary

1.1 As we move into quarter 2 of the financial year, the Health Board retained position at the end of July is an overspend of £11.522m. This overspend comprises:

- £5.028m core overspend (includes £1.145m overspend relating to acute set aside services);
- £3.469m of the financial gap identified in the board's approved financial plan;
- £3.025m unfunded acute set aside Covid associated costs. Scottish Government has confirmed at our recent Q1 review all Covid expenditure must be contained within the £7.5m allocation notified to the board earlier in the financial year. This includes set aside covid associated costs.
- Full funding for Test and Protect costs has been anticipated in line with guidance.
- Health Delegated Services report an underspend at the end of July of £2.398m.

Revenue Financial Position as at 31 July 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services Division	238,650	80,878	84,662	-3,784
IJB Non-Delegated	9,622	3,207	3,157	50
Non-Fife & Other Healthcare Providers	96,197	32,044	32,577	-533
<u>Non Clinical Services</u>				
Estates & Facilities	78,650	25,663	25,863	-200
Board Admin & Other Services	76,709	25,336	25,363	-27
<u>Other</u>				
Financial Flexibility & Allocations	36,247	557		557
Income	-30,536	-9,651	-9,697	46
Grip and Control	-3,412	-1,137		-1,137
Sub-total Core position	502,127	156,897	161,925	-5,028
Financial Gap	-10,408	-3,469		-3,469
HB retained Covid 19	4,470	4,470	7,495	-3,025
SUB TOTAL	496,189	157,898	169,420	-11,522
<u>Health & Social Care Partnership</u>				
Fife H & SCP	377,409	120,788	118,390	2,398
Health delegated Covid 19	3,179	3,179	3,179	0
SUB TOTAL	380,588	123,967	121,569	2,398
TOTAL	876,777	281,865	290,989	-9,124

1.2 The NHS Fife financial plan approved in March 2022 highlighted a cost improvement requirement for 2022/23 of £24.1m; and associated approved cost improvement plans of £11.7m. The residual financial gap of £10.4m remains a firm planning assumption following the SG letter dated 14 July setting out 2022/23 priorities and finance planning which sets out the requirement to deliver a balanced financial position without additional financial support. The said £10.4m financial gap is further underpinned following our refresh of the 2022/23 financial year plan as part of the 3 year planning horizon plans submitted to Scottish Government on 5 August.

- 1.3 The Health retained Covid-19 funding envelope of £7.5m notified on 1 June has been recognised in our month 4 reporting position, along with anticipated funding for Test and Protect costs. Whilst we reported last month our expectation that Covid-19 costs in respect of Acute set aside Covid-19 spend would be met from the Covid allocations provided in 2021/22 to the Integration Joint Board following discussion with the IJB Chief Finance Officer, we have now been formally advised by Scottish Government that there is a cap on all covid funding available to the Health Board of £7.5m. Scottish Government has further confirmed there will be no further funding issued in 2022/23 and beyond for Covid 19 expenditure. Consequently, this month we are reporting unfunded Covid acute set aside costs of £3.025m. There is an absolute priority requirement to exit from Covid related costs as far as possible and to plan for remaining 'business as usual' costs.
- 1.4 In line with reporting requirements we submitted our quarter one reporting template to SG on 29 July. An in-depth review of Q1 financial performance has been undertaken to assess key risks and financial projections for 2022/23 internally, and a financial review meeting with SG colleagues to consider our Q1 submission including the board's 3 year financial plan took place at the end of August.
- 1.5 We received the July allocation letter on 2 August which signalled the receipt of 3 new non-recurring allocations (£0.101m). There are a number of assumptions made around anticipated allocations which reflects the national uncertainty around funding. It is anticipated that funding allocations will become less uncertain following SG's review of all Boards' quarter one financial positions with funding allocations to be notified from October. Details of our funding allocations (both received and anticipated) are attached at Appendix 1.
- 1.6 Given the challenging financial environment, and the SG direction that financial balance must be achieved in year without additional support, it is paramount that the board's cost improvement target of £11.7m is delivered during 2022/23. Cost improvements of £1.486m have been delivered in the four months to July and work continues to progress the financial improvement and sustainability programme. Other opportunities are currently being pursued to support any potential slippage in plans to ensure delivery of the board's planned financial position for 2022/23.
- 1.7 The overall anticipated capital budget for 2022/23 is £31.360m and includes bids for additional funding submitted to SG during August. This reflects the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government and anticipated allocations expected during the year to support a number of ongoing projects. The capital position for the period to July records spend of £9.216m equivalent to 29.39% of the anticipated allocation. The capital programme is expected to deliver in full with significant activity in the latter half of the financial year particularly with the completion of the National Treatment Centre.

2. Health Board Retained Services

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

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division (HB Retained)	196,256	66,633	69,272	-2,639
Acute Services Division (Acute Set Aside)	42,394	14,245	15,390	-1,145
Subtotal Acute Services Division	238,650	80,878	84,662	-3,784
IJB Non Delegated	9,622	3,207	3,157	50
Non-Fife & Other Healthcare Providers	96,197	32,044	32,577	-533
Income	-33,561	-12,676	-12,722	46
SUB TOTAL	310,908	103,453	107,674	-4,221

- 2.1 The Acute Services Division reports a core **overspend of £3.784m**. Acute Services continue to experience challenging capacity pressures at the front door with ED attendances increasing 7% compared to month 4 last year, the majority of which are major presentations. Delayed discharges continue to put pressure on surge capacity, with the site footprint being fully utilised. Reliance on supplementary staffing within Acute continues to impact on the pay overspend position. Work is underway to develop opportunities to recruit in a variety of different ways to increase workforce capacity and reduce the reliance on temporary staffing. The reported non pay overspend to July of £1.901m is partially attributable to medicines growth of £1.043m, particularly within haematology. The balance is due to Acute Services awaiting the outcome of a Labs and Radiology bid submitted to Scottish Government requesting funding of £1.7m. Expenditure of £0.654m has been incurred against this scheme, contributing to the overspend and although no funding has been confirmed yet it is expected to be notified in October. In addition, the position reflects an unfunded £0.350m of expenditure for Waiting List Initiatives re pay growth on substantive contracts (funding confirmation is awaited from Scottish

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Government). The remainder of the reported overspend to July relates to unachieved cash releasing savings of £0.352m, with an expectation the pipeline schemes will cover any in year slippage.

Included in the core ASD position is an overspend on core set aside services of £1.145m which is being funded on a **non-recurring** basis by the board. The full year cost pressure on set aside budgets is circa £6m and is included in the board's financial plan gap of £10.4m.

- 2.2** The IJB Non-Delegated budget reports an **underspend of £0.050m**. Across the acute services within the Northeast Fife Hospitals and the Forensic unit at Lynebank (Daleview) the underspend mainly relates to nursing vacancies. There are also small underspends on drugs, medical supplies, and payments to Tayside for dermatology clinics.
- 2.3** The budget for healthcare services provided outwith NHS Fife is **overspent by £0.533m** which reflects significant recurring unbudgeted costs for a number of mental health services which requires appropriate realignment with the HSCP, and early conversations have commenced in that regard. A 'deeper dive' review conducted this month has informed a more accurate assessment of the cross border flow of patients, and is now more reflective of changes in activity patterns as we move out of the Covid-19 pandemic. Further detail is contained in Appendix 2.
- 2.4 Corporate Functions and Other Financial performance at 31 July 2022**

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	78,650	25,663	25,863	-200
Board Admin & Other Services	76,709	25,336	25,363	-27
<u>Other</u>				
Financial Flexibility & Allocations	36,117	557	0	557
SUB TOTAL	191,476	51,556	51,226	330

- 2.5** The Estates and Facilities budgets report an **overspend of £0.200**. This is primarily due to increased costs within energy/utilities budgets, waste budgets and an increased spend on roof repairs.
- 2.6** Within the Board's corporate services there is an **overspend of £0.027m**. The main drivers are the areas within Corporate who are focused on regaining traction on their respective Cost Improvement Targets.
- Financial Flexibility
- 2.7** Financial flexibility at the end of the July reflects financial plan assumptions which are being held corporately and includes supplies, medical supplies and drugs uplifts. The release of this flexibility and allocations will take place as the year unfolds as the financial impact of national policies crystallise. A summary of funding held in **financial flexibility** and the release of **£0.557m** to month 4 is shown at Appendix 3.
- Financial Gap
- 2.8** The **financial plan gap** at month 4 reflects the proportionate share of the planned £10.4m deficit (**£3.469m** to month 4) which will be addressed as part of our medium term (3 year) financial planning.
- Approved Cost Improvement Plans
- 2.9** The year to date target at month 4 was £3.336m with £1.486m achieved, resulting in a current year shortfall of £1.850m. Recurring savings achieved are £1.046m, equivalent to 9% of the full year target. Significant risk remains around those where plans are not yet finalised and CIP documents are not completed. The Programme Board governance arrangements are key to instil rigour and momentum to this agreed plan.

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Approved Cost Improvement Plans - Position at 31 July 2022

Budget Area	Current £'000	Year to £'000	Year to £'000	Year to £'000
Acute	5,752	949	500	-449
Estates & Facilities	1,652	902	906	4
Corporate	4,296	1,485	80	-1,405
Total	11,700	3,336	1,486	-1,850

By the end of Month 4 Acute Services delivered £0.500m, a year to date shortfall of £0.447m (£0.352m cash releasing and a further £0.095m cost reduction on supplementary staffing). The current month achieved was £0.168m, with £0.128m being achieved through reduction of pay expenditure which helps close the gap in line with reduction in supplementary staffing. Emergency Care have contributed the balance of £0.043m from medicines efficiencies. To date Acute have identified £0.463m has been identified on a recurring basis. Recurring pipeline opportunities will continue to be explored at pace to mitigate against areas of potential high risk, specifically against the reduction in supplementary staffing and reduced procurement expenditure.

The vacancy factor target of £1.183m distributed across Corporate directorates and Acute services remains undelivered at month 4 with services yet to determine if vacancy factor has materialised to offset against this target and, where possible, mitigate the shortfall through identification of pipeline CIP's. Estates and Facilities have absorbed £0.402m of the grip and control target. Further detail is included in Appendix 4 to this report.

3. Health Board Covid-19 spend

3.1 We have been formally advised that there is a cap on the Health Board Covid-19 funding of £7.5m for 2022/23. All Boards are requested to disclose any overspend beyond the funding cap as part of their core position. The table below shows Covid-19 spend of £5.643m to month 4. This comprises £2.618m for Health retained funded from the £7.5m financial envelope; and £3.025m unfunded acute set aside costs which we now report as an overspend (previously anticipated and agreed with our CFO to fund from the Covid allocations provided in 2021/22 to the Integration Joint Board). In addition, we have anticipated funding of £1.852m for Test and Protect costs in line with SG guidance, but until funding is formally confirmed, remains a risk.

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	2,144	2,144	2,678	4,822	-2,678
Estate & Facilities	58	58	284	342	-284
Corporate	416	416	63	479	-63
Subtotal (fund from £7.5m envelope)	2,618	2,618	3,025	5,643	-3,025
Test & Protect (anticipated funding)	1,852	1,852	0	1,852	0
Total	4,470	4,470	3,025	7,495	-3,025

3.2 Acute Services continue to incur Covid expenditure for services which have not yet scaled back and despite a reduction in community transmission the overall impact within the hospital setting is yet to materialise. National guidance is awaiting sign off which will provide a policy update on asymptomatic and pre elective testing which may reduce expenditure going forwards. Delays in transfer of care due to the Covid impact in Community settings generates both a capacity and financial pressure on the Acute Services. Point of Care testing continues and NMAB clinics provide access to medication for Covid positive individuals in a bid to prevent acute hospital admissions. Staff absences for covid reasons continue at levels seen in 2021/22 and are driving sickness absence costs well in excess of "normal" sickness absence costs. Discussions continue around exit strategies for Covid expenditure and to gain an understanding of what will become business as usual in the future and will inform the SPRA process.

3.3 Corporate budgets continue to incur Covid-19 costs with detailed work underway with services to secure exit planning and absorption of the Covid-19 costs 'tail' in to core costs.

3.4 Public Health colleagues have established a short life working group to work through the staffing implications of the ending of Contact Tracing, Asymptomatic Testing and Fixed Term Public Health roles. Whilst the current level of spend will fall over the coming months; a level of symptomatic testing will continue which is currently being modelled nationally.

4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £2.398m**. The underspend position predominantly relates to vacancies with attempts to recruit on-going by services. There's continued reduction in activity within sexual health & rheumatology. As of July 2022, only 2 months of actual General Practice Prescribing data to the end of May is available. Using that data, other available indicators and 3 years previous positive outturns, the GP Prescribing position to July 22 is estimated to be 254k underspent, on a £77.6m budget this represents 1.4%. Offsetting those underspends are overspends within hospital inpatients & long-term care. There are high usage/costs associated with medical locums and nurse bank/agency to cover vacancies, sickness and increased patient supervision.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	377,409	120,788	118,390	2,398
SUB TOTAL	377,409	120,788	118,390	2,398

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. These services are currently captured within the Clinical Services areas of this report (Acute set aside £1.145m overspend to month 4). Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £3.179m to month 4, 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	1,117	1,117	0
Complex And Critical Services	70	70	0
Primary Care + Prevention Ser	91	91	0
Professional/business Enabling	47	47	0
Covid-19 Vaccination Costs	1,854	1,854	0
Total	3,179	3,179	0

5. Risks

- 5.1 Although access to Covid funding is available to the board in 2022/23, the level of covid service demands coupled with increasing inflation levels, may exceed the available funding support. We continue to work to mitigate this risk through a detailed review of costs incurred in this financial year and to work with services to ensure exit plans are in place and to embed necessary activities and actions within our core service delivery where practicable.
- 5.2 There is a risk around test and protect and track and trace funding where we await receipt of funding. Until funding is confirmed this remains a financial risk.
- 5.3 There is a lack of certainty over future funding allocations which we hope will become less uncertain following the output from the national quarter one review of Boards' financial positions.
- 5.4 There are a number of ongoing price increases which are globally out with our control, e.g. energy price increases; and the cost of food; and building materials. Whilst some assumptions have been made in the financial planning process, close and detailed work remains ongoing to capture and forecast the potential impact to NHS Fife.

6. Capital

6.1 The overall anticipated capital budget for 2022/23 is £31.360m. The capital position for the period to July records spend of £9.216m. Therefore, 29.39% of the anticipated total capital allocation has been spent to month 4.

6.2 The capital plan for 2022/23 was presented to the FP&R Committee in July and will subsequently be tabled at the NHS Fife Board. NHS Fife has assumed a programme of £31.360m detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	856
Lochgelly Health Centre	1,228
QMH Theatres PH2	1,500
Mental Health	100
National Equipping	1,506
HEPMA	1,000
Pharmacy Robot	100
Estates NIB Bid	2,720
D&I NIB Bid	957
Total	31,360

NHS Fife are also anticipating £0.350m charitable funding to support the modernisation works associated with the VHK Hospice.

The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to FBC, subject to NHS Assure approval and a Benefits Realisation Addendum to the OBC.

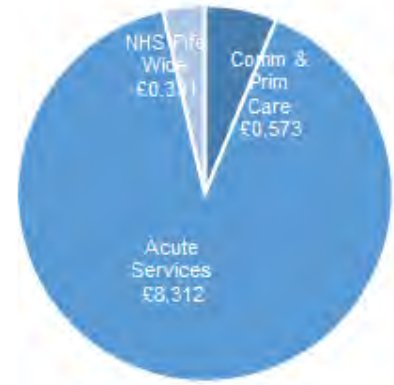
6.3 Capital Receipts

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

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – whilst an offer has been accepted subject to conditions for planning and access, there are concerns re key objections which may place this asset sale at risk.

6.4 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 £9.216m, this equates to 29.39% of the total anticipated capital allocation, as illustrated in the spend profile graph below.



The main areas of spend to date include:

Statutory Compliance	£1.222m
Equipment	£0.164m
Digital	£0.331m
Elective Orthopaedic Centre	£7.024m
Health Centres	£0.430m

6.5 The capital programme is expected to deliver in full with significant activity in the final month 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 position reported and are asked to:

- **Note** the reported core overspend of £11.522m
- **Note** the Health delegated core underspend position of £2.398m
- **Note** the capital expenditure spend of £9.216m.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
Letter 2 August 2022	June letter	748,855		125	748,980	
	Realistic Medicine			30	30	In line with previous year allocation
	Naloxone for Police Scotland officers			29	29	SG policy
	HNC student backfill			42	42	Based on student number
	Total Core RRL Allocations	748,855	0	226	749,081	
Anticipated	Primary Medical Services		59,263		59,263	
Anticipated	Outcomes Framework	4,520			4,520	
Anticipated	Mental Health Bundle	1,363			1,363	
Anticipated	Salaried Dental	2,090			2,090	
Anticipated	Distinction Awards	139			139	
Anticipated	Research & development	822			822	
Anticipated	Community Pharmacy Champions	20			20	
Anticipated	NSS Discovery	-40			-40	
Anticipated	Pharmacy Global Sum Calculation	-204			-204	
Anticipated	NDC Contribution	-843			-843	
Anticipated	Community Pharmacy Pre-Reg Training	-165			-165	
Anticipated	Patient Advice & Support Service	-39			-39	
Anticipated	FNP	1,425			1,425	
Anticipated	New Medicine Fund	6,683			6,683	
Anticipated	Golden Jubilee SLA	-25			-25	
Anticipated	PCIF	10,037			10,037	
Anticipated	Action 15 Mental Health strategy	2,121			2,121	
Anticipated	ADP:seek & treat	1,159			1,159	
Anticipated	Veterans First Point Transisition Funding	116			116	
Anticipated	Tariff reduction to global sum	-4,245			-4,245	
Anticipated	District Nurses	333			333	
Anticipated	ADP	920			920	
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	National Cancer Recovery Plan SPOC	64			64	
Anticipated	National SACT Pharmacy	8			8	
Anticipated	Mental Health Funding Pharmacy recruitment	64			64	
Anticipated	Mental health & Wellbeing primary care services	105			105	
Anticipated	Waiting list			6,700	6,700	
Anticipated	Capital to Revenue			2,000	2,000	
Anticipated	Covid 19 Retained			7,500	7,500	
Anticipated	Young Peoples fund		10		10	
Anticipated	Band 2-4		895		895	
Anticipated	TAC		1,000		1,000	
Anticipated	ICU		799		799	
Anticipated	Best Start			73	73	
Anticipated	Midwife Training			7	7	
Anticipated	NSD etc		-4,526		-4,526	
Anticipated	Test & protect			4,559	4,559	
Anticipated	Additional Pay Award	8,513			8,513	
Anticipated	Depreciation			1,420	1,420	
Anticipated	Digital & Information Funding			1,729	1,729	
Total Anticipated		8,513	85,542	23,988	118,043	
		757,368	85,542	24,214	867,124	
Anticipated	IFRS			8,516	8,516	
Anticipated	Donated Asset Depreciation			137	137	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	9,653	9,653	
	Grand Total	757,368	85,542	33,867	876,777	

Appendix 2: Service Agreements

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
Health Board				
Ayrshire & Arran	101	34	32	2
Borders	47	16	19	-3
Dumfries & Galloway	26	9	19	-10
Forth Valley	3,311	1,104	1,224	-120
Grampian	374	125	94	31
Greater Glasgow & Clyde	1,724	575	558	17
Highland	141	47	68	-21
Lanarkshire	120	40	72	-32
Lothian	32,822	10,941	11,133	-192
Scottish Ambulance Service	105	35	27	8
Tayside	41,258	13,750	14,413	-663
	80,029	26,676	27,659	-983
UNPACS				
Health Boards	14,564	4,855	4,159	696
Private Sector	799	266	511	-245
	15,363	5,121	4,670	451
OATS	740	247	248	-1
Grants	65			0
Total	96,197	32,044	32,577	-533

Appendix 3: Financial Flexibility

		Flexibility Released to July-22
	£'000	£'000
Drugs :NMF	1,059	
Junior Doctor Travel	38	
Consultant increments	251	251
Discretionary Points	259	
AME impairments	500	
AME Provisions	612	
Prior Years Approved Developments, National Initiatives	3,227	306
Health Retained 22-23 Uplifts	15,164	
Cost pressures 22-23	3,980	
Allocations to be distributed	11,027	
Total	36,117	557

Appendix 4: Detailed Cost Improvement Plans

Area	Plan	Current Year Target	Year to Date Target	Year to Date Achieved	Year to Date Variance
		£'000	£'000	£'000	£'000
PCD	Instruments & Sundries	1,000	173	70	(103)
PCD	Investment in Theatres Procurement / Cost Reduction	500	56	2	(54)
PCD	Repatriation of Radical Prostatectomy	205	0	0	0
WCCS	Travel & Printing	60	24	24	0
WCCS	Managed Service Contract for Labs	425	142	92	(50)
WCCS	Skill Mix Review	50	13	13	0
ECD	Pirfenidone / Nintedanib	40	13	13	0
ECD	Patent Expiry / Homecare	160	32	0	(32)
WCCS	Community Paediatric Drugs	20	7	7	0
Acute	Reduction in Non Core Staffing	2,000	222	128	(94)
WCCS	Vacancy Release	210	67	50	(17)
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	71	101	30
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	395	0	(395)
All	Financial Grip & Control	3,415	1,138	0	(1,138)
Total		11,700	3,336	1,485	(1,850)

Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000
Covid-19 earmarked reserve	33,522	620	327	379
Vaccine	2,472	1,053	472	330
ADP (from Core)	1,700			
Primary Care Improvement Fund	6,585		145	18
Care homes	817		41	15
Urgent Care Redesign	950	139	110	105
Action 15	1,791			
RT Funding	1,500			
District Nurses	213			
Fluenz	18			
Mental Health Recovery & Renewal	3,932	100	122	
Workforce Wellbeing	244			
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	
Interface care	170			30
Core general reserve	4,125		127	98
Core underspend	3,550			
TOTAL	64,655	1,912	1,416	975

FINANCE, PERFORMANCE & RESOURCES: FINANCE

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	21	67
Statutory Compliance	346	110	346
Capital Equipment	229	13	229
Condemned Equipment	0	0	0
Total Community & Primary Care	642	144	642
ACUTE SERVICES DIVISION			
Statutory Compliance	1,890	1,112	1,890
Capital Equipment	927	146	927
Clinical Prioritisation	67	20	67
Condemned Equipment	19	6	19
QMH Theatre	734	4	734
Total Acute Services Division	3,637	1,288	3,637
NHS FIFE WIDE SCHEMES			
Equipment Balance	252	0	252
Information Technology	877	331	877
Clinical Prioritisation	115	0	115
Statutory Compliance	160	0	160
Condemned Equipment	81	0	81
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	3,484	331	3,484
TOTAL CAPITAL ALLOCATION FOR 2022/23	7,764	1,763	7,764
ANTICIPATED ALLOCATIONS 2022/23			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	856	182	856
Lochgelly Health Centre	1,228	248	1,228
Mental Health Review	100	0	100
Elective Orthopaedic Centre	13,629	7,024	13,629
National Equipping	1,506	0	1,506
HEPMA	1,000	0	1,000
Pharmacy Robot	100	0	100
Estates NIB Bid	2,720	0	2,720
D&I NIB Bid	957	0	957
Anticipated Allocations for 2022/23	23,596	7,454	23,596
Total Anticipated Allocation for 2022/23	31,360	9,216	31,360

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23	Pending Board Approval	Cumulative Adjustment to June	July Adjustment	Total
				July
Routine Expenditure	£'000	£'000	£'000	£'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	340	6	346
Total Community & Primary Care	0	636	6	642
Acute Services Division				
Capital Equipment	0	920	6	927
Condemned Equipment	0	13	6	19
Clinical Prioritisation	0	67	0	67
Statutory Compliance	0	1,891	-1	1,890
QMH Theatre	734	734	0	734
	734	3,626	11	3,637
Fife Wide				
Backlog Maintenance / Statutory Compliance	2,396	-2,231	-5	160
Fife Wide Equipment	1,407	-1,149	-6	252
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-135	0	115
Condemned Equipment	100	-13	-6	81
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	-3,529	-17	3,484
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	856	0	0	856
Lochgelly Health Centre	1,228	0	0	1,228
Mental Health Review	100	0	0	100
Elective Orthopaedic Centre	13,629	0	0	13,629
National Equipping	1,506	0	0	1,506
HEPMA	1,000	0	0	1,000
Pharmacy Robot	100	0	0	100
Estates NIB Bid	2,720	0	0	2,720
D&I NIB Bid	957	0	0	957
Anticipated Allocations for 2022/23	23,596	0	0	23,596

Total Planned Expenditure for 2022/23	31,360	734	0	31,360
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STAFF GOVERNANCE

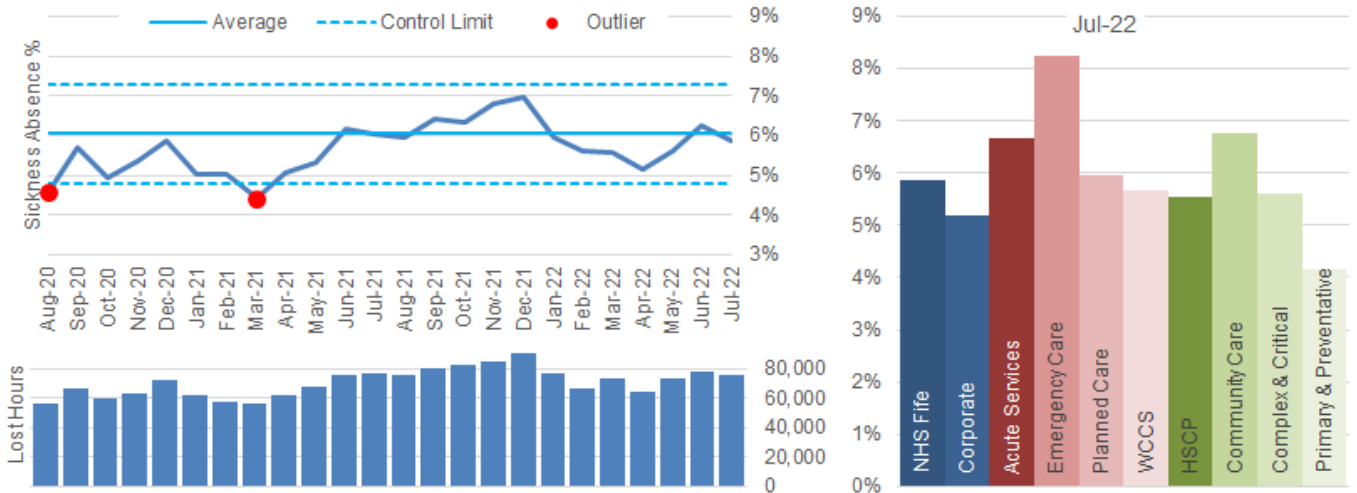
Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance

5.88%

Local Performance



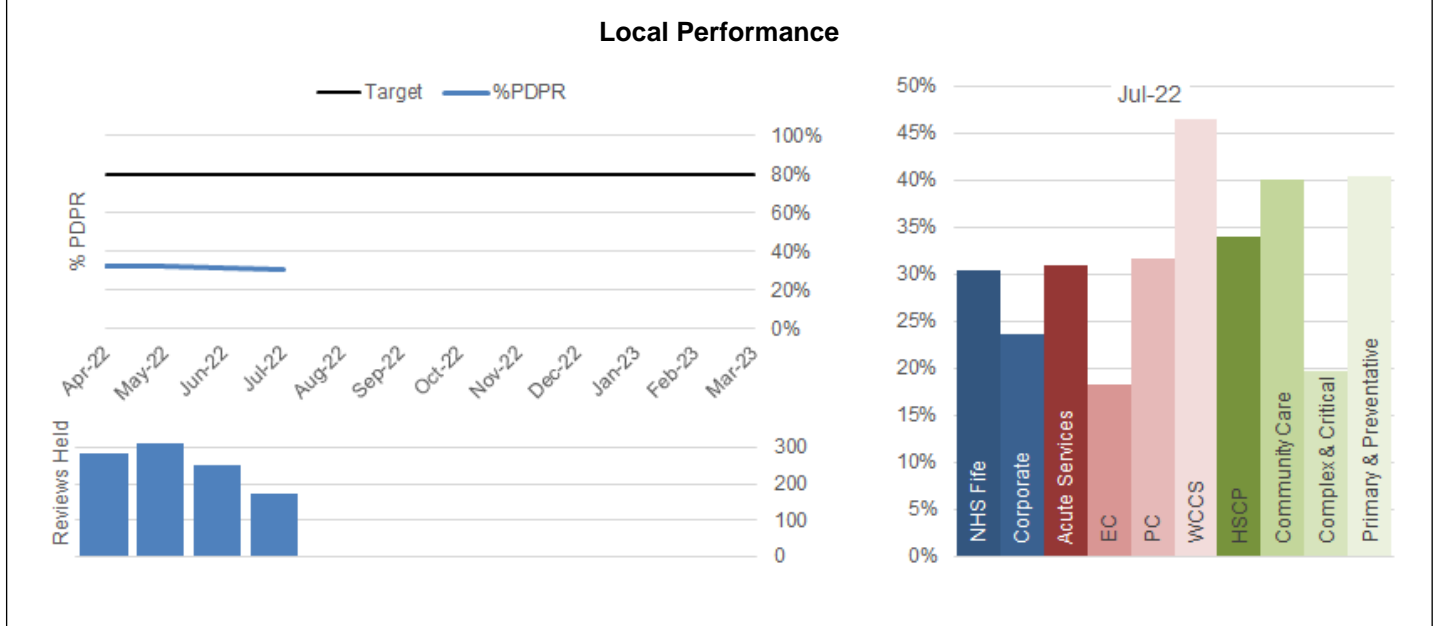
National Benchmarking

Month	2021/22						2022/23					
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	5.95%	6.42%	6.34%	6.79%	6.98%	5.93%	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%
Scotland	5.76%	6.12%	6.30%	6.37%	6.23%	5.37%	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%

Key Deliverable		End Date
Support the Health and Wellbeing of our Staff		Mar-23 On track
Key Milestones	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

STAFF GOVERNANCE

PDPR Compliance <i>To achieve an annual PDPR compliance rate of 80%</i>	Performance 30.4%
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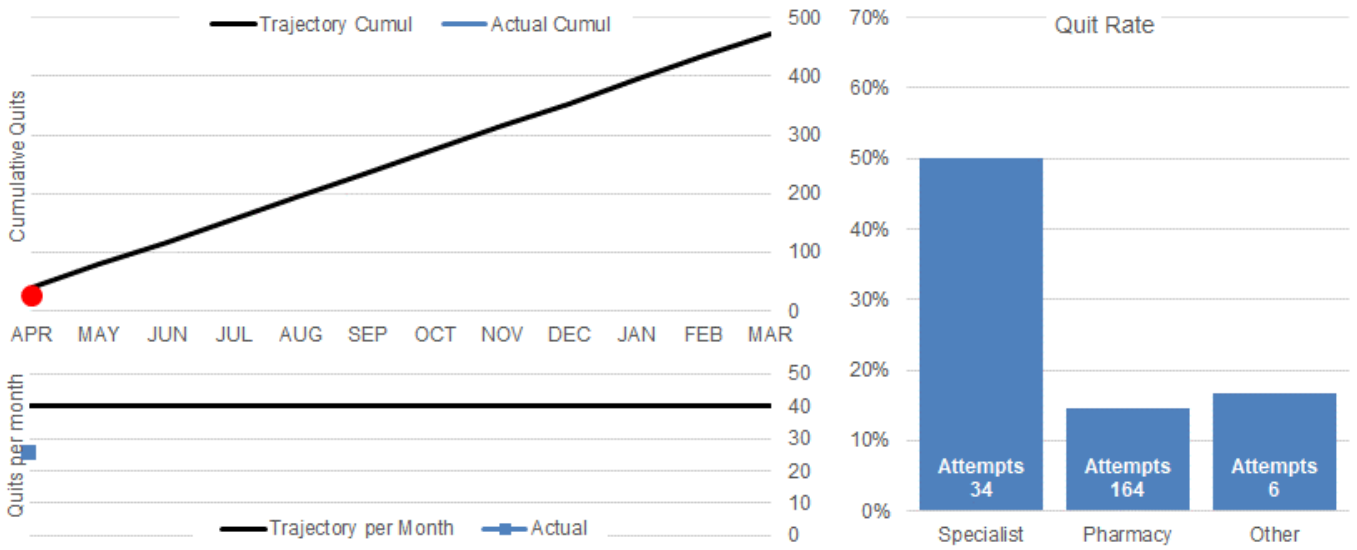
Key Deliverable		End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate		Mar-23 At risk
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 On track
	Provide RAG status reports to all Managers during September 2022	Sep-22 On track
	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 On track
	Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDP&R activity	Dec-22 On track

Smoking Cessation

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

**Performance
25**

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	25											
	Actual Cumul	25											
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
Scotland	Achieved	62.5%											
	Achieved												

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	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	Mar-23 On track
	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	Mar-23 On track

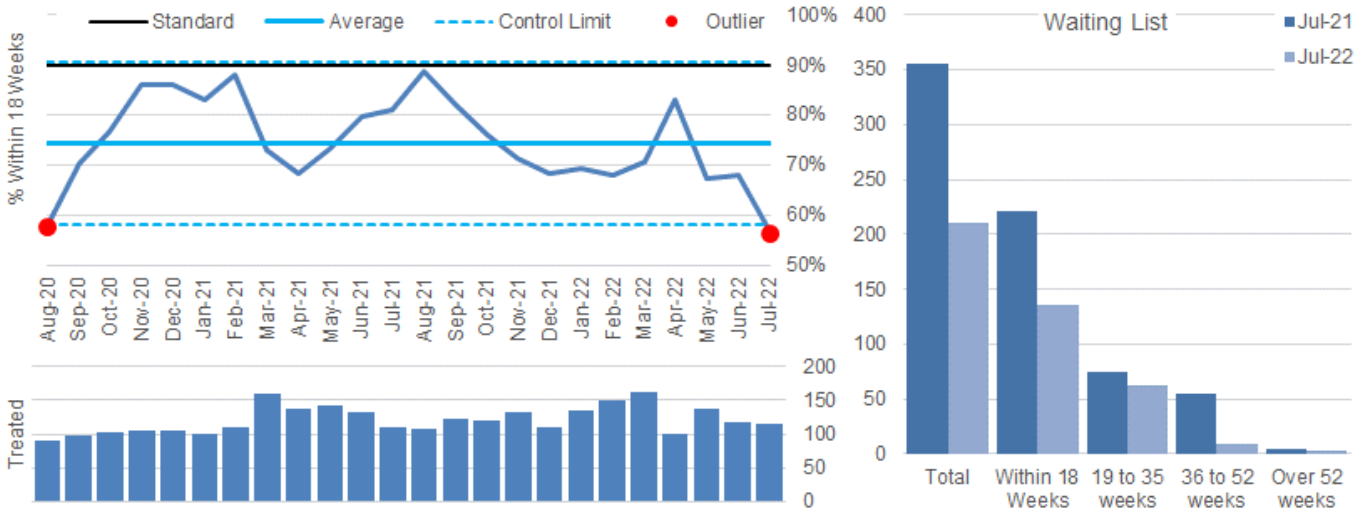
CAMHS 18 weeks RTT

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

Performance

56.5%

Local Performance



National Benchmarking

Month	2021/22						2022/23					
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	88.8%	82.1%	76.0%	71.2%	68.2%	69.4%	68.0%	70.6%	83.0%	67.4%	67.8%	56.5%
Scotland	77.4%	82.1%	71.5%	70.5%	68.9%	73.9%	71.9%	73.8%	71.1%	66.7%	67.4%	

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
On track

Recruitment of Additional Workforce

Mar-23
On track

Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health

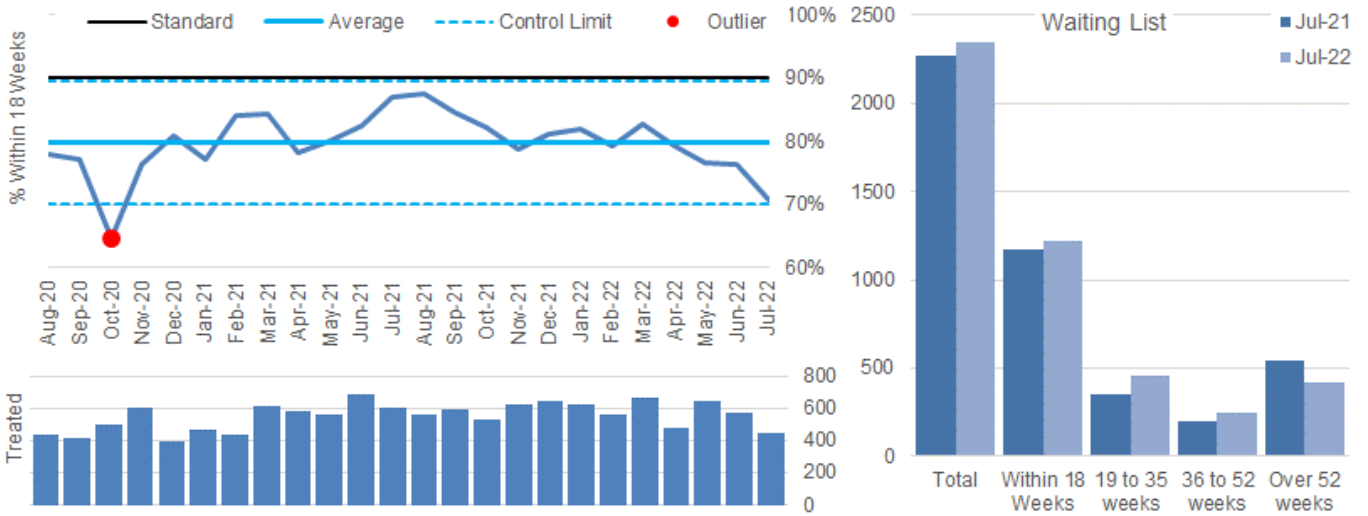
TBC

Psychological Therapies 18 weeks RTT

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

Performance
70.8%

Local Performance



National Benchmarking

Month	2021/22						2022/23					
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	87.4%	84.5%	82.3%	78.8%	81.1%	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%
Scotland	87.0%	86.1%	85.5%	83.0%	85.1%	82.6%	82.0%	84.5%	81.2%	80.9%	82.3%	

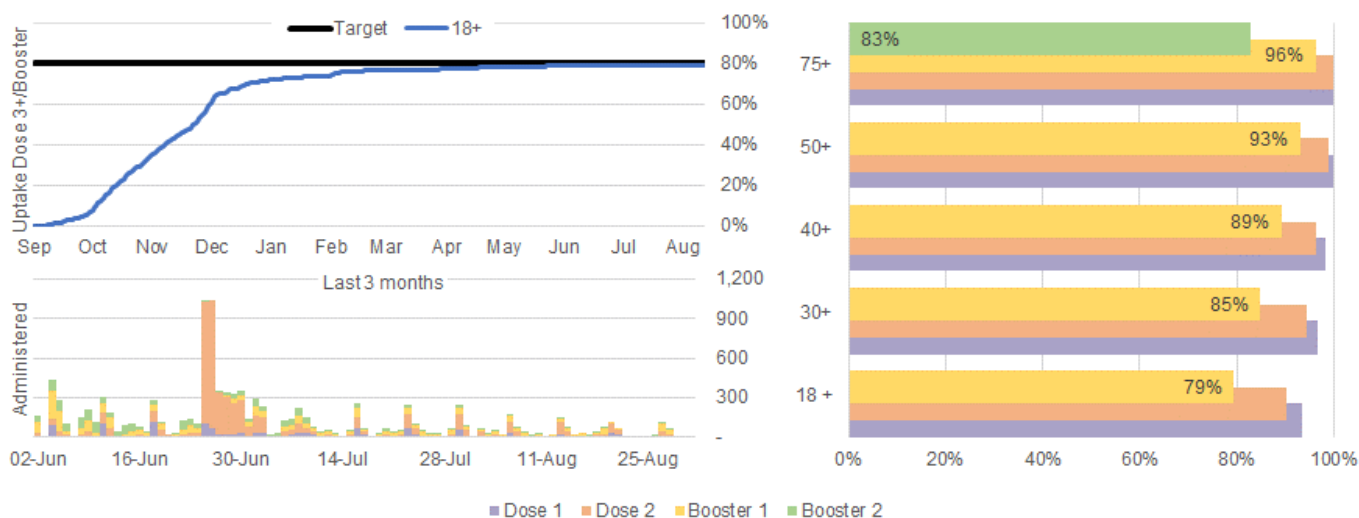
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-23 On track
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Dec-22 On track
	Recruit new staff as per Psychological Therapies Recovery Plan	Dec-22 At risk
	Waiting list management within General Medical Service in Clinical Health	Dec-22 On track
	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 At risk

Covid-19 Vaccination

At least 80% of the Age 18+ population will receive a Booster 1 or Dose 3 vaccine

Performance
78.9%

Local Performance



National Benchmarking

Month Ending	2021/22							2022/23				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	0.9%	19.9%	44.0%	68.6%	73.6%	76.8%	77.5%	78.0%	78.5%	78.8%	78.9%	78.9%
Scotland	1.8%	17.4%	38.5%	66.7%	73.5%	76.4%	77.4%	77.8%	78.3%	78.7%	78.8%	78.9%

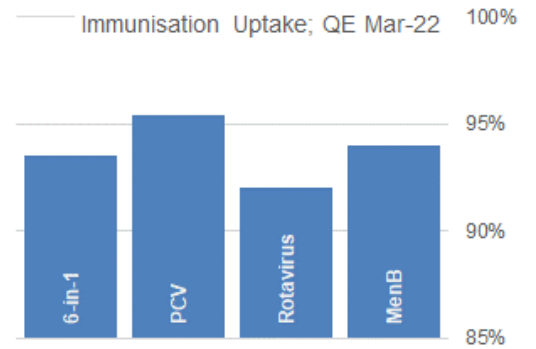
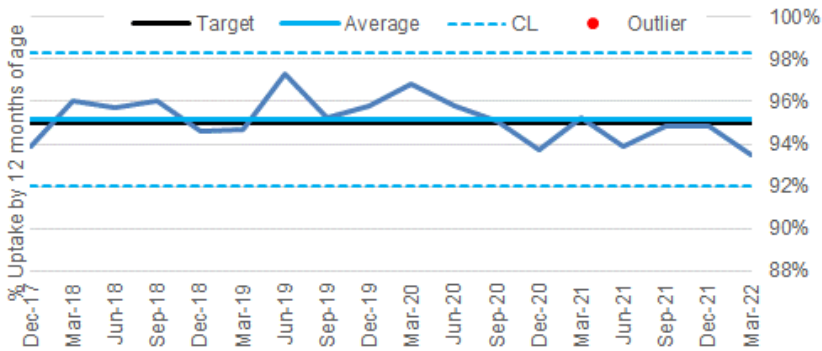
Key Deliverable		End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife		Dec-22 On track
Key Milestones	COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 On track
	COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population <i>Latest PHS data (13/7/22) - Fife uptake for booster 2 (dose 4) in 75+ = 94.5%. Programme completed though rolling offer ongoing.</i>	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
93.5%

Local Performance



National Benchmarking

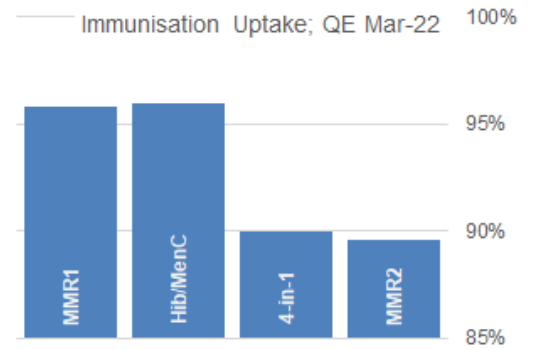
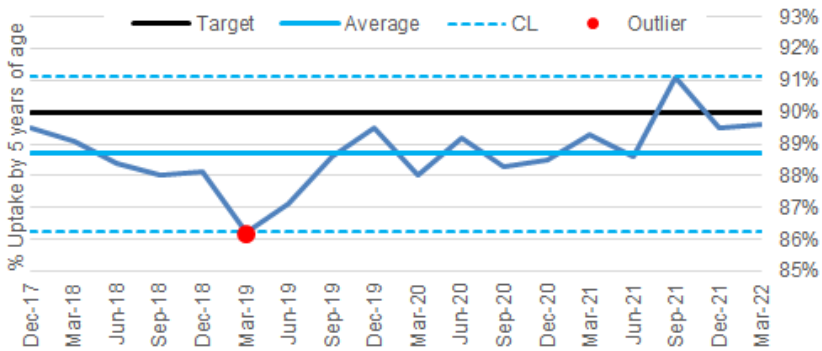
Quarter	2020/21				2021/22			
	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	95.8%	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%
Scotland	96.4%	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Performance
89.6%

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			
	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	89.2%	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%
Scotland	92.3%	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%

Key Deliverable

Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population

End Date

Mar-23
At risk

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