

## Chairperson - Pat Kilpatrick

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10:00 - 10:10 **1. CHAIRPERSON'S WELCOME AND OPENING REMARKS**  
10 min  
PK


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10:10 - 10:10 **2. DECLARATION OF MEMBERS' INTERESTS**  
0 min  
PK


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10:10 - 10:10 **3. APOLOGIES FOR ABSENCE - A Lawrie**  
0 min  
PK

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10:10 - 10:10 **4. MINUTE OF PREVIOUS MEETING HELD ON 30 JANUARY 2024**  
0 min  
(enclosed) PK  
 Item 04 - Minutes 20240130 FINAL.pdf (15 pages)

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10:10 - 10:10 **5. MATTERS ARISING / ACTION LIST**  
0 min  
(enclosed) PK  
 Item 05 - Action List.pdf (1 pages)

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10:10 - 10:30 **6. CHIEF EXECUTIVE'S REPORT**  
20 min

**6.1. Chief Executive Up-date**  
(verbal) CP

**6.2. Patient / Staff Story**  
(Presentation) CP

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10:30 - 10:40 **7. CHAIRPERSON'S REPORT**  
10 min

**7.1. Chairperson's Update**  
(verbal) PK

## 7.2. Board Development Session - 19 & 27 February 2024

(enclosed) PK

📎 Item 7.2 - Board Development Session Note 20240227.pdf (2 pages)

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## 10:40 - 11:15 8. PERFORMANCE

35 min

### 8.1. Integrated Performance & Quality Report - January 2024 Position

(enclosed) CP

📎 Item 8.1 - SBAR Board March 2024.pdf (5 pages)

📎 Item 8.1 - IPQR Position at January 2024 v2.0.pdf (49 pages)

### 8.2. Financial Performance Report at January 2024

(enclosed) MM

📎 Item 8.2 - SBAR Financial Performance Report at January 2024.pdf (8 pages)

### 8.3. Whistleblowing Quarter 3 Report for 2023/24

(enclosed) DM

📎 Item 8.3 - SBAR Whistleblowing Quarter 3 Report for 2023-24.pdf (15 pages)

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## 11:15 - 11:35 9. GOVERNANCE

20 min

### 9.1. Governance Committee Chairs' Reports

(verbal) PK

### 9.2. NHS Scotland Blueprint for Good Governance (Second Edition) – Improvement Plan

(enclosed) PK

📎 Item 9.2 - SBAR Blueprint Action Plan.pdf (4 pages)

📎 Item 9.2 - Appendix 1 NHS Fife - draft Improvement plan.pdf (1 pages)

### 9.3. Draft Fife NHS Board Annual Workplan 2024/25

(enclosed) GM

📎 Item 9.3 - SBAR Draft NHS Board Workplan 2024-25.pdf (3 pages)

📎 Item 9.3 - Draft NHS Board Workplan 2024-25.pdf (3 pages)

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## 11:35 - 11:45 10. ANNUAL REPORT

10 min

### 10.1. Annual Organisational Duty of Candour Report 2022/23

(enclosed) CM

📎 Item 10.1 - SBAR Duty of Candour\_Report\_Board\_26 Mar 2024.pdf (4 pages)

📎 Item 10.1 - Appendix 1 - DoC Annual Report 2022-2023.pdf (21 pages)

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## 11:45 - 11:50 11. STATUTORY AND OTHER COMMITTEE MINUTES

5 min

### **11.1. Audit & Risk Committee dated 14 March 2024 (unconfirmed)**

*(enclosed)*

- 📄 Item 11.1 - A&R Minute Cover Sheet 20240314.pdf (1 pages)
- 📄 Item 11.1 - Audit & Risk Committee Minutes (unconfirmed) 20240314.pdf (9 pages)

### **11.2. Clinical Governance Committee dated 1 March 2024 (unconfirmed)**

*(enclosed)*

- 📄 Item 11.2 - CGC Minute Cover Sheet 20240301.pdf (1 pages)
- 📄 Item 11.2 - Unconfirmed Clinical Governance Committee Minutes (unconfirmed) 20240301.pdf (10 pages)

### **11.3. Finance, Performance & Resources Committee dated 12 March 2024 (unconfirmed)**

*(enclosed)*

- 📄 Item 11.3 - Finance, Performance & Resources Committee (Unconfirmed) Minutes 12 March 2024.pdf (6 pages)

### **11.4. Public Health & Wellbeing Committee dated 4 March 2024 (unconfirmed)**

*(enclosed)*

- 📄 Item 11.4 - PHWC Minute Cover Sheet 20240304.pdf (1 pages)
- 📄 Item 11.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20240304.pdf (9 pages)

### **11.5. Staff Governance Committee dated 6 March 2024 (unconfirmed)**

*(enclosed)*

- 📄 Item 11.5 - SGC Minute Cover Paper.pdf (1 pages)
- 📄 Item 11.5 - Staff Governance Committee Minute (Unconfirmed) 06.03.24.pdf (12 pages)

### **11.6. Fife Health & Social Care Integration Joint Board dated 24 November 2023**

*(enclosed)*

- 📄 Item 11.6 - IJB Minute Cover.pdf (1 pages)
- 📄 Item 11.6 - IJB 241123 Final Minute.pdf (9 pages)

### **11.7. Fife Partnership Board dated 13 February 2024 (unconfirmed)**

*(enclosed)*

- 📄 Item 11.7 - FPB Minute Cover Paper.pdf (1 pages)
- 📄 Item 11.7 - Fife Partnership Board Minutes (unconfirmed) 20240213.pdf (3 pages)

### **11.8. Audit & Risk Committee dated 13 December 2023**

*(enclosed)*

- 📄 Item 11.8 - Audit & Risk Committee Minutes (confirmed) 20231213.pdf (7 pages)

### **11.9. Clinical Governance Committee dated 12 January 2024**

*(enclosed)*

- 📄 Item 11.9 - Clinical Governance Committee Minutes (confirmed) 20240112.pdf (10 pages)

### **11.10. Finance, Performance & Resources Committee dated 16 January 2024**

*(enclosed)*

- 📄 Item 11.10 - Finance Performance Resources Committee Minutes (confirmed) 16 January 2024.pdf (6 pages)

### **11.11. Public Health & Wellbeing Committee dated 15 January 2024**

*(enclosed)*

 Item 11.11 - Public Health Wellbeing Committee Minutes (confirmed) 20240115.pdf (8 pages)

## **11.12. Staff Governance Committee dated 11 January 2024**

*(enclosed)*

 Item 11.12 - Staff Governance Committee Minute (confirmed) 11.01.24.pdf (10 pages)

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## **11:50 - 11:55 12. FOR ASSURANCE:**

5 min

### **12.1. Integrated Performance & Quality Report - December 2023 Position**

*(enclosed)* MM

 Item 12.1 - IPQR Position at December 2023 v1.0.pdf (43 pages)

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## **11:55 - 11:55 13. ANY OTHER BUSINESS**

0 min

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## **11:55 - 11:55 14. DATE OF NEXT MEETING: Tuesday 28 May 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital**

0 min

**Fife NHS Board**

**MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 30 JANUARY 2024  
AT 10:00 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL**

**ALISTAIR MORRIS**

Acting Chair

**Present:**

A Morris ( <b>Chairperson</b> )	J Keenan, Director of Nursing
C Potter, Chief Executive	J Kemp, Non-Executive Director
G Downie, Non-Executive Director	K Macdonald, Non-Executive Director
A Grant, Non-Executive Director	L Parsons, Non-Executive Director
C Grieve, Non-Executive Director	A Wood, Non-Executive Director
A Haston, Non-Executive Director	

**In Attendance:**

N Connor, Director of Health & Social Care  
C Dobson, Director of Acute Services  
S Fraser, Associate Director of Planning & Performance  
B Hannan, Director of Pharmacy & Medicines  
B Johnston, Head of Capital Planning  
K MacGregor, Associate Director of Communications  
G MacIntosh, Head of Corporate Governance & Board Secretary  
I MacLeod, Deputy Medical Director  
M Michie, Deputy Director of Finance  
D Miller, Director of Workforce  
L Watson, Deputy Director of Public Health  
P King, Corporate Governance Support Officer (Minutes)

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

The Chair welcomed everyone to the first meeting of the New Year, in particular Dr Lorna Watson, Deputy Director of Public Health, who was deputising for Joy Tomlinson, Dr Iain MacLeod, Deputy Medical Director, who was deputising for Dr Chris McKenna, Maxine Michie, Deputy Director of Finance, who was deputising for the Director of Finance & Strategy, Ben Johnston, Head of Capital Planning, who was deputising for Neil McCormick, Director of Property & Asset Management, and Susan Fraser, Associate Director of Planning & Performance. A welcome was also extended

to Councillor Graeme Downie, who was attending his first meeting of the Board since he joined as Fife Council representative from 1 October 2023.

The Chair reminded everyone that the notes are being recorded with the Echo Pen to aid production of the minutes.

On behalf of the Board, the Chair offered congratulations to the following teams and staff from NHS Fife:

- the Cardiac Arrhythmia and Implantable Devices Unit Team, who have won Cardiology Team of the Year at the Scottish Healthcare Awards for their project to completely overhaul and innovate the pacemaker service in NHS Fife. This initiative has not only enhanced the quality of service and improved patient experience but has also been used as a proof of concept that such advanced cardiology services can be offered in district general hospitals without the need for expensive equipment or infrastructure.
- Jimmy Ramsay, Head of Sustainability within Estates and Facilities, on achieving an MSc in Sustainable Development with Merit from St. Andrews University. Jimmy worked extremely hard and had full support from the Directorate to achieve this prestigious award.
- Leanne Patrick, Gender Based Violence Nurse Specialist, and Kerys Russell, Upper GI Cancer Advanced Clinical Nurse Specialist, who were awarded the prestigious title of Queen's Nurse after being selected to take part in a nine-month development programme run by the Queen's Nursing Institute Scotland. After completing the programme successfully, they were awarded the Queen's Nurse title along with 23 other community nurses and midwives at a ceremony staged on 24 November 2023. Nurses are selected by employer nomination and subsequent panel interviews for their clinical expertise and compassionate care.
- Keya Smith, Heather Cluness and Carianne McPherson for their commendations at Scotland's Maternity and Midwifery Festival. The trio were recognised via the Midwifery Practice Trailblazer Awards for their respective innovations around midwifery services and their continued commitment to developing both services and the skills of our midwifery teams.
- Dr Joanna Bowden, Consultant in Palliative Medicine, Dr Sam Pattle, Cellular Pathologist, and Dr Rajendra Raman, Consultant in Emergency Medicine, on their successful appointments as the second cohort of NHS Fife Clinical Research and Innovation Champions. After a competitive selection process the new Clinical Research and Innovation Champions join our current and first cohort to support the Research, Innovation and Knowledge Team to grow research and innovation capacity, capability and culture across NHS Fife and in our partnerships and collaborations.
- Graeme Smith, Medicines Supply Chain Manager, and Andrew Steele, Senior Clinical Pharmacist for Medicine, on their graduation from the Clinical Leadership in Pharmacy programme. Charge Nurse Annliese New, Specialist Palliative Care, presented her clinical leadership project to the leadership team. Congratulations

were offered to all the other participants too in becoming the latest cohort to take part in NHS Fife's clinical leadership programme.

The Chair highlighted that NHS Fife's operating theatres have become the first in Scotland to become officially accredited by the Association of Perioperative Practice for the quality of the surgical services they offer. The Victoria Hospital and National Treatment Centre in Kirkcaldy, along with the Queen Margaret Hospital in Dunfermline, have each now officially received their accreditation for their consistency and quality of staff training, a commitment to improving patient experience and ensuring that robust processes and protocols are in place to maximise patient safety.

Finally, the Chair noted that the internal communications platform used by NHS Fife to communicate news and information to our staff reached the finals of this year's national Engage Awards in London. NHS Fife was nominated in the best use of technology in employee engagement category for its work on StaffLink, alongside major organisations. NHS Fife was also a finalist alongside multi-national organisations in the best internal communications strategy category, recognising effective, sustainable and successful internal communications.

## **2. Declaration of Members' Interests**

There were no declarations of interest made by members.

## **3. Apologies For Absence**

Apologies for absence were received from Non-Executive Directors S Braiden and A Lawrie, M McGurk, Director of Finance & Strategy, C McKenna, Medical Director, J Tomlinson, Director of Public Health, and routine attendee N McCormick, Director of Property & Asset Management.

## **4. MINUTE OF PREVIOUS MEETING HELD ON 28 NOVEMBER 2023**

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

## **5. MATTERS ARISING / ACTION LIST**

There were no matters arising.

The Board **noted** the updates provided within the rolling action list.

## **6. CHIEF EXECUTIVE'S REPORT**

The Chief Executive began her report by thanking the Acting Chair for his unwavering support, wise counsel, and respectful challenge and scrutiny over the past 10 months whilst he held that position. The Chief Executive expressed her personal appreciation and that also of the Executive Team and Non-Executive Directors.

The Chief Executive noted that, although activity had been slightly less demanding than last year, the last few months have been incredibly busy for our teams, who had been coping admirably with the significant pressures associated with the Winter

period. She thanked staff across NHS Fife and partners for their continued work to support our patients and communities across the Kingdom.

The Chief Executive stated that Board members will be aware that in late December 2023, the Scottish Government announced its draft budget for 2024/25 and this included details of the indicative funding level for Health Boards. Our Finance team has been working hard to fully understand the implications of this for NHS Fife and it is clear the current financial pressures are going to increase significantly next year, beyond that already seen this year. Instruction has also been received to pause the development of any major capital projects, which is disappointing and will impact on some of the Board's plans.

It was advised that, in parallel with the development of our Financial Plan and Annual Delivery Plan (ADP), a framework of reform and transformation is being created to ensure the resources we have are being used appropriately, to support performance, and to identify options to change the way in which these resources are spent, where appropriate. Conversations have begun with our staff-side colleagues and senior leadership teams across the system, and the Chief Executive expressed her gratitude for their support as we embark on this journey. It was noted that further details on our approach will be considered through the Board Development Session at the end of February and formally through Committees and Board meetings over the next few months.

The Chief Executive reported that she continued to meet regularly with Scottish Government colleagues and other NHS Board Chief Executives, with the focus of these discussions at recent meetings being the budget position.

Finally, the Chief Executive advised that she had the pleasure of attending the Fife College graduation ceremony last week and had been honoured to provide the opening address to the Faculty of Care, Social Sciences and Education. Included amongst the graduands were some of our own staff, so it was fantastic to be able to share in their celebrations and recognise their individual hard work and commitment.

## **6.2. Patient Story**

The Director of Nursing introduced the story, which was a video recording about the difference made by employing an in-house British Sign Language (BSL) Interpreter, who has been working to improve and enhance the patient and staff experience by supporting patients coming into hospital. Work also continues with the Deaf Communication Service within the Health & Social Care Partnership (HSPC). It was noted that during the first three weeks in post, the BSL Interpreter has covered 46 appointments, 14 of which were to support three in-patients between Victoria and Queen Margaret Hospitals, providing a positive experience for patients. The addition of this role is also being warmly received by staff. Following an introduction by the Equality & Human Rights Lead, the video featured our new BSL Interpreter, who described her interaction with one patient using BSL to make his stay in hospital in his last few weeks of life a more positive and pleasant experience, ensuring his views, wants and needs were being understood and listened to. She emphasised the need to continue to be able to give that level of care to future patients whose first language is BSL and who might be staying in hospital for several weeks.



The Director of Nursing explained that, prior to employing a BSL Interpreter, external interpreters were brought in for patient appointments, not a hospital stay, and she was pleased at the difference this post was bringing to improve the patient and staff experience. It was noted that there had also been a cost saving by investing in this post rather than using external interpretation services.

After Board members viewed the video, the Chair commented on the positive story and noted that by simply being kind and making people feel included and listened to, this can make a real difference to patients and their experience whilst in our care.

The Board **noted** the information provided in the patient story and thanked everyone involved.

## **7. CHAIRPERSON'S REPORT**

### **7.1. Chairperson's Update**

The Chair provided an update on discussion from two recent Chairs' meetings with the Cabinet Secretary for NHS Recovery, Health & Social Care, highlighting the financial and performance pressures that all Boards in Scotland are operating under, with a particular focus on movement to 2024/25 given the recent budget announcement, noting the need to reduce costs across the whole of NHS Scotland.

It was advised that to achieve a break-even position in 2024/25, NHS Fife will need to make major changes and the Chair emphasised the need to ensure good communication with staff and the public. There is no additional funding available for capital or revenue and it is therefore imperative for the Board to operate within the funds that have been awarded in the budget and deliver the agreed outcomes. He suggested it is helpful to look at the challenging position in terms of sustainable change to encourage and lead us to look at services, the workforce, medicines, etc, in a different way.

In response to questions, it was noted that NHS Fife could be allocated a maximum of £5m in brokerage. The Chief Executive confirmed that conversations are taking place with other Board Chief Executives in terms of how to maximise resources collectively and the concept of a 'once for Scotland' approach is part of these discussions, albeit there are elements which are directly controllable locally and unique to each Health Board.

The Chair reminded members about the special Development Session on the recent Board assessment against the NHS Scotland Blueprint for Good Governance survey on the morning of 19 February 2024 and he encouraged full attendance at this. Further details on the session will follow in advance of the meeting.

Finally, the Chair was pleased to announce that Aileen Lawrie has agreed to become the Spiritual Care Champion, in succession to Mansoor Mahmood, who left the Board at the end of the year.

The Board **noted** the update.

## **7.2. Board Development Session – 19 December 2023**

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

## **8. PERFORMANCE**

### **8.1. Integrated Performance & Quality Report (IPQR) – November 2023 Position**

The Chief Executive confirmed that the November IPQR has been scrutinised in detail through the governance committees and noted that there were no issues therefrom to escalate to the Board. Executive Leads made comment on the key issues emerging from the performance report:

#### **Clinical Governance**

The Director of Nursing provided an update on the key issues from a clinical governance perspective, which were related to Major and Extreme Adverse Events, Inpatient Falls, Pressure Ulcers and Healthcare Acquired Infections (HAI), including the staphylococcus aureus bacteraemia (SAB), c.difficile and e-coli bacteraemia rate. It was noted the rate of falls and pressure ulcers in October were outwith the target range but remained within control limits. A deep dive had been carried out to understand the rise in the number of pressure ulcers, but no obvious cause has been identified. For HAIs, it was noted that the SAB infection rate increased slightly from September to October but remained on target; the C.difficile infection rate decreased with no infections reported in November; and urinary catheter related infections were responsible for 27 of the 107 infections in the last year and remain a key focus for improvement work. The position related to stage 2 complaints was outlined, noting a reduction in the number of delayed complaint responses and a further improvement in the number of stage 2 complaints open, thanks to the dedicated work of the Patient Experience Team, and colleagues in the Acute Services and Health & Social Care Partnership (HSCP). The Chief Executive advised that meetings had been held with three individuals who attended the Annual Review meeting and feedback has been helpful to inform how reports are written. She acknowledged the work undertaken by the Patient Experience Team to change the language therein, making responses more person centered.

The Chair of the Clinical Governance Committee confirmed there were no specific performance issues to escalate to the Board.

#### **Finance, Performance & Resources**

The Director of Acute Services provided an update on performance and advised that although performance related to the 4-hour Emergency Access target remained static, there had been a reduction in long wait breaches. The Flow Navigation Centre had transitioned to the Acute Service from the HSCP, and work continued with colleagues to optimise resources around unscheduled care to ensure patients are seen in the right place at the right time by the right person. However, the report showed a continued mismatch between demand and capacity. Monthly performance around Patient Treatment Time Guarantee (TTG) noted a small increase but overall waiting list numbers do trend upwards. It was noted that the 104-week projections remain below what had been anticipated and work continued to maximise the use of Queen

Margaret Hospital and linking with the national Elective Co-ordination Unit for long waiting patients awaiting Urogynae procedures. New Outpatient performance remained challenged, and the waiting list continues to grow with a small number of patients waiting over two years to be seen. There was a continued focus on productive opportunities to maximise use of capacity and to validate the waiting lists. Further engagement with the national Elective Co-ordination Unit has taken place and options are being explored to support those specialities with the most challenges. It was advised that diagnostic functions reported increased performance for the third month in a row but there continued to be a mismatch between demand and capacity. Clinical validation of the waiting lists continued with action taken to expedite referrals as required. Members noted that there had been a slight dip in performance in relation to the Cancer 31-day target due to surgical and theatre capacity although this is being addressed through the use of additional sessions at week-ends using cancer waiting times monies. The Cancer 62-day performance improved significantly from September to October, but demand and complex pathways continue to be challenging. Encouraging results had been noted from the Cancer Research UK prostate pathway, which is utilising skills of an Advanced Nurse Practitioner to expedite patients through the prostate pathway. Overall performance in NHS Fife was in the mid-range of all mainland Health Boards but there continued to be growth and demand beyond that expected.

In responding to questions, the Director of Acute Services confirmed that communication with patients is critical for new outpatients and what they can expect in their journey, and she outlined the process around sharing of information with GPs and how that communication is kept going once the referral is with the Acute Services Division. Regarding cardiology, it was noted that improvement actions are underway as they are with all services that have a demand and capacity mismatch.

The Director of Health & Social Care confirmed that performance in relation to Delayed Discharges for November 2023 reflects a challenged time for the service, with significant ward closures due to both respiratory and non-respiratory conditions. However, good performance was sustained in relation to acute hospital discharge as teams work together to focus on predicted date of discharge, pathways of care and planned actions over the winter period. It was noted that performance was above target for standard delays but remained within control limits. Overall performance for November 2023 was like that in November 2022 for both standard and more complex delays.

The Chair of the Finance, Performance and Resources Committee confirmed there were no specific performance issues to escalate to the Board, but that further discussion on the financial position would follow under the next agenda item.

### **Staff Governance**

The Director of Workforce provided an update on sickness absence, noting an increase to 7.39% in the October position. The position was discussed in detail at the Staff Governance Committee and a report will be submitted to the Area Partnership Forum and Staff Governance Committee in March with actions to address the position over the coming year. It was advised that the rate continues to rise again over the following two months but thereafter it is expected to see a downward trend. Personal Development Plan and Review (PDPR) compliance had further increased to 42.6% in

November and the team continues to support the organisation on issues around access, technology, sign-off, etc. The Director of Workforce took the opportunity to highlight that NHS Fife was the highest performing Board in relation to iMatter with a further 9% increase above performance from last year. The position in relation to vacancies noted no change in medical vacancies and a significant decrease in Allied Health Professions and Nursing & Midwifery vacancies, which was positive.

The Chair of the meeting of the Staff Governance Committee in January confirmed there were no other performance issues to escalate to the Board.

### **Public Health & Wellbeing**

The Director of Health & Social Care reported on performance in relation to smoking cessation, highlighting the challenge of reporting due to a delay in the data as it is based on 12 week quit rates which require to be verified. The position reflects a time when a detailed report was submitted to the Public Health & Wellbeing Committee on the improvement actions being taken related to smoking cessation and these actions are now being implemented and improvement is expected. The most recent quarterly publication from Public Health Scotland showed that NHS Fife was in the upper range of all mainland Health Boards. It was noted that performance in relation to Child & Adolescent Mental Health Services (CAMHS) increased between September and October and for eleventh month running no young people are having to wait more than 35 weeks for treatment, with a decrease also in people waiting 19-35 weeks. Overall, the number of people on the waiting list has decreased, which was positive. Performance has followed the predicted trajectory reported to Scottish Government and remains on target for the March 2024 reported position. It was reported that Psychological Therapies continues to be a challenging area of performance. The overall waiting list has decreased, and levels of activity have increased. There has been an increase in those waiting over 52 weeks, but it continues to be 31% less than the previous year. More people have been offered an appointment in October than September, but because these people have waited over 18 weeks it does not reflect in our target performance. However, people's needs continue to be prioritised. It was noted that NHS Fife remains in the mid-range of Health Boards, albeit at the lower end of the range. This position was scrutinised at the Public Health and Wellbeing Committee and will continue to be reviewed through the IPQR and in deep dive papers to the Committee. The Director of Health & Social Care confirmed that additional actions are underway to support and promote local access in relation to Flu/Covid Vaccinations, targeting those at greatest risk, eligible populations and health and care workers and there is continued improvement in this area. Whilst not in the report, latest information does show evidenced improvement which will come through next IPQR particularly for those at risk in both Covid, where we are slightly above the Scottish average, and flu.

With regard to childhood immunisations, it was noted that the data has not been updated since the last report due to the timing of how data is released and verified. The Deputy Director of Public Health commented that there is work underway to offer catch up clinics to improve the position with an improving trajectory and it is expected that performance will be improved for the next IPQR.

The Chair of the Public Health & Wellbeing Committee confirmed there were no specific performance issues to escalate to the Board.

A specific request was made to include further detail on operational performance against our agreed activity projections included within the ADP. Whilst it was noted that section C of the IPQR covered the projected and actual activity, and the table on page 3 provided benchmarking data with other Health Boards, work was underway to include further information in relation to targets agreed in the ADP.

The Chair advised that having more inter Board comparison could be helpful in terms of learning from other Health Boards and vice-versa and he was aware that there was considerable discussion between operational teams across NHS Scotland.

The Board took **assurance** on reported performance to date.

## **8.2. Financial Performance Report at 30 November 2023**

The Deputy Director of Finance provided an in-depth review of the current financial position, noting that at the end of November 2023, NHS Fife is reporting an adverse variance of £19.414m. The position reflects the on-going financial pressure across three budget areas, namely the Acute Services Division, expenditure with other healthcare providers and the challenges in achieving the savings target.

The key points from the report were highlighted. It was advised that NHS Fife has been assessed as being at stage two against the recently revised NHS Scotland Support and Intervention Framework in relation to financial performance and work is underway with colleagues from the national Finance Delivery Unit to support us to take forward actions and provide comparable data to enable us to benchmark against other boards. It was noted that the November position had been impacted by an increase in the Acute overspend due to banding payments incurred in relation to non-compliant junior doctor rotas. The forecast outturn has increased from £20m to circa £23m. This reflected a significant increase in the cost of our Service Levels Agreements (SLA) with NHS Lothian, noting that NHS Fife had been the most adversely affected Board by this adjustment, and continued to reflect on-going overspends in medical and nursing pay as we manage the workforce and service challenges and challenges across non-pay expenditure in areas such as surgical sundries, energy costs and an on-going high cost drugs budget. NHS Fife remained challenged in delivering the in-year savings target in full although it was noted that £6.5m of the £15m target had been delivered to date. The Deputy Director of Finance was pleased to advise that, following significant effort into an investment in our workforce, we are beginning to see a decrease in spend on bank and agency staff; the Medicines Optimisation Board continued to perform well; and the work to conclude a major contract review has delivered significant and recurring cost reductions over the remaining term of the contract. Members were assured that every effort continues to reduce spend where possible.

The Deputy Director of Finance confirmed that capital spend is on target to deliver the Capital Resource Limit in full by the end of the year, with all monies committed and the majority of the spend occurring in the last quarter of the year.

Questions were asked about the potential for making further in-roads to reduce the deficit position further before the end of the financial year; what the key factors were

that limited progression of the £15m efficiency savings that the Board set out to deliver in 2023/24; and any workforce solutions to prevent having non-compliant junior doctor rotas given the significant costs associated with that, and each were responded to. The Chief Executive emphasised that given 20% of the health board retained budget goes outwith Fife to other health boards, it is difficult to manage and control any cost changes and these can significantly impact the financial position, such as with the NHS Lothian SLA and NHS Tayside in relation to Stracathro Hospital. In terms of the savings plan, it was noted that the ability to influence and reduce supplementary staffing did not happen as quickly as we would have liked it to and therefore the savings are only just being realised following investment in that area. It is a similar position with surge capacity, which has been required throughout the year to date. The Chief Executive was pleased to advise that the refurbishment of Ward 5 at Victoria Hospital is almost complete and has been developed into a fit for purpose clinical area and she thanked the team for the work carried out.

In response to further questions, the Deputy Director of Finance explained the timeline and process for submission of the draft budget/budget approval for 2024/25 and confirmed that the current £23m forecast outturn is the level of brokerage that will need to be requested from Scottish Government. This will require to be repaid when the Board gets to a financial sustainable position. In relation to Kincardine & Lochgelly Health Centres, it was advised that a letter from Scottish Government will be issued confirming its decision to not make funding available to take forward this capital project, and that NHS Fife had to pause its plans for this capital investment. This is in line with what has been confirmed across Scotland on all capital projects.

The Board took **assurance** from the information within the paper, and thanked the Deputy Director of Finance for the work done to date.

### 8.3. Annual Procurement Report 2022/23

The Deputy Director of Finance presented the Annual Procurement Report 2022/23, which provided a summary of procurement activity during 2022/23, noting the requirement to publish the report under Procurement legislation. The report set out key pieces of work over 2022/23 and of particular note is the work as an Anchor Institute, delivery of Community Benefits and the achievement of circa £480k of procurement savings, albeit due to managing costs pressure this meant a break-even position was realised.

Members commended the report, which was well laid out and easy to read. It was noted that going forward into 2024/25 the opportunities to make savings will be restricted, with national procurement indicating there could be a £12m increase in spend across Scotland. The recruitment of a new Head of Procurement and other new members of the team are leading to changes in the way the department can support and become more involved with services and this will hopefully help to deal with the pressures ahead.

The Board **approved** the Annual Procurement Report 2022/23 for publication on the NHS Fife website.

## 9. GOVERNANCE

### 9.1. Governance Committee Chairs' Reports

The Chair asked the Governance Committee Chairs to give a brief verbal summary of what was discussed at their last committee meetings, for assurance purposes.

A Wood, Chair of the Clinical Governance Committee, confirmed that there were no matters to be escalated to the Board and advised that the committee considered the following items of business:

- Updates on two active or emerging issues escalated by the Health & Safety Sub Group, namely Reinforced Autoclaved Aerated Concrete (RAAC) and Notification to Health & Safety Executive (HSE) of Work in Atmosphere Containing Radon;
- Population Health & Wellbeing Strategy Mid-Year Review;
- Medical Appraisal & Revalidation Framework 2024-27;
- Internal Controls Evaluation Report 2022/23;
- IPQR, noting in particular information and assurance around pressure ulcer work;
- Patient Experience & Feedback Reports, noting a request for further information around the Scottish Public Services Ombudsman related to escalations and the status of these;
- Two Annual Reports were received: Participation & Engagement Annual Report 2022/23 and Research & Development Progress Report & Strategy Review 2023-25, with consideration of the latter to be concluded at the next meeting due to time constraints;
- the workplan for 2023/24 is on track and the committee approved the workplan for 2024/25; and
- Corporate risks aligned to the Clinical Governance Committee, noting there were no new risks and that the committee endorsed the paper to close the Covid-19 Pandemic risk and transfer oversight to the Public Health Assurance Committee.

C Grieve, as Chair of the Staff Governance Committee for the meeting in question, confirmed that there were no matters to be escalated to the Board and advised that the committee considered the following items of business:

- Corporate Risks aligned to Staff Governance Committee, noting in particular the details discussion around sickness absence;
- Performance against the workplan for 2023/24 is on track and the committee agreed the workplan for 2024/25 with the caveat that this would be continually review as workstreams and emerging issues come to the fore around the challenges being faced;
- Diverse Ethnicity Staff Survey Report;
- Population Health & Wellbeing Strategy Mid-Year Review;
- Reinforced Autoclaved Aerated Concrete (RAAC);
- Draft Staff & Wellbeing Action Plan;
- Reports to note, including Internal Controls Evaluation Report and Medical Appraisal & Revalidation Annual Report 2023/24; and
- An acknowledgement of the considerable work done across the organisation on the iMatter Report 2023 to get to the position of top performer in Scotland.

A Grant, as Chair of the Audit & Risk Committee, confirmed that there were no matters to be escalated to the Board and advised the committee considered the following items of business:

- Presentation by three member of the Azets External Audit team;
- Presentation by the new Chief Internal Auditor on Delivering Excellence in Internal Audit;
- Risk Management Development Session Outputs and how that is improving with a request to committees on their own risks going forward;
- Presentation from the Associate Director of Digital & Information on further developing the dashboard;
- Presentation on the Annual Audit Plan 2023/24, with confirmation that timelines set out will ensure that the Scottish Government deadline date for approval of the accounts, of 30 June 2024, will be met; and
- Losses & Special Payments Quarter 2.

The Chair, as Chair of the Finance, Performance & Resources Committee, confirmed that there was one escalation to the Board, related to the financial performance of the Board and likely deficit Year-End position. He advised that the committee considered the following items of business:

- Financial Performance Report at 30 November 2023 and recent communications from Scottish Government;
- Reform, Transform, Perform Framework;
- Funding for Critical Posts, noting why these had been brought to the committee and those that had been approved to support clinical delivery;
- IPQR elements delegated to the committee, noting in particular the escalation to the Board on financial performance; and
- Corporate Risks Aligned to the committee, noting discussion on the impact of restricted capital funding resulting in a recommended increase in the risk score.

The Chair, as Chair of the Public Health & Wellbeing Committee, confirmed there were no matters to be escalated to the Board and advised that the committee considered the following items of business:

- Update on the early intervention work carried out in schools in relation to CAMHS, noting good progress and impressive representation at primary and secondary schools level;
- Further scrutiny of the Annual Delivery Plan to enable a shared level of understanding of the challenges ahead, and that this will be carried out in parallel with risk;
- Deep dive on Health Inequalities and Irregularities, noting the disparity between different parts of Fife;
- Population Health & Wellbeing Strategy Mid-Year Review;
- Post Diagnostic Support for Dementia, noting that NHS Fife was the second top Board in the national report for post diagnostic support;
- Update on the Mental Health Strategy, which is presently being formulated; and



- IPQR elements delegated to the committee including updates on Psychological Therapies Performance and access to Dentists.

The Board took **assurance** from the information provided.

## 10. STRATEGY

### 10.1. Population Health & Wellbeing Strategy Mid-Year Report

The Associate Director of Planning & Performance advised that the report details the progress made on the implementation of the strategy and covers how the strategy is being delivered and monitored through the Programme Management Office, the management of risks and the work ongoing around quality indicators.

It was advised that the report provided details of how we have done in the first six months and the cover paper sets out the key changes to the actions described reflecting the changing landscape of the NHS. An overview was provided on the planned next steps, noting that supporting impact and impact indicators will be included in the next iteration of the report.

The Board took **assurance** from the Mid-Year Report and the first six months of work to implement the NHS Fife Population Health & Wellbeing Strategy.

### 10.2. Anchor Programme Update and Draft Strategy

The Deputy Director of Public Health introduced the paper, which links to some of the previous items on the agenda around the Population Health & Wellbeing Strategy and the Annual Procurement Report and was pleased to present the Draft Anchor Strategy Plan 2023-28, which had been considered by the Public Health and Wellbeing Committee in September 2023, submitted to Scottish Government in November 2023 and is submitted to the Board for assurance.

The Strategic Plan is the culmination of a number of years' work in Fife and focusses on three of the dimensions of an anchor institution, namely procurement, land and assets and workforce and an overview on the contents of the plan was provided. The Chief Executive emphasised the importance of continuing to adopt the principles of an anchor institution, acknowledging the financial and performance challenges ahead. It was noted that opportunities may require investment in the longer term, but this is what would give sustainability in the future.

In response to questions, the Chief Executive confirmed that communication and engagement is on-going with local communities through the Community Planning Partnerships and anchor work will happen through a range of different groups and providers. However, she acknowledged that more can be done in this regard, and it is important to keep that focus going forward.

The Board took **assurance** from the Anchor Strategic Plan and work which is underway to complete the baseline measurement.

## 11. ANNUAL REPORT

### 11.1. Annual Climate Emergency & Sustainability Report 2022/23

The Head of Capital Planning referred to the Annual Climate Emergency & Sustainability Report 2022/23 presented to the Board for approval to allow publication and to meet the requirements from Scottish Government. He confirmed that considerable progress has been made in Fife over the last few years and the report helps to summarise the effort and results achieved to date. Attention was drawn to the development of the team within the Estates Department around sustainability and energy, which should give benefits in terms of energy reduction and other potential cost savings. Also highlighted was the development of the Greenspace Strategy, noting that NHS Fife was in the process of developing an environmental management system, and the amount of greenhouse gas emissions, progress of which is set out in the table on page 5 of the report. It was noted that based on where we are to date, it is expected that NHS Fife will be able to meet its targets by 2025. The policy also sets out more onerous targets towards 2030 and 2040 about changing the way buildings are served and moving towards carbon zero, which will be much more challenging to achieve and will rely on innovation around engineering and financial investment.

Following questions, the Head of Capital Planning confirmed that there had been no change to targets in recognition of the financial position as yet. He stated that there is a climate emergency, and it is therefore important for NHS Fife to play its part to try and address it, but achieving progress in some areas will take investment. It was reported that the Property & Asset Management Strategy will be reviewed this year and will need to take into account the financial position and we may need to tailor our ambition accordingly. The Head of Capital Planning would respond to questions around zero emissions vehicles outwith the meeting.

A Haston, Non-Executive Director and the Board's Sustainability Champion, was pleased to see such a good and thorough report and noted that NHS Fife was fortunate to have such a dedicated sustainability team.

The Board **approved** the Annual Climate Emergency & Sustainability Report 2022/23 for publication.

## 12. STATUTORY AND OTHER COMMITTEE MINUTES

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

- 12.1. Audit & Risk Committee dated 13 December 2023 (unconfirmed)
- 12.2. Clinical Governance Committee dated 12 January 2024 (unconfirmed)
- 12.3. Finance, Performance & Resources Committee dated 16 January 2024 (unconfirmed)
- 12.4. Public Health & Wellbeing Committee dated 15 January 2024 (unconfirmed)
- 12.5. Staff Governance Committee dated 11 January 2024 (unconfirmed)
- 12.6. Fife Health & Social Care Integration Joint Board dated 29 September 2023
- 12.7. Fife Partnership Board dated 21 November 2023 (unconfirmed)

### **Approved Minutes:**

- 12.8. Audit & Risk Committee dated 31 August 2023

- 12.9. Clinical Governance Committee dated 3 November 2023
- 12.10. Finance, Performance & Resources Committee dated 14 November 2023
- 12.11. Public Health & Wellbeing Committee dated 6 November 2023
- 12.12. Staff Governance Committee dated 9 November 2023

### **13. FOR ASSURANCE**

The Board **noted** the item below:

- 13.1. Integrated Performance & Quality Report – October 2023 Position

The Board **approved** the item below:

### **14. ANY OTHER BUSINESS**

- 14.1. **Chair of NHS Fife**

The Chair commented that this is his last meeting as Acting Chair of NHS Fife, noting that Pat Kilpatrick assumes the role from 1 February 2024. The Chair expressed his personal appreciation and spoke of his honour at being appointed as Acting Chair of NHS Fife, which had given him the opportunity to serve the people of Fife. He thanked the Board, the Executive Team and staff of NHS Fife for the considerable support he has received. He stated that he is handing over to the new Chair at a time of incredible challenge, but he has full confidence in the Board, the Executives and staff who continue to go above and beyond every day to make a positive impact on the citizens of Fife. To say thank you, the Chair had personally made a number of donations to Oxfam on the Board's behalf. Members and attendees joined with the Chief Executive is thanking the Acting Chair for his work and support during his time in post.

### **15. DATE OF NEXT MEETINGS**

Tuesday 26 March 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital.

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

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

**FIFE NHS BOARD – ACTION LIST**  
**Meeting Date:** Tuesday 26 March 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	26/09/23	<b>Whistleblowing Quarterly Report Quarter 1</b>	Bring paper to future round of governance committees, setting out proposed approach in the interests of providing assurance and enhancing our governance	<b>CP</b>	May 2024	New approach being worked up through organisational development and quality/clinical governance with anticipated report to governance committees and Board in May 2024	In progress
2.	28/11/23	<b>Chairpersons Update (Annual Review)</b>	Consider further communication with the people of Fife, to listen to feedback from the patients that we serve	<b>CP</b>	July 2024	NHS Fife Engagement Strategy being developed for submission to the Board in due course which will set out our approach to increasing our communication and feedback to the public	In progress
3.	30/01/24	<b>Integrated Performance &amp; Quality Report</b>	Include further detail on operational performance against agreed activity projections included within the Annual Delivery Plan (ADP)	<b>MM</b>	March 2024	Where appropriate, the ADP trajectories are included within the drill down section of the IPQR	
4.	30/01/24	<b>Annual Climate Emergency &amp; Sustainability Report 2022/23</b>	Respond to questions around zero emissions vehicles outwith the meeting	<b>NM / BJ</b>	March 2024	B Johnston to send information about Board policy to K Macdonald prior to next Board meeting.	



## Report to the Board on 26 March 2024

### BOARD DEVELOPMENT SESSIONS – 19 and 27 February 2024

#### Background

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

#### **February Development Sessions**

4. There was a Board Development Session held in the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy on Monday 19 February 2024 facilitated by NHS Education for Scotland. The purpose of the session was to assess the Board against the Blueprint for Good Governance and develop an improvement action plan to address any development areas following the survey results from the recent Blueprint for Good Governance Self-Assessment.
5. The most recent Board Development Session took place in the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy on Tuesday 27 February 2024. There were three main topics for discussion: Financial Challenge for 2024/25, 'Re-form, Transform, Perform' – Next Steps and a series of individual discussion topics focused on Empowering change to support the path to balance.

#### **Recommendation**

6. The Board is asked to **note** the report on the Development Sessions.

**PAT KILPATRICK**  
Board Chairperson  
29 February 2024

<b>Meeting:</b>	<b>Fife NHS Board</b>
<b>Meeting date:</b>	<b>26 March 2024</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning &amp; Performance</b>

## 1 Purpose

**This is presented to the NHS Fife Board for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

The period covered by the performance data is generally up to the end of December 2023. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland: these are tabled in [Appendix 1 – Table of Metrics and Data Lag](#)

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

- 4-Hour Emergency Access
- Delayed Discharges (Bed Days Lost)
- Freedom of Information

- Personal Development Plan & Review (PDPR)
- Influenza and COVID Vaccination

The RAG status of the 'deliverables' in the drill-downs is as at the end of January 2024 and are sourced from the Annual Delivery Plan.

In FY 2023/24, activity is continuing to be monitored for the Acute Services Waiting Times measures. 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.

We have now transitioned to the Annual Delivery Plan for 2023/24. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. 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.

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

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

## 2.3 Assessment

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

The following are of particular note:

- Adverse Events achieved target in December 2023.
- Inpatient Falls (Falls with Harm) achieved target in December 2023.
- SAB, C Diff and ECB all achieved target in December 2023.
- VHK 4-hour performance in January was below trajectory but within control limits and above national average (for December).



- Waiting Times continue to be below target for the longer waits.
- Cancer (31-Day DTT) fell below target in December 2023 having achieved target for November.
- Delayed Discharge did not achieve target in January 2024 but has seen reduction since November 2023.
- Sickness Absence figures saw further increase in December and is now outwith control limits.
- CAMHS waiting times remains below national standard but saw an increase in performance in December 2023 and now sits above local trajectory.
- Psychological Therapies waiting times saw an increase in performance in December 2023; is no longer outwith control limits; and is now above local trajectory.
- Flu/Covid vaccination did not achieve uptake target for population aged 65+.

### **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 as well as a separate Finance SBAR.

### **2.3.4 Risk Assessment/Management**

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

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

Not applicable.

### **2.3.6 Climate Emergency & Sustainability Impact**

Not applicable.

### **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.

### **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** circulated by email, confirmed on 26 February 2024
- **Clinical Governance Committee** 01 March 2024
- **Public Health and Wellbeing Committee** 04 March 2024
- **Staff Governance Committee** 06 March 2024
- **Finance, Performance and Resource Committee** 12 March 2024

### 2.3.9 Issues for Escalation to the NHS Fife Board

There were no issues for escalation from the Clinical Governance; Public Health & Wellbeing; Staff Governance; or Finance, Performance & Resources Committees.

## 2.4 Recommendation

The NHS Fife Board is requested to:

- **Take Assurance** on reported performance to date

## 3 List of appendices

- Appendix 1 – Table of Metrics and Data Lag
- IPQR Position at January 2023 v2.0

### Report Contact

Bryan Archibald

Planning and Performance Manager

Email [bryan.archibald@nhs.scot](mailto:bryan.archibald@nhs.scot)

## Appendix 1 – Table of Metrics and Data Lag

<b>Metric</b>	<b>Local Data Lag</b>	<b>Published Data Lag</b>
HSMR	-	6 months
Smoking Cessation	4 months	9 months
IVF Treatment WT	-	3 months
Antenatal Access	-	3 months
Vacancies	3 months	-
Drugs & Alcohol WT	2 months	3 months
Childhood Immunisation	-	3 months
Adverse Events	1 month	-
Inpatient Falls	1 month	-
Pressure Ulcers	1 month	-
HAI/HCAI	1 month	3 months
Complaints	1 month	previous financial year
Patient TTG	1 month	3 months
New Outpatients	1 month	3 months
Diagnostics	1 month	3 months
Cancer	1 month	3 months
Sickness Absence	1 month	3 months
CAMHS WT	1 month	3 months
Psychological Therapies WT	1 month	3 months
PDPR	No lag	-
Emergency Access	No lag	1 month
FOI Requests	No lag	-
Delayed Discharge	No lag	1 month
Flu/Covid Vaccination	-	No lag

# **Fife Integrated Performance & Quality Report**

**Position (where applicable) at January 2024  
Produced in February 2024**

# Introduction

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

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

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

The IPQR comprises the following sections:

- a. Corporate Risk Summary**  
Summarising key Corporate Risks and status.
- b. Indicatory Summary**  
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Projected & Actual Activity**  
Comparing projected Scheduled Care activity to actuals.
- 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) 2023/24, 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  
12 February 2024

Prepared by:  
**SUSAN FRASER**  
Associate Director of Planning & Performance

## a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	↔	High
To improve the quality of health and care services	6	5	1	-	-	↔	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	↔	Moderate
To deliver value and sustainability	6	4	2	-	-	↔	Moderate
<b>Total</b>	<b>18</b>	<b>13</b>	<b>5</b>	<b>0</b>	<b>0</b>		

**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

### Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

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

Assessment of corporate risk performance and improvement trajectory remains in place.

## b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC		Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	-	Month	Dec-23	48	○	▲	▼	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Dec-23	50.0%	●	▲	▲	
	HSMR	N/A	-	Year Ending	Jun-23	0.96	●	—	—	
	Inpatient Falls	6.95	(L)	Month	Dec-23	7.10	○	▼	▲	
	Inpatient Falls with Harm	1.44	(L)	Month	Dec-23	1.42	○	▲	▲	
	Pressure Ulcers	0.89	(L)	Month	Dec-23	1.28	○	▲	▼	
	SAB - HAI/HCAI	18.8	(N)	Month	Dec-23	6.6	○	▲	▼	● QE Jun-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Dec-23	3.3	○	▼	▲	● QE Jun-23
	ECB - HAI/HCAI	33.0	(N)	Month	Dec-23	29.7	○	▲	▼	● QE Jun-23
	S1 Complaints Closed in Month on Time	80%		Month	Dec-23	43.9%	●	▲	▼	● 2021/22
S2 Complaints Closed in Month on Time	33%		Month	Dec-23	8.0%	○	▼	▼	● 2021/22	
S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Dec-23	5.9%	●	▼	▼		
Operational Performance	IVF Treatment Waiting Times	90%		Month	Sep-23	100.0%	●	◀▶	◀▶	
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Jan-24	71.5%	○	▲	▲	● Dec-23
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Jan-24	64.6%	○	▲	▲	● Dec-23
	Patient TTG % <= 12 Weeks	100%		Month	Dec-23	37.5%	●	▼	▼	● Sep-23
	New Outpatients % <= 12 Weeks	95%		Month	Dec-23	38.2%	●	▼	▼	● Sep-23
	Diagnostics % <= 6 Weeks	100%		Month	Dec-23	43.9%	●	▼	▼	● Sep-23
	Cancer 31-Day DTT	95%		Month	Dec-23	92.5%	○	▼	▼	● QE Sep-23
	Cancer 62-Day RTT	95%		Month	Dec-23	71.2%	○	▲	▲	● QE Sep-23
	Freedom of Information Requests	85%		Month	Jan-24	91.7%	●	▲	▲	
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Jan-24	10.5%	●	▲	▼	● Dec-23
Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Jan-24	5.9%	○	▲	▼	● Dec-23	
Antenatal Access	80%		Quarter	Sep-23	92.1%	●	▼	▼	● CY 2022	
Finance	Revenue Resource Limit Performance	(£12.9m)	-	Month	Jan-24	(£12.2m)	●	—	—	
	Capital Resource Limit Performance	£11.3m	-	Month	Jan-24	£7.2m	●	—	—	
Staff Governance	Sickness Absence	4.00%		Month	Dec-23	7.80%	○	▼	▲	● YE Sep-23
	Personal Development Plan & Review (P DPR)	80%	(L)	Month	Jan-24	41.6%	●	▲	▲	
	Vacancies - Medical & Dental	N/A		Quarter	Sep-23	9.4%	●	▲	▼	
	Vacancies - Nursing & Midwifery	N/A		Quarter	Sep-23	6.5%	●	▲	▼	
Vacancies - AHPs	N/A		Quarter	Sep-23	8.0%	●	▲	▲		
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Sep-23	93	●	—	—	● YT Mar-23
	CAMHS Waiting Times	90%		Month	Dec-23	75.3%	○	▲	▲	● QE Sep-23
	Psychological Therapies Waiting Times	90%		Month	Dec-23	75.5%	○	▲	▲	● QE Sep-23
	Drugs & Alcohol Waiting Times	90%		Month	Oct-23	86.9%	●	▼	▼	● QE Sep-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Jan-24	79.9%	●	▲	—	
	COVID Vaccination (Winter, Age 65+)	85%		Month	Jan-24	79.3%	●	▲	—	
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Sep-23	94.2%	○	▲	▼	● QE Sep-23
Immunisation: MMR2 at 5 Years	92%		Quarter	Sep-23	88.8%	○	▼	▲	● QE Sep-23	

**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 & Actual Activity and Long Waits

			Quarter End	Quarter End	Month End			Quarter End	Quarter End
			Jun-23	Sep-23	Oct-23	Nov-23	Dec-23	Dec-23	Mar-24
Better than Projected   Worse than Projected Better/Worse may be higher or lower, depending on context									
ED 4-hour Performance (VHK only)	Projected				70.0%	75.0%	75.0%		
	Actual				66.8%	66.6%	63.5%		
	Variance				-3.2%	-8.4%	-11.5%		
Elective Activity Diagnostics	Projected	15,363	15,363	5,121	5,121	5,121	15,363	15,363	
	Actual	14,393	15,588	5,412	5,387	4,788	15,587		
	Variance	-970	225	291	266	-333	224		
Elective Activity New Outpatients	Projected	22,309	22,337	7,421	7,432	7,421	22,274	22,308	
	Actual	21,225	21,580	7,090	7,985	6,046	21,121		
	Variance	-1,084	-757	-331	553	-1,375	-1,153		
Elective Activity TTG	Projected	3,416	3,433	1,162	1,162	1,163	3,487	3,492	
	Actual	3,403	3,289	1,109	1,307	1,101	3,517		
	Variance	-13	-144	-53	145	-62	30		
Long Waits Diagnostics > 26 weeks	Projected	109	63	42	26	10	10	0	
	Actual	171	165	160	150	204	204		
	Variance	62	102	118	124	194	194		
Long Waits New Outpatients > 104 weeks	Projected	0	74	120	166	212	212	352	
	Actual	1	2	2	2	2	2		
	Variance	1	-72	-118	-164	-210	-210		
Long Waits New Outpatients > 78 weeks	Projected	150	339	509	679	849	849	1358	
	Actual	85	255	301	336	336	336		
	Variance	-65	-84	-208	-343	-513	-513		
Long Waits TTG > 104 weeks	Projected	16	67	102	136	173	173	351	
	Actual	20	17	25	40	32	32		
	Variance	4	-50	-77	-96	-141	-141		
Long Waits TTG > 78 weeks	Projected	159	305	388	465	547	547	893	
	Actual	84	133	154	186	183	183		
	Variance	-75	-172	-234	-279	-364	-364		
Arthroplasty 4 joint sessions	Projected	25.0%	25.0%				25.0%	25.0%	
	Actual	10.3%	16.9%	12.5%	10.9%	14.0%	12.4%		
	Variance	-14.7%	-8.1%				-12.6%		
Same Day Procedures Knee Arthroplasty	Projected	1.9%	1.9%				1.9%	1.9%	
	Actual	4.1%							
	Variance	2.2%							
Same Day Procedures Hip Arthroplasty	Projected	4.3%	4.3%				4.3%	4.3%	
	Actual	8.0%							
	Variance	3.7%							
Cancer Waiting Times 31-Day	Projected	93.8%	94.1%				94.3%	94.5%	
	Actual	96.5%	92.5%	91.8%	95.0%	92.5%	93.1%		
	Variance	2.7%	-1.6%				-1.2%		
Cancer Waiting Times 62-Day	Projected	81.9%	82.8%				85.0%	85.4%	
	Actual	77.5%	73.7%	86.6%	61.2%	71.2%	73.0%		
	Variance	-4.4%	-9.1%				-12.0%		
CAMHS 18 Weeks RTT	Projected			70.0%	70.0%	60.0%			
	Actual			67.9%	78.6%	73.8%			
	Variance			-2.1%	8.6%	13.8%			
CAMHS Waiting List <= 18 weeks	Projected	216	228	232	257	235	235	200	
	Actual	224	197	184	187	180	180		
	Variance	8	-31	-48	-70	-55	-55		
CAMHS Waiting List > 18 weeks	Projected	116	98	77	86	42	42	0	
	Actual	70	91	87	49	64	64		
	Variance	-46	-7	10	-37	22	22		
Psychological Therapies 18 Weeks RTT	Projected			69.3%	68.2%	71.0%			
	Actual			54.3%	56.5%	56.3%			
	Variance			-15.0%	-11.7%	-14.7%			
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888	
	Actual	1460	1480	1404	1412	1427			
	Variance	572	592	516	524	539			
Psychological Therapies Waiting List > 18 weeks	Projected	1660	1569	1609	1596	1680	1680	1604	
	Actual	1173	1219	1184	1086	1109			
	Variance	-487	-350	-425	-510	-571			
Psychological Therapies Waiting List > 52 weeks	Projected	219	165	147	129	111	111	57	
	Actual	273	251	278	276	263			
	Variance	54	86	131	147	152			



## d. Assessment

### CLINICAL GOVERNANCE



To improve the quality of health and care services

6



Moderate

		Target	Current
<b>Major &amp; Extreme Adverse Events</b>	<i>50% of Action from Major and Extreme Adverse Events to be closed within time</i>	<b>50%</b>	<b>50.0%</b>

There were 16 actions relating to LAER/SAER closed on time in December 2023, from a total of 32, which equates to a performance of 50.0%: an increase on the 33.9% seen in November and an improvement on the 41.9% seen in December 2022. Target has been reached for the first time since July 2023.

There were 47 Major/Extreme adverse events reported in December out of a total of 1,439 incidents.

70.0% of all incidents were reported as 'no harm'. Over the past 12 months, 'Pressure Ulcer developing on ward' has been the most reported Major/Extreme incident (187) followed by 'Patient Fall' (68 incidents), and then 'Cardiac Arrest' (64 incidents).

On average, 50 actions have been closed per month in 2023 compared to 37 over the same period in 2022.

There were 355 actions open at the end of December, with 85 (23.9%) being within time.

#### Service Narrative

It was reported to Clinical Governance Oversight Group in December 2023 that there was consistent increase in incidents reported with severity recorded as major/extreme during 2023.

In the last 12 months, the average closure time for a LAER is 240 days and SAER is 313 days: target for both is 90 days. The increase in workload associated with managing a SAER/LAER (predominantly for clinical team) was thought to be contributing to the delay in completion and closure of SAERs/LAERs. A decision was taken to re-define a local trigger list, taking into consideration the National Framework for Learning from Adverse Events. Trigger list and local guidance will be produced to provide clearer advice on the event types and outcomes that should be reported within the major/extreme severity categories. This work will be completed at workshops with engagement across the organisation in Jan/Feb 2024 with approval through Clinical Governance Oversight Group and reflected in an updated adverse events policy in Spring 2024.

<b>HSMR</b>		<b>1.00</b>	<b>0.96</b>
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*(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)*

Data for 2022 and 2023 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2023 showing a ratio below the Scottish average

<b>Inpatient Falls</b>	<i>Reduce <b>All Falls</b> (inpatient) rate by 15% in FY 2023/24 compared to baseline (YE Sep-21)</i>	<b>6.95</b>	<b>7.10</b>
	<i>Reduce <b>Falls with Harm</b> (inpatient) rate by 10% in FY 2023/24 compared to baseline (YE Sep-21)</i>	<b>1.44</b>	<b>1.42</b>

The number of inpatient falls in total was 205 in December 2023, up from 174 the month prior. This equates to a rate of 7.10 falls per 1,000 Occupied Bed Days (OBD). Performance is therefore outwith the target of < 6.95 but remains within control limits and is just below the 24-month average.

The number of inpatient Falls 'with Harm' was 41 in December, 5 less than the month prior, and this equates to a rate of 1.42 falls per 1,000 OBD: thus, performance achieved the target of < 1.44 for December.

The number of falls within Acute Services was 91 in December. This is 19 more than the month prior and equates to a rate of 6.82 per 1,000 OBD (compared to 5.35 in November).

The number of falls within HSCP was 114 in December, 12 more than the month prior and this equates to a rate of 7.35 per 1,000 OBD (compared to 6.91 in November).

The majority of falls in the last 3 months (75.4%) were classified as 'No Harm' whilst 18.9% were classified as 'Minor Harm' and 2% were classified as 'Moderate Harm'. Falls classified as 'Major/Extreme Harm' accounted for 3.7% of the total falls (compared to 4% for the preceding 3 months).

### Service Narrative

The number of falls during November & December 2023 remains lower than the previous 2-month period with a slight increase in December to 7.10 per 1000 OBD. Falls with harm continue to decrease and remain on target at 1.42 per 1000 OBD. New one-to-one intensive supervision procedure was launched this week.

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### Pressure Ulcers

*Reduce pressure ulcer rate by 20% in FY 2023/24 compared to the rate in FY 2022/23*

**0.89**

**1.28**

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The total number of pressure ulcers in December 2023 was 37, which was 2 more than the month previous. This equates to a rate of 1.28 per 1,000 Occupied Bed Days (OBD). Performance has therefore worsened, and PU rate remains beyond the target of < 0.89 but it remains within control limits.

The number of pressure ulcers in Acute Services was 32 in December, an increase of 4 on the previous month (24-month average is 24 and rate is 2.40).

The number of pressure ulcers in HSCP was 5 in December, a decrease of 2 on the previous month (24-month average is 7 and rate is 0.32).

Most pressure ulcers continue to be in Acute Services with 95 recorded between Oct-Dec 2023 compared with 20 in HSCP.

Of all Pressure Ulcers recorded in December 2023, Grade 2 accounted for 50% of the total; with Grades 3 & 4 accounting for 21%.

### Service Narrative

The December incident of PU in both ASD and HSCP settings continues to be closely monitored. Both ASD and HSCP continue to have presence at a joint HSCP/ASD Tissue Viability group chaired by DoN. The review into both ASD/HSCP Tissue Viability teams and their scopes with a vision of one team being developed continues and the aim remains for completion March 2024. There is a planned event organised by the community teams to educate practitioners around available dressings for pressure ulcers and this has been shared widely across the partnership to encourage attendance. The HSCP have identified the need for further work on the prevention of PU and a further group is being stood up involving tissue viability and team leaders from district nursing to review cases and identify learning for sharing widely. Heads of Nursing posts in both ASD and HSCP have been filled, pressure ulcers are now aligned to the new postholders portfolios which will support ongoing improvement plans.

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### SAB (MRSA/MSSA)

*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*

**18.8**

**6.6**

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Q3 2023 Quarterly Report showed Fife (9.2 per 100, 000 TOBDs) was below the national rate (18.1 per 100,000 TOBDs) for healthcare associated cases. Considering Q4 2023; there was an increase in the number of HCAI cases (10 cases in total), compared to during Q3 2023 (8 cases). We are currently awaiting the Q4 2023 National Report for comparison.

The cumulative number of HCAI SAB cases during 2023 (n=47) is lower than during 2022 (n=50). There were 8 dialysis line related SABs during 2023. This was an increase, compared to 2 cases in 2022 and none in 2021. Renal services carried out a CCR of each case (Jan-Apr) and the findings were discussed at a `Super SAER` meeting on 26th June 2023. The most recent case (August 2023) has been Datix'd by the Consultant Microbiologist. Please note that, as of 01/01/2024, 133 days had been achieved since the last dialysis line related SAB.

Prior to a case in October, NHS Fife had achieved over a full year without a PVC related SAB. Also, for highlighting, as of 01/01/2024, over 525 days have been achieved since the last CVC related SAB.

### Service Narrative

Q3 2023 Quarterly Report showed Fife (9.2 per 100, 000 TOBDs) was below the national rate (18.1 per 100,000 TOBDs) for healthcare associated cases. Considering Q4 2023; there was an increase in the number of HCAI cases (10 cases in total), compared to during Q3 2023 (8 cases). We are currently awaiting the Q4 2023 National Report for comparison.

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Prior to a case in October, NHS Fife had achieved over a full year without a PVC related SAB. Also for highlighting, as of 01/01/2024, over 525 days have been achieved since the last CVC related SAB.

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**C Diff**

*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*

**6.5****3.3**

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The HCAI CDI rate increased to 3.3 in December. However, this is significantly lower than December 2022 level of 13.0.

The cumulative total of CDI HCAI Jan 23 – Dec 23 at 33 is higher than during the same time period in 2022 at 30.

The number of recurring infections (4) has increased compared to the same period in 2022 (3), the number of non-recurring cases has also increased from 37 in 2022 to 43 in 2023.

The most recent quarterly HAI report from Health Protection Scotland (replace HPS with ARHAI Scotland), covering the quarter 3 ending Sep 2023, showed that NHS Fife was the top performing of all Mainland Health Boards at 4.6.

**Service Narrative**

Q3 2023 quarterly report showed Fife (4.6 per 100,000 TOBDs) was well below the national rate (15.5 per 100,000 TOBDs) for healthcare associated cases. Considering Q4 2023, there was a lower number of HCAI cases (n=2), compared to during Q3 2023 (4 cases in total). Currently awaiting National Report for board comparison.

For noting, the cumulative total of HCAI CDIs during 2023 (n=33) is higher than during the previous 2 years (2022, n=30 and 2021, n=28). History of recent antibiotics (i.e. within the previous 12 weeks) remains the most frequently seen risk factor amongst cases.

Antibiotic stewardship in helping to reduce CDIs in the Primary Care newsletter.

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**ECB**

*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024*

**33.0****29.7**

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The number of HCAI infections decreased from 11 in November 2023 to 9 in December and the rate of infection decreased from 36.9 to 29.7 HAI/HCAI per 100,000 Occupied Bed Days (OBD).

The cumulative number of HCAI infections for the period January - December (113) is lower than the same period in 2022 (123).

Urinary Catheter related infections have been responsible for 29 of the 113 infections in the last year (25.6%) and remains a key focus for improvement work although the 'Not Known' category accounts for 24 infections (22.1%). You would have to state that the 'not known' accounts for 26 (23%) of HCAI cases, otherwise the statement is misleading, as there were also some 'unknown' CAI cases. Compared with the previous year the number of Urinary Catheter infections in HCAs has decreased by 12.9%.

The majority of ECB infections occur in the community, and hepatobiliary and renal are the most common sources of infection.

The most recent quarterly HAI report from ARHAI Scotland, covering the quarter 3 ending Sep 2023, showed that NHS Fife (with a quarterly HCA infection rate of 32.2) lay in the mid-range of Mainland Health Boards (as has been the case for the last 6 quarters) and was below the Scottish average of 37.8.

**Service Narrative**

Q3 2023 quarterly report showed Fife (32.2 per 100,000 TOBDs) was lower than the national rate (37.8 per 100,000 TOBDs) for healthcare associated infection cases. However, Q4 2023 ECB cases, there was a higher number of HCAI cases (n=34), compared to during Q3 2023 (n=28). We are currently awaiting the National Report for comparison.

The cumulative total of HCAs during 2023 (n=113) was lower than during 2022 (n=123) and 2021 (n=127). The majority of ECBs occur in the community, and hepatobiliary and renal are the most common source of infection. It is reassuring to see that the number of CAUTI related ECBs have reduced over the past couple of years.

The Urinary Catheter Improvement Group continue to meet regularly, with the aim of establishing improvement work, to reduce CAUTIs. CAUTI insertion and maintenance bundles have been installed onto Patientrak and were trialed in V54. This is currently sitting with digital & information before rolled out across the board.

Each CAUTI related ECB is Datixed and undergoes a CCR. Monthly CCR meetings continue to take place to explore and discuss recent CAUTI cases.

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**Complaints**

*At least 33% of Stage 2 complaints will be completed within 20 working days by March 2024*

**33%****8%**

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There were 44 stage 1 complaints received in December, with 42 closed. Of those closed 45.2% were within timescales.

With 4 greater than 40 days after due date, 11 of which were closed between 6 and 20 days. 49 complaints were due to be closed in the month, 21 (42.9%) of which were closed on time.

10.7% of live complaints have been open for more than 41 days with 53.6% open for between 6 and 40 days.

75% of live complaints are awaiting statements an increase from 59% November.

The total number of open Stage 1 in December was 27 this equates to an increase of 107.6% from November (13) and an increase of 35% from April 2023 (20)

There were 14 stage 2 complaints received in December, with 100% acknowledged within timescales, with 25 closed. Of those closed 8% were within timescales.

With 18 greater than 40 days after due date, 6 of which were closed greater than 80 days after due date. 17 complaints were due to be closed in the month, 1 (5.9%) of which were closed on time.

66.2% of live complaints have been open for more than 40 days with 46.5% open for more than 80 days and 8.5% open for more than 160 days. Both the over 40 days and over 80 days open complaints have increased in December.

23.9% of live complaints are awaiting statements with 43.7% awaiting approval of final response the latter having increased from 37.2% in November.

The total number of open Stage 2 Complaints continues to trend downwards in December was 71 this equates to a decrease of 17.5% from November (86) and a decrease of 52.6% from April 2023 (150)

**Service Narrative**

There is an ongoing focus on stage 1 complaints to encourage the Service to contact the complainant directly, reducing the need for Patient Experience to send a written response. Changes were made to the Stage 1 statement memo encouraging Services to contact the complainant directly, and this was tested within the Emergency Care Directorate, with a plan to roll out to other areas in the new year.

The PET has 1.8 WTE Support Officers that process the Stage 1 complaints and all the enquiries and concerns. In December 2023, there were also between 35-45 open concerns and 30-40 open enquiries, predominantly handled by the Band 4 PET Support Officers, allowing the Band 6 PET Officers to focus on the Stage 2 complaints. Services and PET were also encouraged to communicate more directly to facilitate quicker responses and highlight potential issues or delays with responding to the Stage 1s.

Historically, NHS Fife had timeframe complaints of 80% of Stage 1 complaints to be answered with the 5-day target or 10-day extended timeframe. The 80% timeframe compliance target has only been achieved once between December 2022 and December 2023.

The new complexity scoring categorisation has been applied to every Stage 2 complaint, providing insight into the volume of complex complaints that NHS Fife receives and handles. The complexity categorisation has changed from complex and non-complex to negligible, minor, moderate, major and extreme. The first draft of this scoring categorisation has been shared with Senior Leaders across NHS Fife for comment and feedback. At the end of December 2023, 0 negligible, 10 minor, 48 moderate, 21 major, and 1 extreme stage 2 complaints were open.

The Complaints Dashboard was launched in November 2023, providing up-to-date data regarding open enquiries, concerns, and Stage 1 and 2 complaints. A new weekly report was created and shared with Services weekly, using screen grabs of the Dashboard data and providing a live link to the MicroStrategy page, raising awareness and accessibility of the Complaints Dashboard. The data on the Complaints Dashboard is pulled from Datix and refreshed daily. The new weekly report also shows the previous 2 months data compliance for Stage 1 and Stage 2 complaints.

At the end of October 2023, there were 111 Stage 2 complaints. This decreased to 80 at the end of December 2023. There was previously a backlog of complaints to be drafted, but with the additional support of 0.42 WTE Band 6 PET Officer and a reduction in sickness absence by the end of December, there were only 9 complaints (12.5%) being or awaiting drafting and only one Stage 2 requiring PET action. Stage 2 complaints awaiting statements or comment/approval within the Services was 81%. At the end of October 2023, there was 1 Stage 2 complaint at 330 days and 8 over 200 days. This improved, and by the end of December 2023, there were only 2 Stage 2 complaints over 200 days.

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## OPERATIONAL PERFORMANCE



To improve the quality of health and care services

6



Moderate

		Target	Current
<b>4-Hour Emergency Access</b>	<b>National Standard:</b> 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer <b>Local target</b> by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer	<b>95.0%</b> <b>82.5%</b>	<b>71.5%</b> <b>64.6%</b>

For A&E (all sites), performance in January increased to 71.5% which is below the 95% national target; below the 24-month average of 73.2%; but is higher than the performance seen in December (70.2%); and higher than year previous (69.6% in January 2023).

Unplanned attendances increased from 6931 in December to 7221 in January (+4.2%) and average per day increased to 233 (+9 compared to month previous; +33 compared to year previous). Planned attendances saw an increase from 378 in December to 403 in January.

There were 605 8-hour breaches recorded in January (34% more than was reported in December and 9.6% more than the year previous); and 168 12-hour breaches (double the number in December but 11% less than year previous).

Breaches overall were almost the same when compared to December. In terms of Breach reasons, 'Wait for Bed' increased by 2.1% (as a share of total breaches) and 'Wait for 1st Assessment' decreased by 1.4%.

For the Emergency Department at VHK, performance in January was 64.6% compared to 63.5% in December and this is below the current local trajectory of 75%. Unplanned attendances increased from 5657 in December to 5807 in January (+150 compared to month previous; +876 compared to year previous).

Planned attendances in January were 160 (+7 compared to December).

The most recent publication from Public Health Scotland, for month of December 2023, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards, for both A&E and ED.

### Service Narrative

Attendance remained high throughout January, with an increase in 8-hour breaches. FNC has successfully transitioned from HSCP to Acute, ECD. We continue to review our staffing models within ED, ensuring senior clinical decision maker presence. The recent appointment of a dedicated ED CNM ensures appropriate leadership and support. Winter pressures remain and continue to impact.

<b>Patient TTG (Waiting)</b>	<i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i>	<b>100%</b>	<b>37.5%</b>
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Monthly performance decreased from 39.1% in November to 37.5% in December, this is -12.8% on the same month in 2022.

Waiting list numbers for waits of 'over 12 week' continue to trend upwards rising by 146 to 4965 in December.

Waits 'over 26 weeks' continue to trend upward with a slight decrease in waits 'over 52 weeks' (617 - 603). The majority of over 52 weeks lie within Orthopaedic (300) and Urology (210).

Waits 'over 104 weeks' decreased to 32, however this remains well below projected figures. These are split General Surgery 4, Orthopaedic 14, Plastic Surgery 1, Urology 5 and Gynaecology 8.

The overall waiting list increased by <0.5 % from November to December.

Benchmarking for the quarter ending September 2023 shows NHS Fife to be Low Range of all mainland boards with a performance of 49.7%, below the Scotland average of 56.1%

### Service Narrative

Overall for the first 3 quarters, activity is 92.7% of projected capacity and whilst overall demand is in line with what was projected there is variation between specialities and activity is not meeting demand with a gap of over 2800 procedures. The biggest gaps are in Cardiology, General Surgery, Ophthalmology, Orthopaedics, Plastics and Urology due to a combination of vacancies, sickness absence, an increased proportion of urgent cases and lower throughput in theatres. It is anticipated that there will be some improvement in sickness absence and vacancies which should have a positive impact on activity towards the end of Q4.

As anticipated there continues to be a deterioration in waiting times albeit at a slower pace with the numbers waiting over 52, 78 and 104 weeks continuing to be less than predicted at the end of March for all specialities apart from Orthopaedics. The increase in patients waiting over 104 weeks in orthopaedics is due to referrals received from another health board for treatment in the National Treatment Centre. The main specialities of concern for long waits remain Orthopaedics, General Surgery, Urology, Gynaecology, Ophthalmology and Plastic Surgery. The focus continues to be on urgent and urgent suspicious of cancer patients with a renewed effort to reduce the number of

long waiting patients particularly those waiting over 104 weeks. However, as routine waiting times increase there are proportionally more patients being assessed as urgent which is leading to increasing waits for routine patients. There has been a sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital and efforts continue to look for productive opportunities to maximise throughput in theatres and to validate the waiting lists. There has been renewed engagement with the National Elective Coordination Unit to find a solution for specialist urogynaecological procedures and it is anticipated that there will be progress towards treating these long waiting patients by the end of March 2024.

<b>New Outpatients</b>	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	<b>95%</b>	<b>38.2%</b>
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Monthly performance decreased for the 9th month in a row to 38.2% in December, the lowest rate in the last 24 months. Waits for over 12, 26, 52 and 78 weeks all saw increases: 'over 78 weeks' increased by 40.8.6% to 473, though this remains below the projected figures. Waits 'over 104 weeks increased to 6.

ENT 'over 52 weeks saw the largest increase of 14.5% from 657 to 752.

The largest number of over 78 weeks waits are in Gastroenterology (157) & Neurology (218)

The overall waiting list increased by 0.7% from November to 31338 patients.

Benchmarking for the quarter ending September 2023 shows NHS Fife to be Mid-Range of all mainland boards with a performance of 43.3%, above the Scotland average of 42.4%

**Service Narrative**

Overall, for the first 3 quarters, activity is 95% of projected capacity and whilst overall demand is in line with what was projected there is variation between specialities and activity is not meeting demand with a gap of over 7000 appointments. The biggest gaps are in Cardiology, Dermatology, ENT, Gynaecology, Neurology and Vascular due to a combination of vacancies, sickness absence and an increased proportion of urgent referrals. It is anticipated that there will be some improvement in sickness absence and vacancies which should have a positive impact on activity towards the end of Q4.

As anticipated there continues to be a deterioration in waiting times in line with projections although the number waiting over 52 weeks continues to be greater than projected mainly in ENT. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Vascular, General Surgery, ENT, Urology, Cardiology, Gastroenterology, Endocrinology, Neurology, and Gynaecology. The focus continues to be on urgent and urgent suspicious of cancer patients as well as the long waiting patients, however, as routine waiting times increase there are proportionally more patients being assessed as urgent which is leading to increasing waits for routine patients.

There is a continued focus on productive opportunities to maximise use of capacity with increasing use of ACRT and PIR and validation of waiting lists as well as recruiting to vacant consultant posts. Further engagement with the National Elective Coordination Unit has taken place and options are being explored to support those specialities with the most challenging recruitment issues.

<b>Diagnostics</b>	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	<b>100%</b>	<b>43.9%</b>
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Monthly performance decreased for the 2nd month in a row from 48.2% in November to 43.9% in December, the lowest recorded figure since Jun 2020.

Endoscopy saw an increase in performance (from 49% to 57.4% - the highest figure since December 2021). Imaging saw a decrease in performance (from 50% to 47.4%, the lowest figure recorded in the last 2 years).

In terms of waiting list numbers, Imaging has decreased for the 3rd successive month to 7653. MRI saw numbers decrease from 1488 in November to 1300 in December. CT saw a decrease to 779 the lowest figure since Oct 22 the seventh successive month of decrease; Ultrasound saw a decrease to 5574, the lowest since May 2023. Endoscopy waiting list increased to 725 in December from 662 in November. The diagnostic waiting list overall decreased from 8945 in November to 8378 in December the second successive month of decrease.

The number of those waiting over 6 weeks increased from 4636 in November to 4701 in December.

**Service Narrative**

In Radiology the available core capacity overall continues to be unable to meet the increasing demand. Over the first 3 quarters activity has been greater than projected particularly in CT due to the unexpected presence of CT van required for emergency capacity, additional evening list and recruitment of locums in Ultrasound. It is anticipated that this increase in activity will not be sustained in Q4 as staffing challenges in Ultrasound are predicted to worsen. The proportion of urgent outpatient referrals and demand for inpatient scans remains high and this is resulting in increased waiting times for routine outpatient imaging for all modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits in ultrasound. Clinical validation of the waiting lists continues with action taken to expedite referrals as required. Efforts continue to recruit to the vacant ultrasound posts.

In Endoscopy demand for new tests has been slightly lower than expected. Over the first 3 quarters activity has been less than projected, however, the capacity figure includes all of the available endoscopy capacity which is used

		Target	Current
flexibly to manage emergency, Urgent, urgent suspicious of cancer, surveillance and new referrals. The numbers of patients waiting over 6 weeks is stable, however, there has not been the anticipated improvement in the numbers waiting over 26 and 52 weeks as the proportion of new urgent and urgent surveillance referrals has increased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.			

<b>Cancer 31-Day DTT</b>	<i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	<b>95%</b>	<b>92.5%</b>
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Monthly performance in December 2023 decreased from 95% in November to 92.5% which is below target. The number of eligible referrals decreased from 119 in November to 93 in December, this is 14 less than the same month in 2022.

There were 8 breaches in December 2023, 5 attributable to Urology (4 for 'Prostate', 1 for 'Other'). The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sept 2023, showed that NHS Fife was in the low-range of all Mainland Health Boards.

**Service Narrative**  
9 breaches were surgical and dependant on theatre and surgeon capacity, and 1 breach was for Chemotherapy. Robotic surgery capacity remains an issue, however, additional theatre sessions are taking place and we can assess the impact of these additional sessions. Range 35 - 170 days with an on average breached by 73 days.

<b>Cancer 62-Day RTT</b>	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	<b>95%</b>	<b>71.2%</b>
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Monthly performance in December 2023 increased from 61.2% in November to 71.2% in December, this is 5.4% above the same month in 2023.

The number of eligible referrals decreased from 85 in November to 59 in December, this is the lowest number since January 2022.

There were 17 breaches in December 2023 with 12 of these (70.6%) attributable to Prostate. The other breaches were 4 'Lung', 1 'Head & Neck'.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sept 2023, showed that NHS Fife was in the low-range of all Mainland Health Boards.

**Service Narrative**  
Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, Lung and urology. In terms of performance Urology remains our biggest challenge with 12 breaches seen. The main reasons attributing to breaches were delays between many steps throughout the pathway, with the exception of waits to 1st outpatient appointment. The CRUK nurse-led pathway pilot was initiated in August, to improve waits from referral to MDT, impact will be measured in due course.

The range of breaches for prostate 79 - 254 days, average 125 days.

There were further breaches seen, 1 H&N and 4 Lung. These breaches were due to lack of resources for appointments within ENT, extensive staging, investigations, administrative error and planning timescales for radiotherapy.

Range for all breaches 70 - 254 days, average 115 days.

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**Delayed Discharges**

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

**5.0%****5.9%**

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The percentage of Bed Days lost to 'Standard' delays decreased to 5.9% in January 2024 (a reduction of 1.6 percentage points since November 2023). This is still above the 5% target but remains within control limits and is below the 24-month average of 6.4%.

The number of Bed Days lost to 'Standard' delays in January decreased by 13% to 1859 and this is on par with the 24-month average (1888).

The number of Bed Days lost to 'Code 9' delays in January increased by a further 119 to 1443 (27% increase since Oct-23) and this is higher than the 24-month average (1287) though as a percentage of Occupied Bed Days it is less than the year previous (4.6% in Jan-24; 5.1% in Jan-23).

Comparing year-on-year, the overall numbers in delay at census point were less for Jan-24 (107) than for Jan-23 (112).

Community saw 33% less 'Code 9' delays than the year previous (similar numbers of 'Standard' delays); and MH/LD saw similar 'Standard' delays and 6 more 'Code 9' delays (+50%).

The most recent monthly publication from Public Health Scotland, for data up to end of December 2023, showed that NHS Fife remains in the mid-range for Standard Delays at Census by Local Authority of Residence.

**Service Narrative**

Daily oversight and focussed planning for all people who are delayed in hospital remains a priority through whole system verifications. In part, this reflects the continued improvement of the multi-professional Discharge Hub's weekly performance which remains significantly higher than the previous year. The improved picture in standard delays can be attributed to the Integrated hubs that are fully embedded across all community hospitals and who work collaboratively ensuring Home First principles are applied to all discharge plans. Digital referral system has been rolled out and fully implemented in all areas within the acute hospital. The 24-hour service aims to support timely allocation and assessment. Suitable placement for increasing numbers of people with significant complex needs who are unable to return home continues to remain challenging.

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## FINANCE



To deliver value and sustainability

6



		Forecast	Current
<b>Revenue Expenditure</b>	<i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>(£12.9m)</b>	<b>(£12.2m)</b>

At the end of January, the Health Board is reporting a deficit position of £12.158m, a significant improvement on the position reported in December. Current projections indicate an overspend against budget at the end of the financial year of £12.881m which is £2.0m more than our 2023/24 planned deficit but significantly less than our previously reported forecast outturn of £23m. This improved forecast reflects receipt of funding from Scottish Government (SG) following confirmation of additional consequential funding provided by HM Treasury to the Department of Health and Social Care. The funding being provided to all boards is on a non-recurring basis and totals £10.279m for NHS Fife. Scottish Government have also confirmed that board contributions to CNORIS for 2023/24 will reduce by £35m in year with a positive financial impact for NHS Fife of £2.089m. Together these two factors bring a total financial benefit for 2023/24 to NHS Fife of £12.368m. Additionally, during January, we received communication from SG in relation to the Stracathro issue we have been pursuing. Consequently, we have reflected the impact of their confirmation that no allocation has been made available for NHS Fife for Stracathro in 2023/24 to our forecast position.

<b>Capital Expenditure</b>	<i>Work within the capital resource limits set by the SG Health &amp; Social Care Directorate</i>	<b>£11.3m</b>	<b>£7.2m</b>
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The total anticipated capital budget for 2023/24 is £11.278m. Whilst spend of £7.2m has been incurred to the end of January, our forecast spend is in line with available budget. The trajectory of capital spending in any financial year is typically incurred in the final quarter of the financial year.

**Additional Finance detail will be provided in a separate SBAR submitted by Finance Directorate**

## 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%

7.80%

Sickness absence has increased from 7.64% in November to 7.80% in December 2023, this is the highest level in 2023. Short-term absence has decreased from 3.56% in November to 3.46% in December 2023. There has been an increase in long term absence from 4.08% In November to 4.34% in December 2023.

Most sickness absence episodes and hours lost related to mental health related reasons for absence, (amounting to 26.3%), however, this has reduced by 2% from the previous month.

Two Directorates, Emergency Care and Community Care, have a sickness absence rate above 10%. Acute Services and HSCP both have absence rates above 8%.

The latest benchmarking, for November 2023, shows NHS Fife to be in the lower range of all mainland Boards.

#### Service Narrative

Continue to deliver and promote the Attendance Management training programme within NHS Fife to complement Turas Learn, NHS Scotland Attendance eLearning module. Expand the use of Promoting Attendance panels that provide opportunities for case discussion, shared learning and provision of assurance on consistency of approach and best practice. Utilise absence data analytics to develop bespoke action plans to target specific areas, a recent example was a multifactorial review that identified factors impacting on attendance at work. As a result, a short life working group is now being established to develop an action plan to mitigate or address identified issues.

Promote and signpost staff to in-house support services such as counselling, occupational health, community listening service and staff peer support. Promote and signpost staff to online resources such as Staff Wellbeing hub, Live Positive tool kit, Stress support and resources guide, Financial Health support guide, Staff Wellbeing handbook, Access Therapies Fife, Mood Cafe, Mind to Mind and Workforce Specialist Services Scotland.

### PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

41.6%

Compliance has decreased slightly to 41.6% in December, a decrease of 0.5% from month prior and +9.3% on the same month in 2022.

This is only the 2nd decrease since January 2023.

Compliance was highest in HSCP, (Complex & Critical) at 53.3% whilst in Acute Services all, except WCCS, saw an increase ranging from 0.2% to 1%.

The number of reviews held in January increased to 210 (from 203).

Performance remains at approximately half of the national standard of 80%, and has remained relatively static for the last 3 months.

#### Service Narrative

Recovery actions have been identified not only to support an increase by the end of March 2024, but to also improve engagement for the 2024 / 2025 review period beginning on 1 April 2024. These include:

- Direct contact with managers with high engagement levels, to request that they share approaches and experiences that can be shared with low engagement teams.
- Direct contact with managers with low engagement levels to request the provision of team recovery action plans. Supportive actions will be provided by the Workforce Development & Engagement Team, as appropriate with any concerns raised escalated through the appropriate channels.
- Regular provision of Team status reports to managers.
- Development of key messages for managers and staff.
- Cascading support and endorsement of new commitment to PDPR engagement from Senior Managers / Staff Side / Staff Governance Committee.

Reduce the number of vacancies in the following professions:

Vacancies		
	Medical & Dental (M&D)	9.4%
	Nursing & Midwifery (N&M)	6.5%
	Allied Health Professionals (AHPs)	8.0%

(n.b. we await the most recent data so below is a repeat of the analysis from last month's IPQR)

Medical & Dental WTE vacancies saw no change from the June figure of 30.2. The largest % of vacancies falls within a single area of General Psychiatry at 8.9%.

Nursing & Midwifery WTE vacancies has seen a significant decrease for this reporting quarter dropping from 507.7 WTE to 282.1 WTE. 53% of vacancies are for qualified staff Band 5 - Band 7.

AHP WTE vacancies have decreased to their lowest level since March 2022 (61.1 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

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## PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

4



High

Target Current

### Smoking Cessation

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

**236**  
(Sep-23)

**93**  
(Sep-23)

There were 15 successful quits in September 2023, which is 24 short of the monthly target and 17 less than was achieved in September 2022. Achievement against trajectory is 39.4%, which is only slightly less than was achieved in August 23.

For all quit attempts, the quit success rate in 'Specialist' services is significantly higher than for other services. In 'Other' services there was one successful - this was the first successful quit from 9 attempts in 2023-24 so far.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2023 (Q4), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 64.5% against a Scottish average of 69.4%.

#### Service Narrative

As indicated in the data analysis provided above, successful quit numbers are lower than expected in September 2023, planned events to increase visibility and awareness of the service saw demand increase.

The specialist service provision has remained at 37 clinics Fife wide: 27 community-based and 10 GP based clinics. Referrals, both self and professional are beginning to increase, we will continue with a targeted schedule of Very Brief Advice (VBA) stands to maintain referrals.

842 appointments have been offered Fife wide during Oct to Dec 2023, with 335 of these cancelled or DNA status. Looking at the audit information, 20% of these have been due to reported ill health which falls in line with winter illnesses.

Service awareness and engagement sessions have taken place in communities, working in collaboration with local groups and community assets, some of whom are willing to act as champions in signposting to the service. In the last quarter of 2023, we attended 31 events and undertook 1375 contacts. Our plan to target specific areas using the mobile unit as pop up clinic has restarted following the festive break.

As part of our communication and marketing plan, we have a series of events to take place in the first quarter of 2024 targeting smoking prevalence at the main in-patient sites for visitors, patients, and staff. This will coincide with No Smoking Day campaigning throughout February and March.

Sustaining engagement with people from our most deprived communities has become more complex and thus increases the existing challenges to maintain awareness of the service. Anecdotal evidence from event feedback suggests that an element of flexibility with the 12-week model of support may be required to meet the needs of some individuals.

Working to improve retention with maternity clients as a priority group, we have accessed additional specialist training from the National Centre for Smoking Cessation (NCSCT) to ensure best practice across the service. It has also been agreed for a specialist advisor to be present in the maternity unit at VHK weekly, starting in February 2024.

Issues with Public Health Scotland data base (ISD) have improved, however the full impact on the accuracy of records and reporting on a local and national level has yet to be established.

### CAMHS Waiting Times

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

**90%**

**75.3%**

Monthly performance increased from 60.8% in November 2023 to 75.3% in December, the highest level since July 2023.

In December no young people were waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks increased from 49 in November to 64 in December.

The percentage of those waiting less than 18 weeks decreased from 78.6% in October to 73.8% in December.

The number of referrals received in December was 187, a 35.3% decrease from November, the lowest figure since August 2023 and -46 compared to the same month in 2022.

The overall waiting list saw a slight increase (238 in November compared with 244 in December).

Benchmarking for the quarter ending September 23 shows NHS Fife lie in the mid-range of all mainland boards, 72.1% against Scotland average of 75.6%.

**Service Narrative**

All young people waiting between 19-35 weeks (64 individuals) have an appointment booked. Service priority will be on continuing to reduce the longest waits in order to sustainably achieve the 18-week RTT. This is dependent on the effective management of staff vacancies and the ability to retain existing staff to ensure capacity meets demand.

<b>Psychological Therapies</b>	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	<b>90%</b>	<b>75.5%</b>
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The number of patients who waited less than 18 weeks was 302, down from a total of 478 who were treated in November 2023. Monthly performance increased from 64.0% in November 2023 to 75.5% in December. This is below target and within control limits.

The number of those waiting over 52 weeks decreased from 276 in November to 263 in December, this is 96 less than in December 2022.

The number of those waiting 36-52 weeks decreased to 220 (-31) and the number of those waiting 19-35 weeks increased to 6269 (+67).

The overall waiting list increased from 2498 to 2536 (+38).

Between November and December 2023, referrals for all ages decreased by 28.5% (from 1031 to 737 - the lowest figure since July 2023).

NHS Fife was in the lower-range of Health Boards as of the last quarterly PHS publication in December (for the quarter ending September 2023) and was below the Scottish average (67.4% compared to 79.4%).

**Service Narrative**

Sustained activity on clearing the waiting lists has led to a further reduction in long waits, with 44 fewer long waits than November 2023. The number of people with very long waits has been reduced by 34.7% year on year. Despite this sustained progress in tackling the longest waits through increased activity associated with additional clinical posts, the Service as a whole remains out of balance due to clinical vacancies, with insufficient resource to meet the demand, and this is why the total number waiting has increased slightly. The improvement in the target is influenced by seasonal variation due to many clinicians taking holiday, affecting the numbers starting treatment.

<b>Immunisation: Influenza</b>	<i>Achieve 85% uptake for Influenza vaccinations for 65+ population by end of Dec-23</i>	<b>85%</b>	<b>79.9%</b>
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**Flu Vaccine**

Uptake for Influenza vaccination in Fife for ages 65+ was 79.9% at the end of the 4th week in January 2024. Vaccination numbers continue to increase by small numbers and the trend has all but levelled off. For ages 75+ uptake is higher at 84.7%.

The priority group with the highest uptake continues to be Care Home residents at 86.0%. Uptake for all Health Care Workers was 37.4%.

Uptake for all priority groups was 51.9% for January which is lower than Scottish average of 53.8%.

Uptake for Children overall was 43.5% for January with the highest uptake being the Primary School cohort at 67.3%.

**Service Narrative**

The 85% uptake target has been met for care home residents, and uptake among 75+ is very close to reaching this target. The 85% uptake target was not met for the full cohort of all those 65+ in Fife and looks unlikely to be reached this season. The uptake target was based on Scottish Government aspirations, and it is clear that uptake in Fife for the 65+ population has been very similar to the rest of Scotland:

- 75+ uptake: 84.7% (Scotland 84.4%)
- 65 to 74 uptake: 75.6% (Scotland 75.3%)
- Care home residents: 86.0% (Scotland 89.2%)

Overall 18+ Flu uptake in Fife compared with the rest of Scotland has been impacted by lower uptake rates in the healthy 50 to 64 cohort which is large in size (Fife 37.3%; Scotland 42.5%). This group were not prioritised by the JCVI as a vulnerable group requiring flu vaccination, and whilst the decision was made to offer this group flu vaccination in Scotland for the 23/24 winter period, it is known this group will not be offered flu vaccine in 24/25. Therefore, they have not been a priority group for mop-up activity within Fife. Instead, additional boost activity in December and January focussed on the older age groups and the at-risk under 65s.

The Scottish Government re-prioritised the order in which different cohorts received their vaccine. This had an impact, particularly for Flu uptake, with projections that it affected around 20,000 appointments, which couldn't be predicted at that time given the timescales to enact.

<b>Immunisation: COVID</b>	<i>Achieve 85% uptake for COVID vaccinations for 65+ population by end of Dec-23</i>	<b>85%</b>	<b>79.3%</b>
<b>COVID Vaccine</b>			
<p>Uptake for Covid-19 vaccination in Fife for ages 65+ was 79.3% at the end of the 4th week in January 2024. Vaccination numbers continue to increase by small numbers and the trend has all but levelled off. For ages 75+ uptake is higher at 84.5%.</p> <p>Similar to Influenza vaccination, the priority group with the highest uptake continues to be Care Home residents at 86.2%.</p> <p>Uptake for Frontline Health Care Workers is 29.7%.</p> <p>Uptake for all priority groups was 57.2% for January, slightly above the Scottish average at 57.0%. The highest uptake of all Scottish boards was 68.8%.</p>			
<b>Service Narrative</b>			
<p>The uptake data for COVID vaccination is very similar to that for flu, due to the co-administration of both vaccines for most groups where eligible for both. Overall uptake of COVID vaccination for all eligible groups is higher for COVID than for flu (and slightly above the Scottish average) because it does not include the healthy 50 to 64 cohort who were eligible for flu-only.</p> <p>Overall the boost activity that took place in Fife over December and January has had a positive impact on uptake, with an improvement in our overall performance compared with the rest of Scotland.</p> <p>Health and Social Care worker uptake has been challenging for all Boards across Scotland this year. A national health and social care worker survey is anticipated to be issued w/b 5th February to better understand the reasons for this. A local lessons learned event has been arranged for 20th February and will be facilitated by the Fife resilience team.</p>			
<b>Immunisation: 6-in-1</b>	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	<b>95%</b>	<b>94.2%</b>
<i>(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)</i>			
<p>The latest published data (for quarter ending September 2023) shows that NHS Fife uptake for 6-in-1 at 12 months of age had increased slightly from 93.8% in the last quarter to 94.2% in the most recent quarter, which is below target and only slightly below the average of 94.8% (based on last 18 quarters).</p> <p>Rotavirus saw an increase of 1.7 percentage points on the previous quarter; and MenB saw an increase of 1.3 percentage points.</p> <p>NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 95.9%.</p>			
<b>Service Narrative</b>			
<p>Whilst still slightly below target, it is encouraging to see an increase in 6-in-1 uptake at 12 months over the last two quarters. The infant vaccination clinics take place year round and improvements in 'was not brought' pathways initiated as part of the MMR2 quality improvement work are likely to have had a positive impact on other parts of the childhood programme, for example by strengthening relationships and feedback from health visitors. A Public Health led strategic review of the delivery of childhood immunisation in Fife reported into the October meeting of the immunisation programme board with a range of short and medium term suggestions for improvement. A programme of implementation is anticipated over 2024.</p>			
<b>Immunisation: MMR2</b>	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	<b>92%</b>	<b>88.8%</b>
<i>(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)</i>			
<p>The latest published data (for quarter ending September 2023) shows that NHS Fife uptake for MMR at 5 years of age had decreased from 89.8% in the previous quarter to 88.8% in the most recent quarter, which is slightly above the average of 88.7% (based on last 18 quarters) and to the same levels seen in QE Sep-22.</p> <p>Hib/MenC saw a decrease of 2.2 percentage points on the previous quarter; and MMR1 saw a decrease of of 1.7 percentage points.</p> <p>NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 98.3%.</p>			
<b>Service Narrative</b>			
<p>Whilst still below both local and national targets, it is hoped that the overall trend in MMR2 uptake at 5 years in Fife will continue to differ from the national trend of declining uptake over the last 5 quarters. Whilst the focused MMR2 quality improvement project has come to a completion, there are further improvement actions relating to this cohort that were highlighted in the strategic review report and which are anticipated to be implemented over 2024.</p>			

## e. Performance Exception Reports

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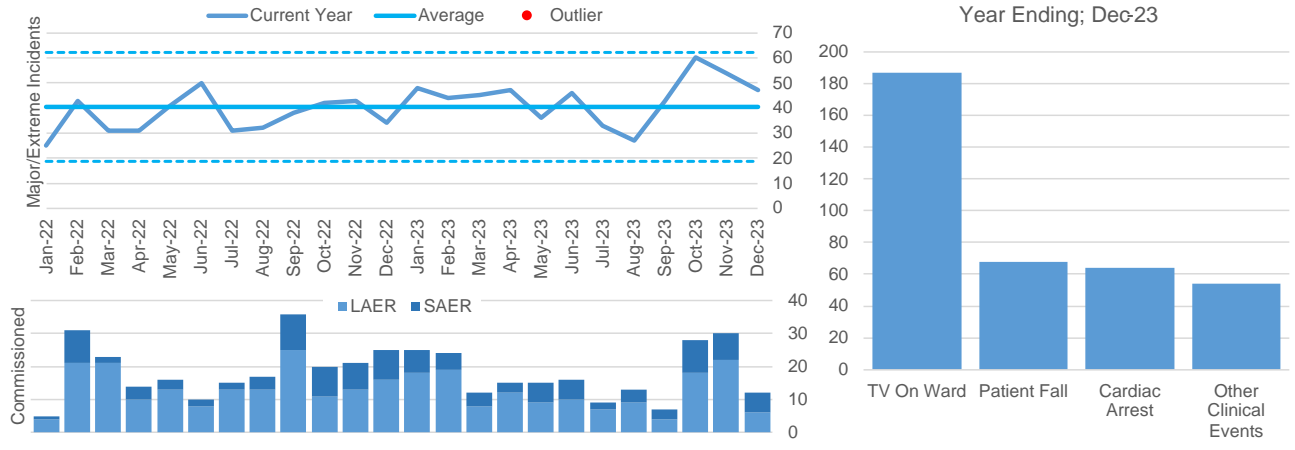
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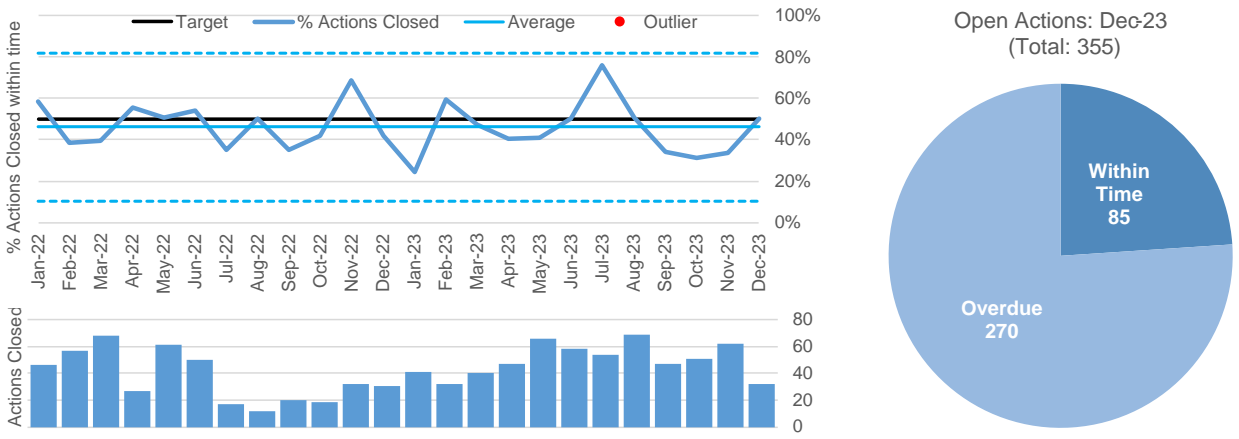
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# CLINICAL GOVERNANCE

<b>Adverse Events</b>	<b>Number 47</b>
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<b>Actions from Significant and Local Adverse Event Reviews</b>	<b>Closure Rate 50.0%</b>
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Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Delivery of Clinical Governance Strategic Framework - Adverse Events</b>					<b>Mar-24</b>
<b>Key Milestones</b>	Publication of updated Adverse Events Policy				Apr-23
	Adverse Events Management Resource Pack uploaded to Blink				Dec-23
	Deliver bespoke training session, where requested, to complement the e-learning package for review teams				Aug-23
	Facilitate short life working group to identify changes required to Datix action module				Mar-24
	Review and refresh of Datix Action Module to support improvement to the theming of action types to enhance identification and inform on themes of learning				Apr-24
	Implementation of updated Adverse Events policy and related procedures				Jan-24



## 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.

**(n.b. data is published quarterly so below is a repeat of the information reported in last month's IPQR)**

**Performance  
0.96**

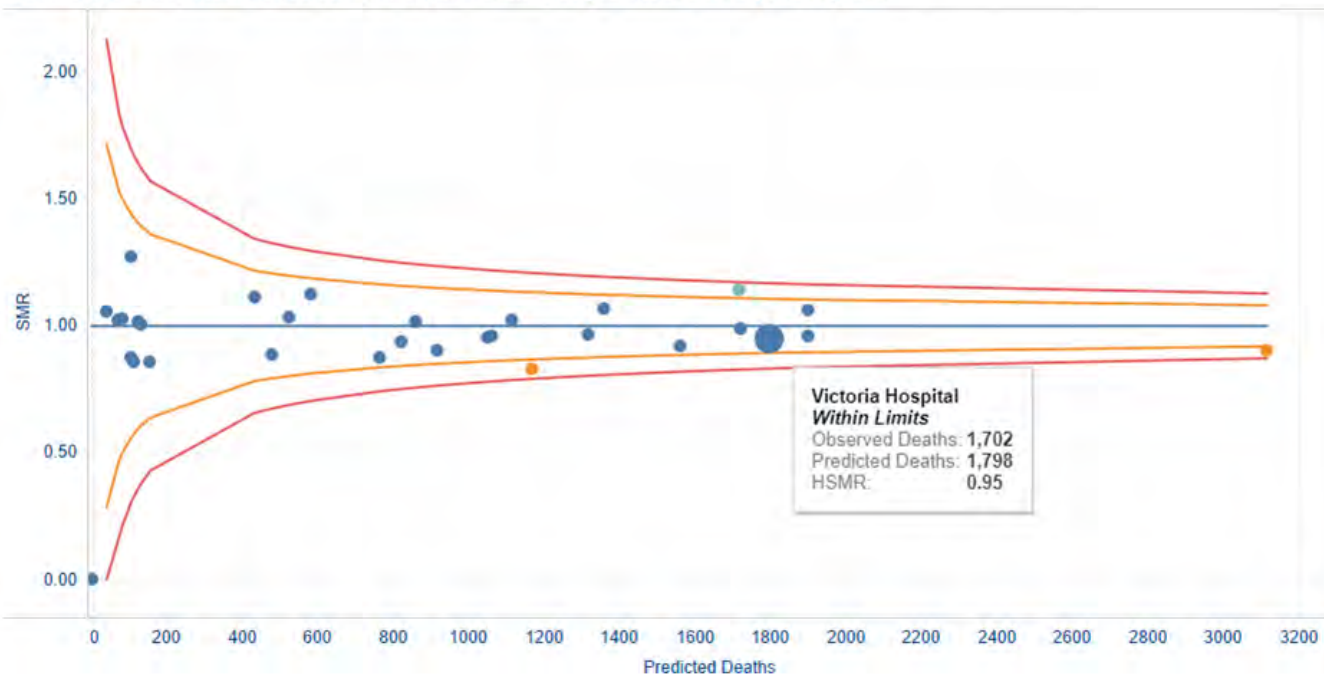
### Reporting Period: July 2022 to June 2023

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

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

#### HSMR by Scotland: July 2022 to June 2023

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



### Commentary

Data for 2022 and 2023 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2023 showing a ratio below the Scottish average

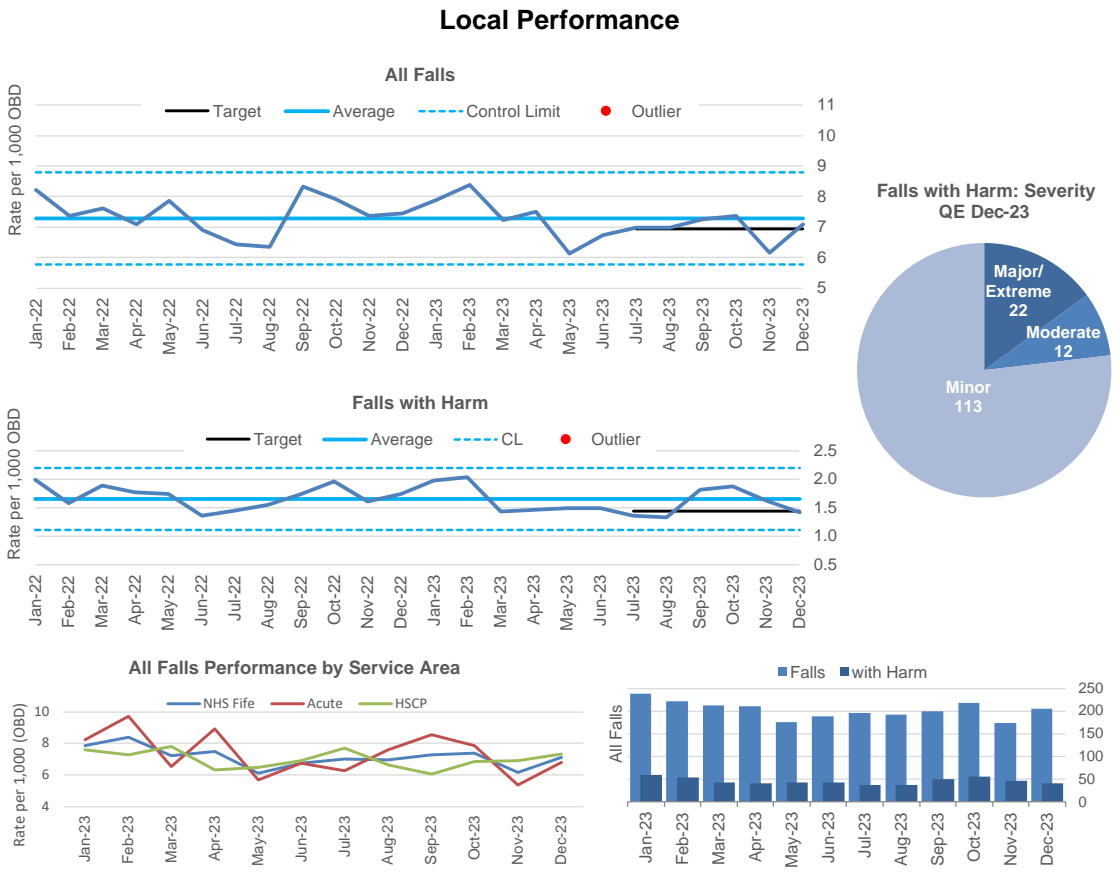
## Inpatient Falls

**All Falls**  
 Reduce All Falls rate across Acute & HSCP by 15%  
 Target Rate (by end March 2024) = 6.95 per 1,000 Occupied Bed Days (OBD)

**Performance 7.10**

**Falls with Harm**  
 Reduce Falls with Harm rate across Acute & HSCP by 10% Target Rate (by end March 2024) = 1.44 per 1,000 Occupied Bed Days (OBD)

**Performance 1.42**



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Reduce Falls across all hospital inpatient setting</b>					<b>Jun-24</b>
Key Milestones	Review and confirm falls link practitioners for each ward area on every hospital site				Mar-24
	Ensure that falls related data is discussed and displayed in the ward to strengthen awareness across multi-disciplinary team				Apr-24
	Rollout revised Falls toolkit including related policies e.g.: Boarding, Supervision, Bed rail				Mar-24
	Support shared learning from incidents and share good practice				Dec-23
	Align all NHS work with the newly updated SPSP National Inpatient Falls driver diagrams				Feb-24
	Develop a national Falls education module within TURAS system				Jun-24
	Rollout new patient information leaflet and endeavour to audit the impact and benefit for patients				Apr-24
	Consider a Falls Co-ordinator Role to support the rollout of the revised toolkit and the Link Practitioners				Mar-24

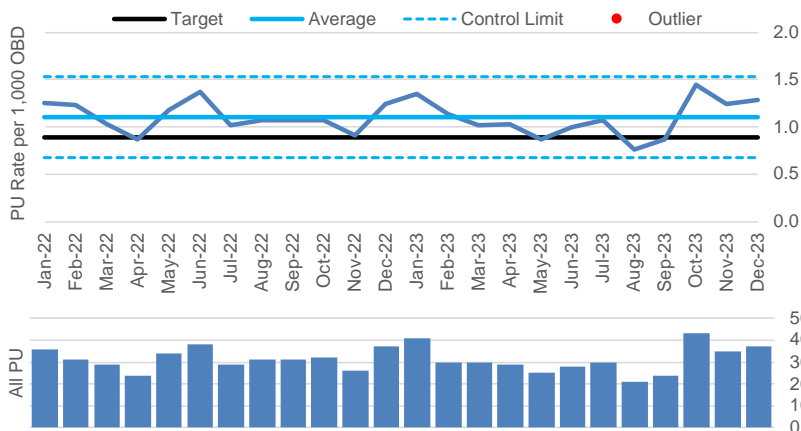
# CLINICAL GOVERNANCE

## Pressure Ulcers

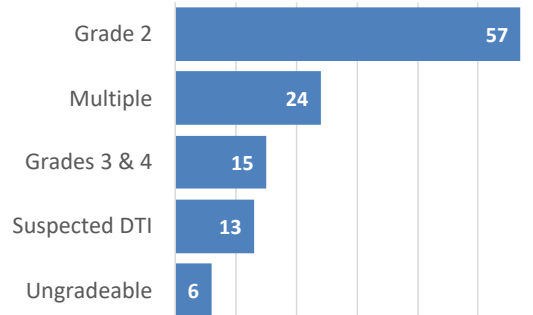
Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting  
Target Rate (by end March 2024) = 0.89 per 1,000 OBD

**Performance**  
**1.28**

### Local Performance



### Pressure Ulcers by Grade: QE Dec-23



### Performance by Service Area

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
<b>NHS Fife</b>	1.35	1.13	1.02	1.03	0.87	1.00	1.07	0.76	0.87	1.44	1.24	1.28
<b>Acute</b>	2.39	2.33	1.82	1.48	1.44	1.43	1.95	1.45	1.61	2.44	2.08	2.40
<b>HSCP</b>	0.44	0.14	0.37	0.65	0.38	0.66	0.39	0.20	0.21	0.52	0.47	0.32

### Key Deliverable

### End Date

Off track

At risk

On track

Complete

Suspended

Proposed

**Reduce Pressure Ulcers (PU) developed on case load across all health care settings**

**Mar-24**

**Key Milestones**

Acute TVNT - Provide training to over 1000 staff

Mar-24

Acute TVNT - Re-launch the service (updating service spec, training resources, TVN link programme)

Jul-23

Embed the use of the CAIR resource

Mar-24

Embed the revised HIS Pressure Ulcer Standards (October 2020)

Mar-24

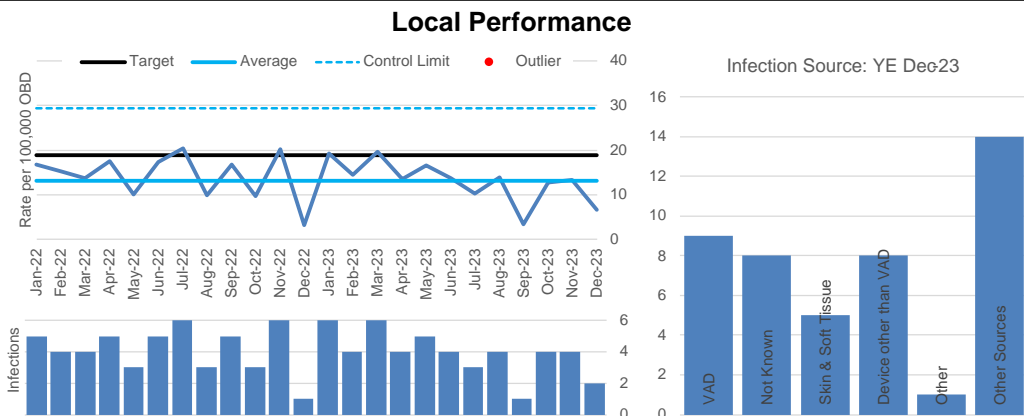
Review of services and options for new service design

Mar-24

# CLINICAL GOVERNANCE

## HAI/HCAI

**SAB**  
Reduce Hospital Infection Rate by 10% (baseline 2018/19) by the end of 2022/23

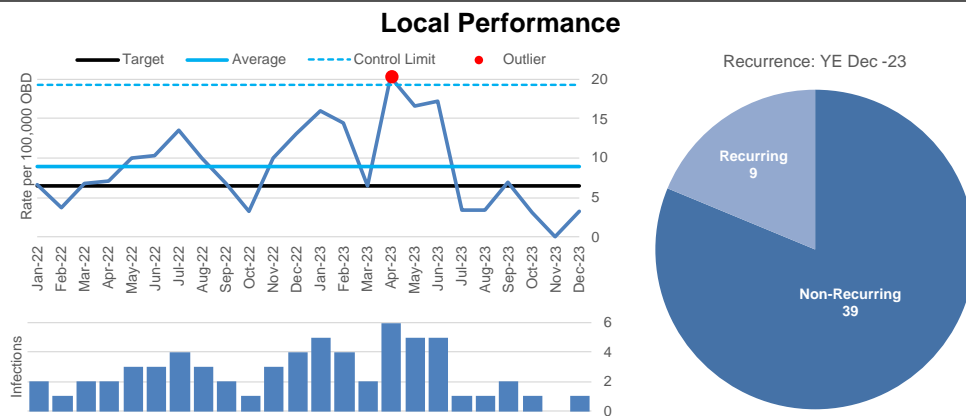


**Performance 6.6**

### National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	16.6	12.7	15.2	14.9	15.7	10.9	17.9	14.6	9.2	
Scotland	18.3	17.3	16.3	17.3	17.1	19.2	19.1	18.3	18.1	

**C Diff**  
Reduce Hospital Infection Rate by 10% (baseline 2018/19) by the end of 2022/23

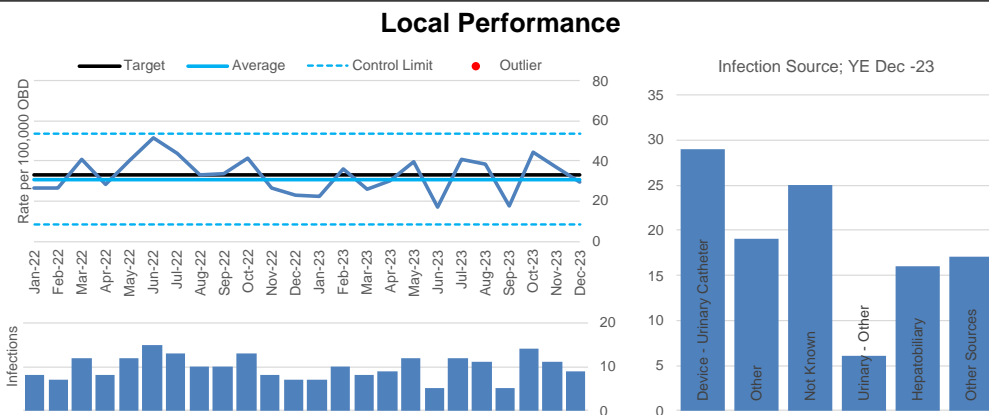


**Performance 3.3**

### National Benchmarking

Quarter Ending	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	9.5	4.6	7.0	9.2	10.1	8.7	13.4	18.0	4.6
Scotland	16.8	13.3	12.6	14.3	13.1	13.6	13.4	16.1	15.5

**ECB**  
Reduce Hospital Infection Rate by 25% (baseline 2018/19) by the end of 2022/23



**Performance 29.7**

### National Benchmarking

Quarter Ending	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	60.3	33.6	31.6	40.2	36.9	30.4	27.9	29.3	32.2
Scotland	41.5	34.1	30.5	34.8	36.2	34.5	37.3	37.6	37.8

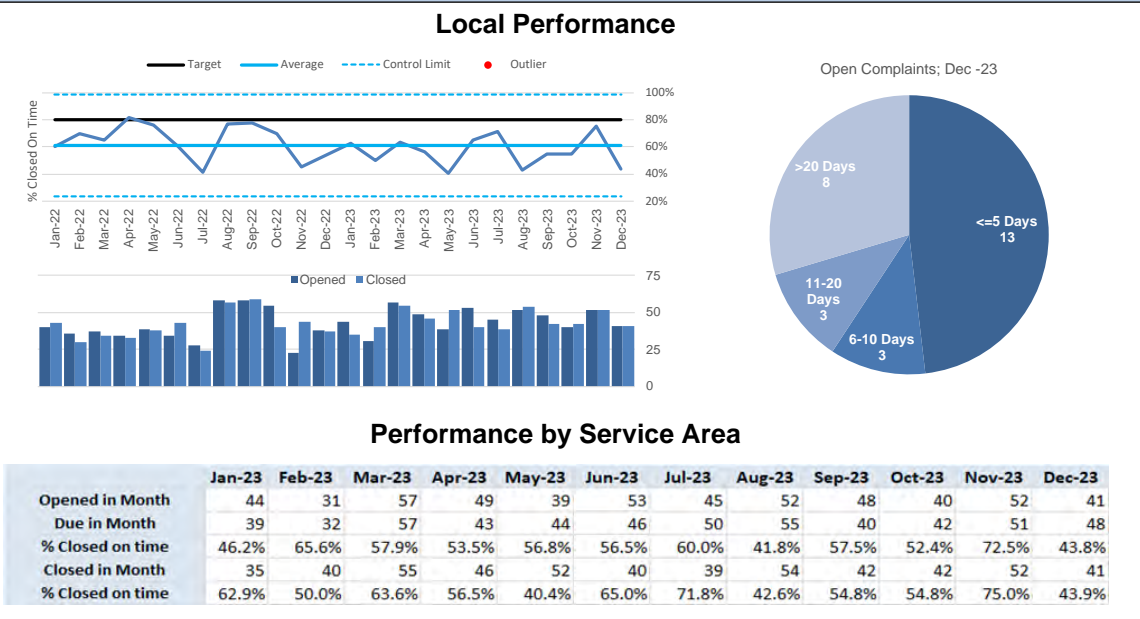
# CLINICAL GOVERNANCE

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Implement IPC Workforce Strategy 2022-24</b>					<b>Sep-24</b>
<b>Key Milestones</b>	Complete a GAP analysis of the NHS Fife IPCT with regards to recommendations for local Boards				Apr-23
	Awaiting updates to national deliverables which are currently delayed. Recommendations 1, 9, 10,12, 14 and 15				Mar-24
	Engage with other key stakeholders outlined in the strategic plan (HPT and AMR) to begin discussions to determine roles and remits				Nov-23
	Oversight Board shall include an options appraisal of models of support for Primary Care and strategic plan developed. Including a subgroup, with collaboration with all key stakeholders (GP and Dental)				Mar-24
	Delivery date of September 2023 - SG to lead on discussions to improve quality and coverage of national - level workforce data for a functional IPC programme at the national and facility level				Mar-24
	Business case for additional resources and funding to be developed for consideration and Board approval				Mar-24
	Final implementation paper to be presented to February 2024 ICC				Feb-24
<b>Implement IPC Interim Strategy 2023-25</b>					Apr-25
<b>Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.</b>					Apr-24
<b>Key Milestones</b>	Aim for the pilot of the eCatheter insertion and maintenance bundle to have been completed and plan for role out to other areas in NHS Fife				Mar-24
	Complete QI project with D&I to improve data capture of ePVC				Mar-24
	Support roll-out of eCatheter insertion and maintenance bundles				Mar-24

## Complaints

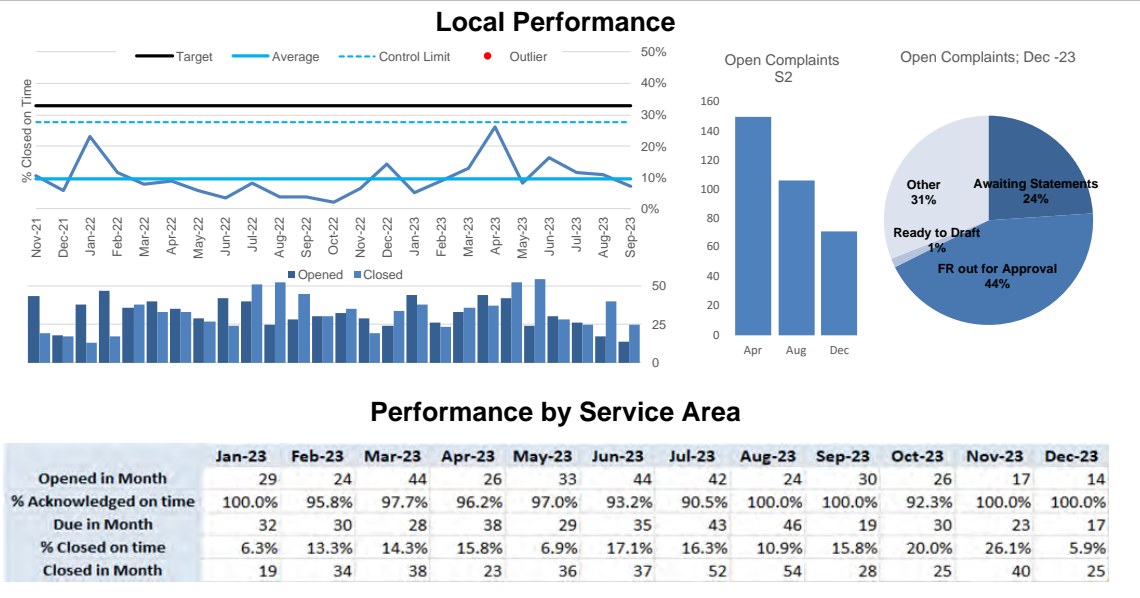
**Stage 1**  
At least 80% of Stage 1 complaints will be completed within 20 working days by March 2024

**Performance**  
**43.9%**



**Stage 2**  
At least 33% of Stage 2 complaints are completed within 20 working days by March 2024

**Performance**  
**8.0%**



# CLINICAL GOVERNANCE

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets</b>					<b>Mar-24</b>
<b>Key Milestones</b>	PET to meet regularly with Acute and H&SCP to discuss Model Complaint Handling process improvements to assist with meeting targets for S1 and S2 complaints				Mar-24
	Implement complexity scoring system to categorise complaints				Mar-24
	Supportive escalation process to be implemented to highlight delays within the Model Complaint Handling Process				Mar-24
	New weekly complaint report incorporating S1 and S2 complaints to be created and shared with services to provide data and highlight delays within the Model Complaint Handling Process				Dec-23
	Testing of focused Multidisciplinary Team Meeting (MDT) within Acute to respond to complex complaints in a view to negate the requirement for statements and reduce service response time				Mar-24
<b>Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences</b>					<b>Apr-24</b>
<b>Key Milestone</b>	Review current Patient Experience Team's funded establishment to recruit a Bank Band 4 Patient Experience Officer 0.26 WTE				Oct-23
	Perform workforce review of Patient Experience Team				Mar-24
<b>Digital Solution for reporting Live Patient Experience (Complaint) data</b>					<b>Apr-24</b>
<b>Key Milestones</b>	Meet with Information Services to discuss and develop Dashboard				Apr-23
	Liaise with other Health boards regarding their Dashboards				May-23
	Discuss and agree data to be displayed with Acute, Corporate and H&SCP				Mar-24
	Discuss and agree data to be displayed within Patient Experience Team screen				Mar-24
	Identify test area prior to roll out				Dec-23
	Education and training				Mar-24
	Test implementation of dashboard				Nov-23
	Communication, promotion and raise awareness of dashboard				Jan-24
	Roll out Dashboard within NHS Fife				Jan-24

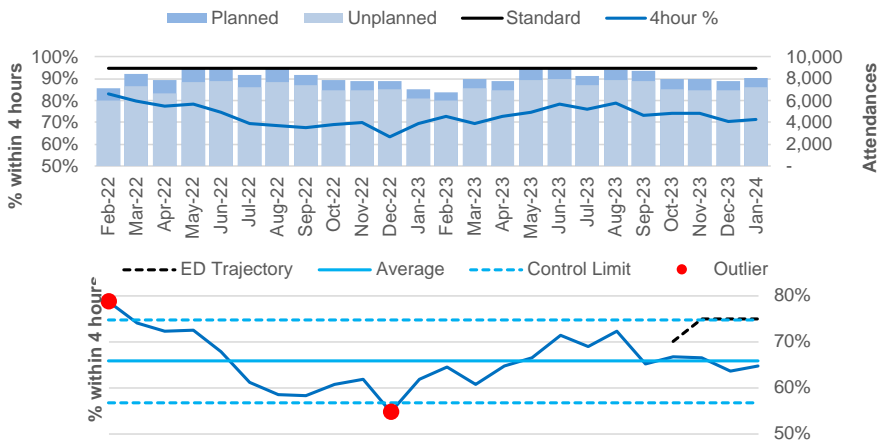
# OPERATIONAL PERFORMANCE

## 4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency (VHK ED and MIU) treatment

**Performance**  
**71.5%**

### Local Performance



### National Benchmarking

#### A&E (all sites)

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS Fife	69.6%	72.6%	69.6%	72.7%	74.5%	78.4%	76.0%	78.9%	73.3%	73.9%	74.1%	70.2%
Scotland	68.7%	69.6%	68.0%	69.3%	70.8%	72.6%	72.7%	71.3%	70.0%	68.3%	66.9%	65.6%

#### ED (VHK only)

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS Fife	61.8%	64.4%	60.7%	64.7%	66.5%	71.3%	68.9%	72.2%	65.1%	66.8%	66.6%	63.5%
Scotland	65.2%	66.3%	64.5%	65.7%	67.2%	69.0%	69.5%	67.9%	66.5%	64.8%	63.4%	62.2%

Key Deliverable		End Date
<div style="display: flex; justify-content: space-around;"> <span style="background-color: red; color: white; padding: 2px;">Off track</span> <span style="background-color: orange; padding: 2px;">At risk</span> <span style="background-color: green; padding: 2px;">On track</span> <span style="background-color: blue; padding: 2px;">Complete</span> <span style="background-color: purple; padding: 2px;">Suspended</span> </div>		Proposed
<b>Develop and scope ambulatory models of care supporting early supported discharge and admission prevention</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Relocation of Haematology Day Unit to VHK site and increase treatment capacity to provide a sustainable service meeting legislative guidelines and future-proof patient services for Haematology patients in Fife	<b>Apr-23</b>
	Outcome report and future demand/capacity planning based on results of the 22/23 Ambulatory Care SLWG	<b>Apr-23</b>
	Detail requirements by specialty and workforce requirements to support	<b>Apr-23</b>
	Scope option appraisals and submit for approval	<b>Jun-23</b>
	Approval	<b>Mar-24</b>
<b>Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach</b>		<b>Mar-24</b>
<b>Key Milestones</b>	ED Staffing model proposal to EDG	<b>Jan-24</b>
	In collaboration with HSCP, 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	<b>Mar-24</b>
	In collaboration with HSCP, 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	<b>Mar-24</b>



# OPERATIONAL PERFORMANCE

<b>Improve Same Day Emergency Care and rapid assessment pathways</b>		<b>Jun-24</b>
<b>Key Milestones</b>	Sustainable staffing model in RTU	<b>Mar-24</b>
	Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care	<b>Sep-23</b>
	Expansion of ECAS out of hours	<b>Jun-24</b>
	Increase to 7-day service OPAT	<b>Jun-24</b>
<b>Develop a workforce and delivery model that is financially sustainable</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Establish a Finance and Workforce Group	<b>Jun-23</b>
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current model against role descriptions	<b>Dec-23</b>
	Develop options appraisal for submission to FNC SOG	<b>Dec-23</b>
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	<b>Mar-24</b>
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	<b>Mar-24</b>
<b>Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Establish a Pathways Group	<b>Jun-23</b>
	Establish a FNC Clinical Governance Group	<b>Jun-23</b>
	Improve and increase number of pathways FNC can access: Review existing pathways in and out of the Flow Navigation Centre (FNC) and identify new opportunities and areas for expansion	<b>Jul-23</b>
	Develop robust verification process to identify opportunities for pathway development/improvement	<b>Jul-23</b>
	Progress pathway development/improvement after ratification at FNC Clinical Governance Group	<b>Sep-23</b>
	Review list of identified pathways for development and present prioritisation for progression to the FNC Strategic Oversight Group (SOG) for ratification	<b>Dec-23</b>
	Develop internal communication plans to ensure people access are in the right place, at the right time	<b>Oct-23</b>
	Test, evaluate, and implement pathways using a data driven and QI approach	<b>Mar-24</b>
<b>Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Establish a Data and Digital Group	<b>Mar-24</b>
	Develop an improvement plan for data collection and reporting ensuring confidence and assurance in the data: Scrutinise the current methods of data collection and reporting and identify opportunities for improvement with Flow Navigation Centre and Planning and Performance teams	<b>Jul-23</b>
	Understand local and national sources for data collection	<b>Aug-23</b>
	Review business case submitted by FNC for implementation of Trak Care interface with Adastral to improve data collection	<b>Dec-23</b>
	Submit exploration conclusions and recommendations to Flow Navigation Centre (SOG for ratification)	<b>Aug-23</b>
	Work with FNC Clinical Care Governance and Assurance (CCGA) group on agreement of definitions for 'front door', 'redirection', and 'admission avoidance' to provide consistency and clarity for data	<b>Jul-23</b>
	Draft KPI's to be submitted to FNC SOG	<b>Mar-24</b>
	Develop KPI dashboard for FNC following approval	<b>Mar-24</b>

## OPERATIONAL PERFORMANCE

<b>Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients.</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Work with the FNC Pathways Group to identify opportunities for scheduling in line with pathways development	<b>Mar-24</b>
	Work with the FNC to ensure they are technically able to book appointments for patients in to MIU / ED	<b>Sep-23</b>
	Work with FNC Clinical Governance group to identify digital requirements within manual process for scheduling Hot Clinics	<b>Mar-24</b>
	Embrace use of digital technology for virtual consultations through increasing the use of Near Me: Review referral processes within FNC and identify opportunities for appropriate use of Near Me	<b>Mar-24</b>
	Provide training to refresh / upskill staff in use of Near Me	<b>Mar-24</b>

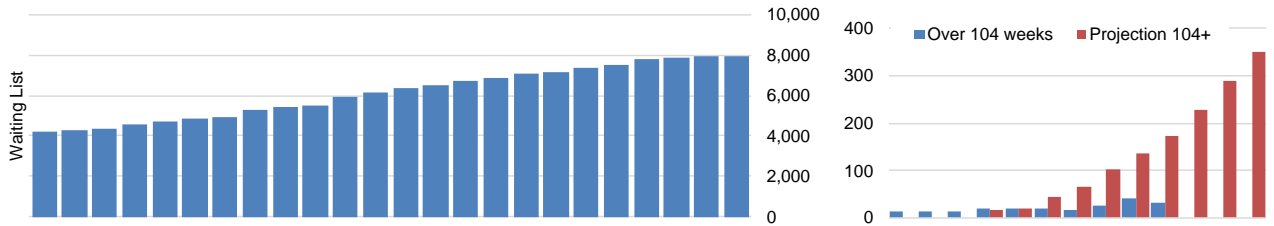
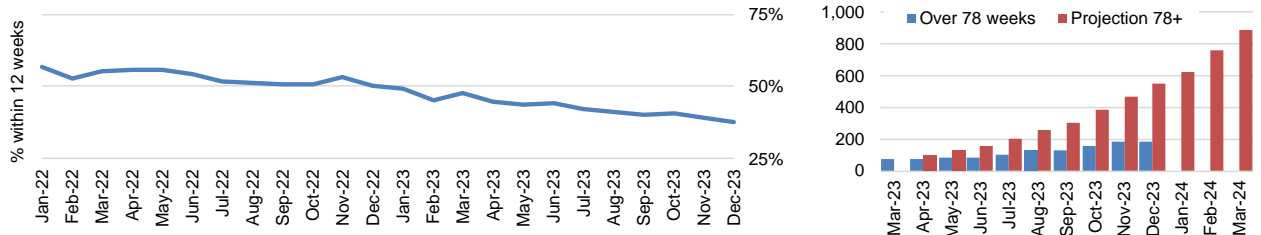
# OPERATIONAL PERFORMANCE

## Patient TTG

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

**Performance**  
**37.5%**

### Local Performance



### National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
<b>NHS Fife</b>	52.0%	69.4%	69.3%	65.0%	57.1%	55.6%	52.2%	51.3%	47.8%	45.1%	40.3%
<b>Scotland</b>	35.6%	39.8%	38.4%	35.4%	34.7%	32.0%	32.2%	31.7%	32.3%	32.2%	31.8%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
<b>Enhance Theatre efficiency</b>		<b>Mar-24</b>
Key Milestones	Improve ERAS visibility and development of robust mechanisms for reporting	Mar-24
	Engagement with national drives toward standard high volume same procedure lists (Cataracts)	Mar-24
	Reduce unwarranted variation and adopt minimum standards per procedure across theatre productivity, day case activity and start and finish times	Mar-24
	Roll-out of Buddy Health digital platform in Orthopaedics for Preassessment	Feb-24
<b>Develop, Enhance and re-invigorate Regional Networks</b>		<b>Mar-24</b>
Key Milestones	Development of regional working with OMFS	Feb-24
	Regional Network with Tayside for Vascular	Feb-24
	Regional working with Tayside for Plastic Surgery	Feb-24
	Regional Working with Lothian for routine surgery of childhood	Mar-24
	Good links with Lothian and SE Networks for Cancer	Feb-24
	Regional working with Forth Valley for Breast Service	Mar-24
	Refresh small volume SLAs to streamline decision making	Mar-24

# OPERATIONAL PERFORMANCE

<b>Operationalise NTC</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Operationalise Lothian patients being treated in NTC	Nov-23
	Development of a regional network to help support image guided injection	Mar-24
	Identify high volume pathways for redesign	Mar-24
<b>Maximising Scheduled Care capacity</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Explore re-allocation QMH to reduce high volume backlog in specialties	Mar-24
	Deliver actions within System Flow Improvement Plan to protect planned care capacity (SSSU)	Mar-24
	Identify and remove barriers to optimise BADS procedures within a day case setting in QMH	Mar-24
	Capital investment to create procedure room in QMH Day Surgery facility	Sep-23
<b>Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation</b>		<b>Jan-24</b>
<b>Key Milestones</b>	Contact with NECU team	Apr-23
	Procure Electronic system for administrative Validation	Apr-23
	Agree implementation plan with Digital team	Oct-23
	Date set for NECU team to present to Senior Leaders in Acute Division	Sep-23
	Obtain NECU protocols	Sep-23
	Amend local systems and processes in line with NECU protocols	Oct-23
	Implement Digital solution	Jan-24
<b>Embedding potential alternatives for treatment</b>		<b>Apr-24</b>
<b>Key Milestones</b>	Meet with HSCP to look at waiting well options - using orthopaedics as test	Apr-23
	Test access to 'The Well ' for orthopaedics	May-23
	Evaluate data from initial test of Change for Orthopaedics to understand resource implications	Dec-23
	Develop a plan of how to scale up test of change	Feb-24
	Access to 'The well' for priority specialities	Mar-24

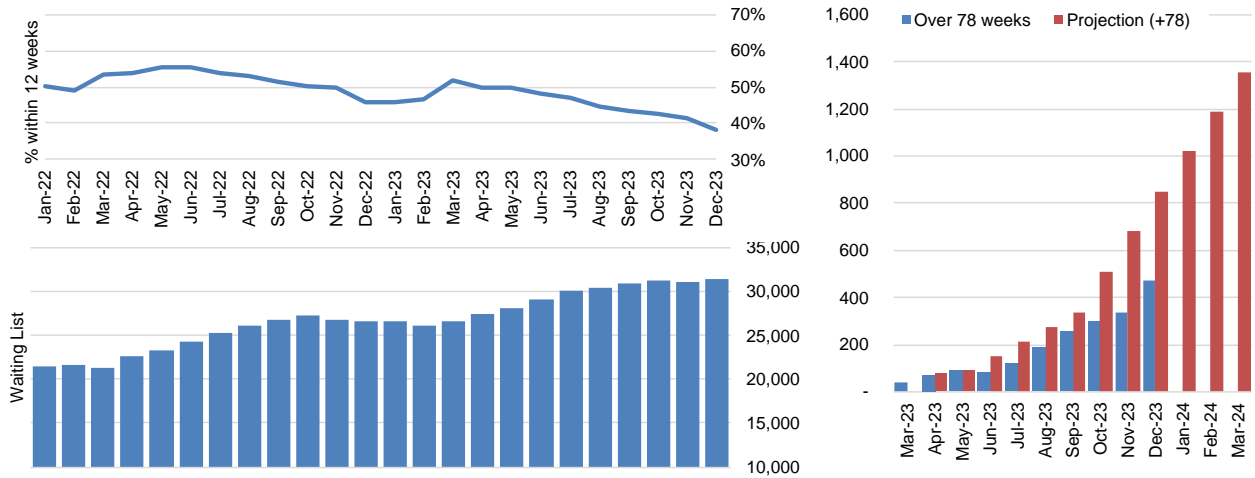
# OPERATIONAL PERFORMANCE

## New Outpatients

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

**Performance**  
**38.2%**

### Local Performance



### National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	52.6%	62.2%	57.9%	53.5%	53.4%	54.8%	51.0%	45.6%	51.5%	48.1%	43.3%
Scotland	48.5%	53.8%	48.9%	47.1%	50.1%	49.5%	47.0%	44.1%	47.1%	45.5%	42.6%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
<b>Review and redesign Outpatient capacity to maximise capacity and timely access</b>		<b>Feb-24</b>
Key Milesto	Engagement with national ENT Access QI project	Feb-24
	Review processes to optimise space and templates in line with Royal College recommendations	Oct-23
<b>Implement robust ACRT processes</b>		<b>Mar-24</b>
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Mar-24
<b>Implement robust PIR processes</b>		<b>Mar-24</b>
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Mar-24

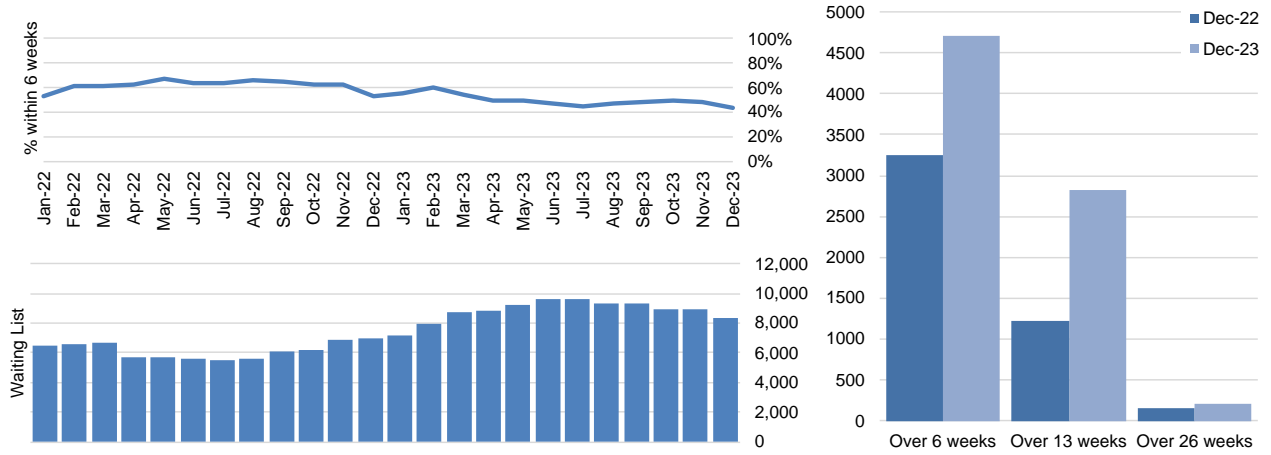
# OPERATIONAL PERFORMANCE

## Diagnostics Waiting Times

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

**Performance**  
**43.9%**

### Local Performance



### National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
<b>NHS Fife</b>	80.7%	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%	47.0%	48.9%
<b>Scotland</b>	61.4%	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%	49.9%	49.8%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Expanding Endoscopy capacity and workforce</b>					<b>Mar-24</b>
<b>Key Milestones</b>	Develop MDT Improvement Project Team to identify areas for streamlining to national drivers as well as local needs				<b>Mar-24</b>
	Testing and delivery of improved booking processes				<b>Mar-24</b>
	Implementation of Nurse Cystoscopy pathway				<b>Dec-23</b>
	Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff				<b>Dec-23</b>
	Development of existing RCDS pathways				<b>Mar-24</b>
	Review and re-vetting of Surveillance backlog				<b>Mar-24</b>
<b>To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&amp;US)</b>					<b>Mar-25</b>
<b>Key Milestones</b>	Confirm waiting times funding allocation for 2023/24				<b>Dec-23</b>
	Determine capacity gap for MR,CT,US based on WT funding for additional activity				<b>Mar-24</b>
	Access funding streams e.g. cancer waiting times funding to support the delivery of additional activity in CT				<b>Mar-24</b>
	Develop equipment and workforce plan				<b>Mar-24</b>

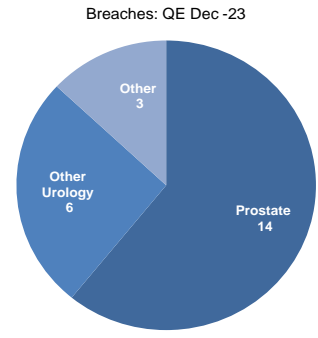
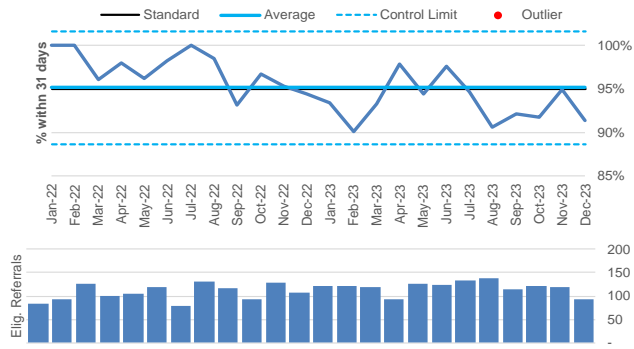
# OPERATIONAL PERFORMANCE

## Cancer

**31-Day DTT**  
*95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment*

**Performance**  
**92.5%**

### Local Performance



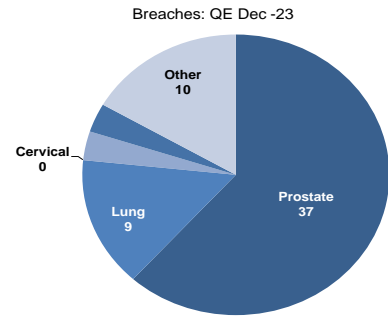
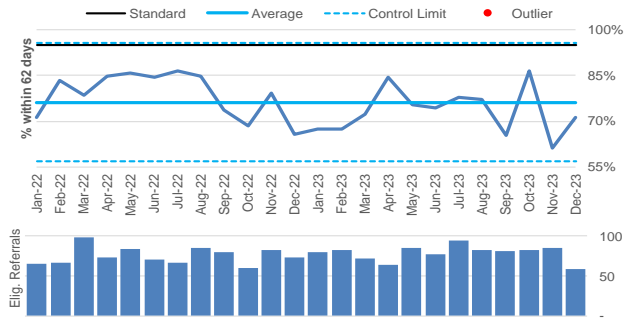
### National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	99.0%	98.9%	99.0%	98.9%	100.0%	98.4%	97.6%	96.8%	94.8%	92.7%	96.7%	92.6%
Scotland	98.6%	97.9%	98.1%	96.7%	97.1%	96.3%	95.5%	94.4%	94.1%	94.0%	95.2%	94.9%

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

**Performance**  
**71.2%**

### Local Performance



### National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	84.5%	81.4%	80.3%	89.3%	82.3%	78.4%	84.5%	81.4%	72.6%	69.4%	78.8%	74.9%
Scotland	86.2%	83.0%	84.1%	83.1%	79.1%	76.9%	76.3%	75.1%	71.7%	69.4%	73.7%	72.0%

# OPERATIONAL PERFORMANCE

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
<b>Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Work toward implementation of the Effective Breach Analysis SOP	Mar-24
	Undertake a deep dive in relation to prostate performance and explore a nurse led model within the service	Oct-23
	To embed the Realistic Medicine Framework into Cancer Services	Mar-24
	Continue to review cancer pathways to reduce waits between steps in the pathway, including agreement of specific milestones to improve efficient escalation	Mar-24
	Review protocol and guidance for GP direct access to CT	Oct-24
	Scope the opportunity for community pharmacists to develop a referral pathway for lung and head & neck	Dec-23
	Audit GP referrals	Mar-24
	Introduce ACRT into cancer services	Mar-24
	Develop the Regrading Framework	Mar-24
	Ensure all MDT Terms of Reference are up to date	Mar-24
	Improved digital tracking solution	Mar-24
<b>To ensure routine adherence to optimal diagnostic pathways</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Recruit to additional cancer lung posts	Dec-23
	Measure improvement	Mar-24
	Recruit to urology posts	Aug-23



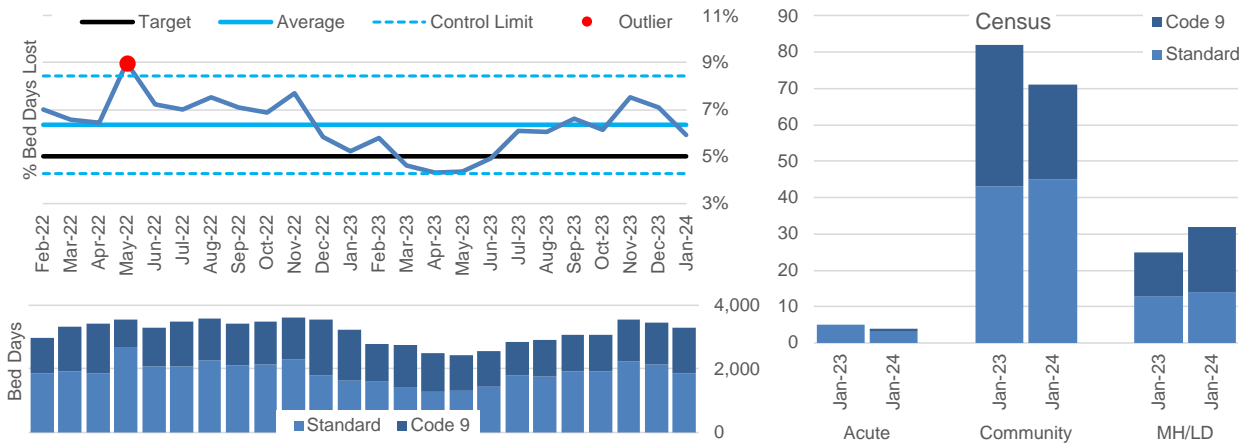
# OPERATIONAL PERFORMANCE

## Delayed Discharges (Bed Days Lost)

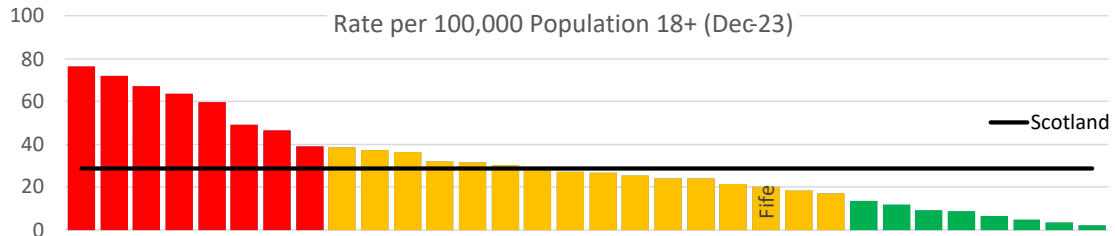
*We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied*

**Performance  
5.9%**

### Local Performance



### Standard Delays at Census by Local Authority of Residence



Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
<b>Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Develop and evaluate weekend discharge support team to improve flow across 7 days including criteria led discharge capability	<b>Mar-24</b>
	Improved use of electronic systems to improve flow including electronic bed requests	<b>Mar-24</b>
	Effective use of PDD data to pre plan occupancy of discharge lounge	<b>Mar-24</b>
<b>Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty</b>		<b>Apr-24</b>
<b>Key Milestones</b>	Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics	<b>Mar-24</b>
	Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home	<b>Apr-24</b>
	To build the capacity of the existing MCN service to include an MCN for Frailty	<b>Dec-23</b>
	To increase direct referrals from Scottish Ambulance Service to the Community Respiratory Service for exacerbations of chronic respiratory conditions to reduce unnecessary admissions to acute hospitals	<b>Apr-24</b>
	Review and redesign of Assessment and Rehabilitation Centre model	<b>Dec-24</b>

# OPERATIONAL PERFORMANCE

<b>Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix</b>		<b>Apr-24</b>
<b>Key Milestones</b>	Care at Home Assessment Practitioners, social workers and MHOs to be based within the Community Hospitals across Fife, working with the Patient Flow Co-ordinators, Physio's and OT's to identify and assess early those requiring support from Care at Home to return to their own home, ensuring PDD's are met	<b>Oct-23</b>
	Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner. This critical service will support timely hospital discharge and prevention of admission to hospital or long term care whilst meeting the current demands (Nov23) move to DWD on first driver	<b>Mar-24</b>
	Transformation of Community Nursing roles to meet the needs of the community: increase number of ANPs (role in identifying and treating frailty) and unregistered B4; fully utilising B2&3 and working closely with Care at Home to support where possible and reduce footfall	<b>Dec-23</b>
	Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach	<b>Apr-24</b>
<b>Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting</b>		<b>Dec-24</b>
<b>Key Milest</b>	Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife	<b>Dec-24</b>
<b>Home First: people of Fife will live long healthier lives at home or in a homely setting</b>		<b>Dec-24</b>
<b>Key Milestones</b>	Continue to build the SPOA model within Specialist Palliative Care Services, working with the ambulance service to prevent unnecessary admission to hospital for end of life patients	<b>Oct-23</b>
	Enhance integration and collaboration with Hospital at Home and Acute Services to ensure early supported discharge of step down referrals are facilitated in a timely manner	<b>Dec-23</b>
	Implement measurement and reporting tool for the successful implementation of the Home First vision	<b>Mar-24</b>
	Look at frequent admission patients and explore reasons for failed admission to strengthens discharge planning	<b>Dec-23</b>
	Enable Prevention and Early Intervention through creation of new pathways and single point of access to coordinate care in the community	<b>Dec-25</b>

# STAFF GOVERNANCE

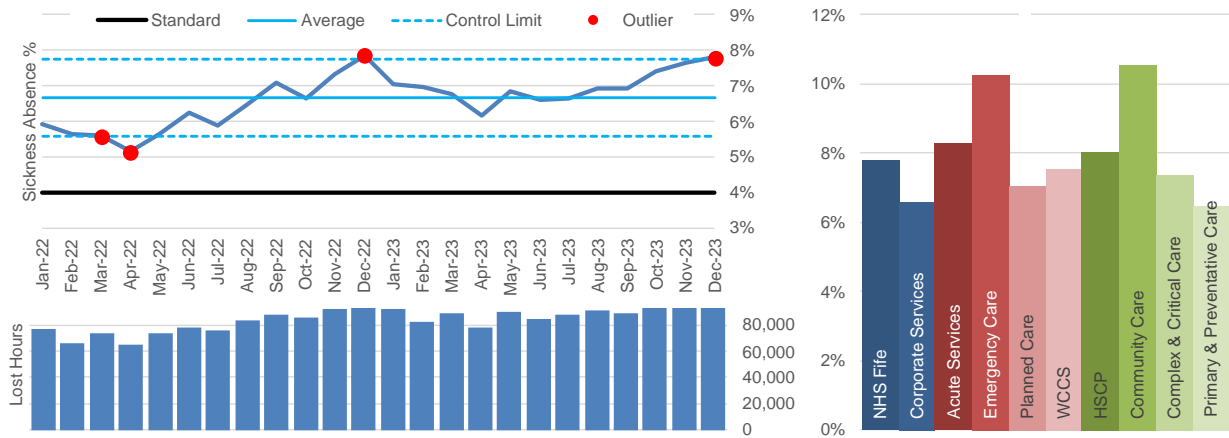
## Sickness Absence

To achieve a sickness absence rate of 4% or less

**Performance**

**7.80%**

### Local Performance (sourced from East Region Workforce Dashboard)



### National Benchmarking (sourced from SWISS)

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	6.51%	6.68%	7.47%	6.76%	5.69%	6.51%	5.59%	6.20%	6.22%	5.40%	6.56%	6.30%
Scotland	6.47%	6.65%	7.37%	6.87%	5.60%	6.25%	5.55%	5.94%	5.87%	5.78%	6.32%	5.94%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
<b>Delivery of Staff Health &amp; Wellbeing Framework aims for 2023 to 2025</b>		<b>Mar-25</b>
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group, NHS Fife Area Partnership Forum, NHS Fife Staff Governance Committee	Jan-24
	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities, including sustained reduction in absence levels, initially targeting 6% in 2023/24.	Mar-24
	Review of Action Plan to inform development of 24/25 aims	Mar-24
<b>Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support</b>		<b>Jan-24</b>
Key Milestones	Review and retention of bank and admin fixed term contracts	Mar-24
	Review of OH provision as part of Directorate service change proposals completed, taking account of succession planning, service resilience and diversification of service provision to support staff health and wellbeing within NHS Fife	Mar-24
	Examine the effects of diversification of service provision and implications on OH Team resources	Mar-24

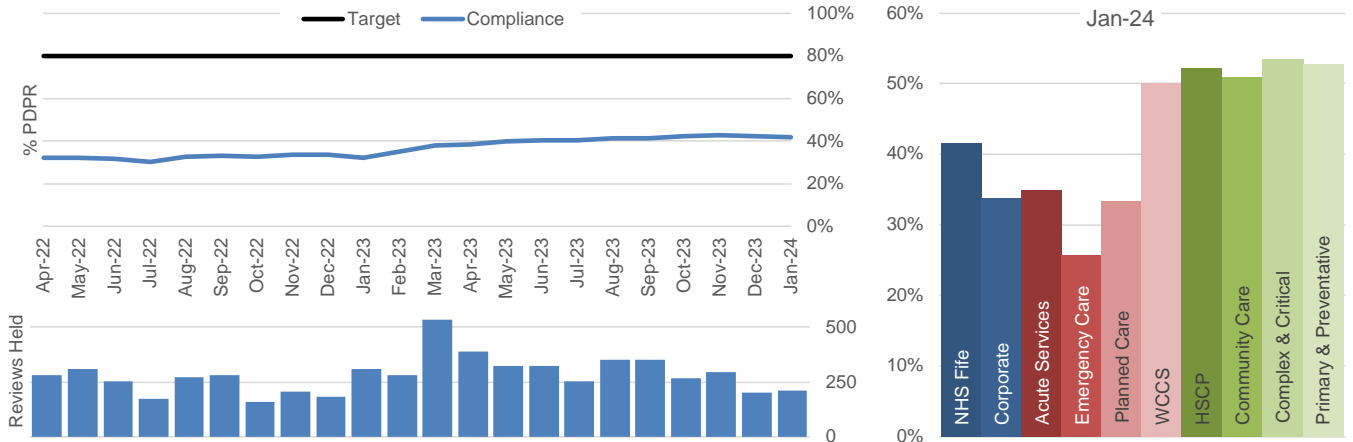
# STAFF GOVERNANCE

## PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

**Performance**  
**41.6%**

### Local Performance

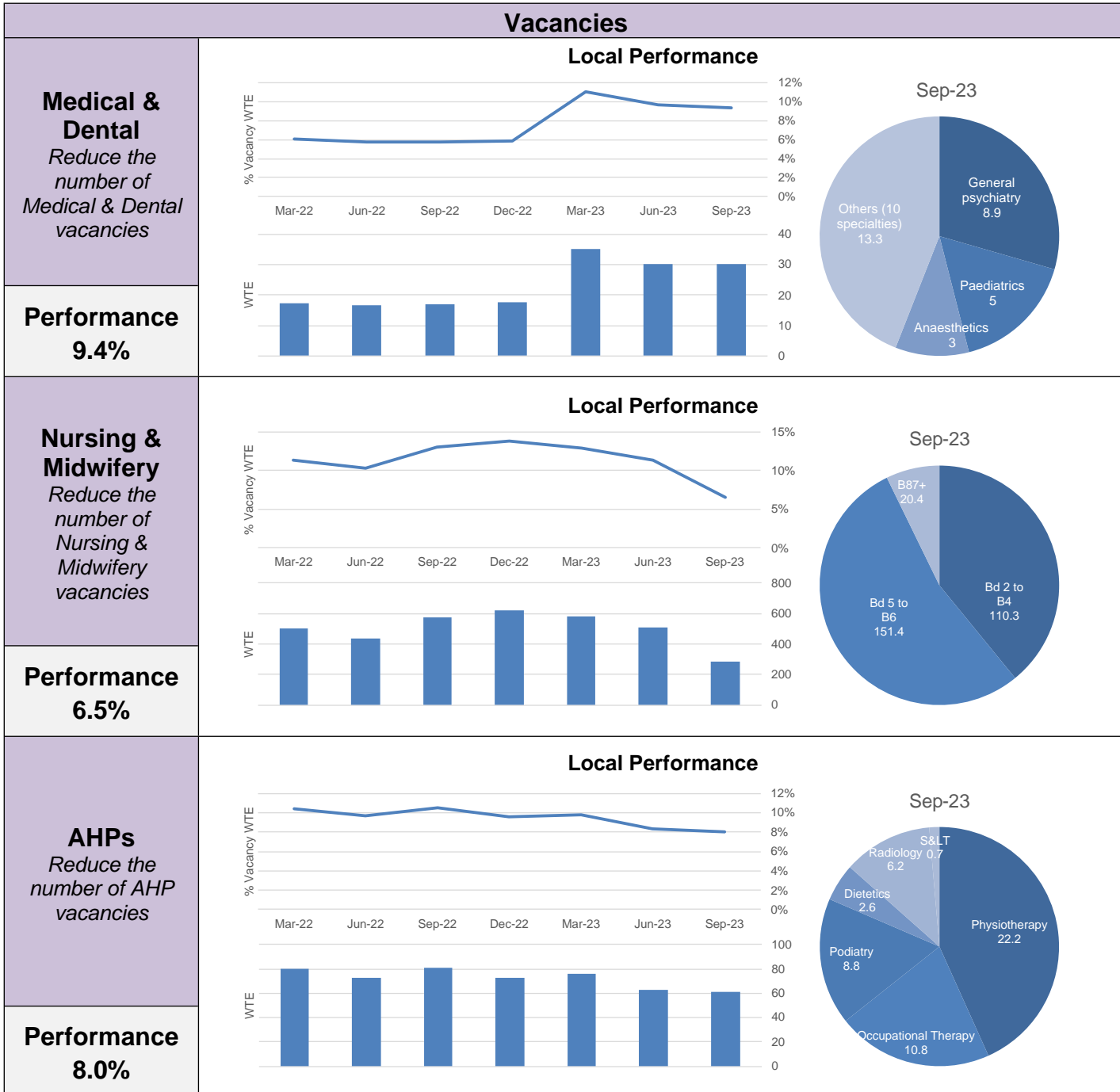


	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
NHS Fife	35.0%	37.9%	38.3%	39.8%	40.3%	40.4%	41.2%	41.3%	42.1%	42.6%	42.1%	41.6%
Corp.	26.3%	25.6%	24.1%	27.6%	29.2%	29.5%	29.8%	29.7%	32.6%	32.4%	33.2%	33.7%
Acute	35.2%	36.6%	36.0%	36.2%	35.3%	34.0%	34.4%	33.8%	34.2%	35.5%	34.7%	34.9%
HSCP	40.2%	46.7%	49.1%	50.5%	51.5%	52.5%	53.6%	54.5%	54.4%	54.8%	54.0%	52.2%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Create and Nurture a Culture of Person Centred Care</b>					<b>Mar-26</b>
<b>Key Milestones</b>	Development of Leadership Development framework completed				<b>Mar-24</b>
	Review of OD function delivery as part of Directorate service change proposals completed				<b>Sep-23</b>
	Stakeholder Engagement on the development of a behavioural framework completed				<b>Dec-23</b>
	Proposals developed for a programme to embed a behavioural framework delivered				<b>Mar-24</b>

# STAFF GOVERNANCE

## Vacancies



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Attracting &amp; Recruiting Staff to deliver Population Health &amp; Wellbeing Strategy; Bank Governance – Enhanced Management &amp; Staff Bank Consolidation</b>					<b>Dec-24</b>
<b>Key Milestones</b>	Bank & Agency Programme Board established and project plan developed				<b>Apr-23</b>
	Plans delivered to exit off contract Agency use				<b>Jun-23</b>
	Escalation Process revised to reflect Agency utilisation changes				<b>Jun-23</b>
	Bank Consolidation proposals finalised and implementation commenced				<b>Mar-25</b>
	Bank Model changes fully in place and operating as Business as Usual				<b>Mar-25</b>

# STAFF GOVERNANCE

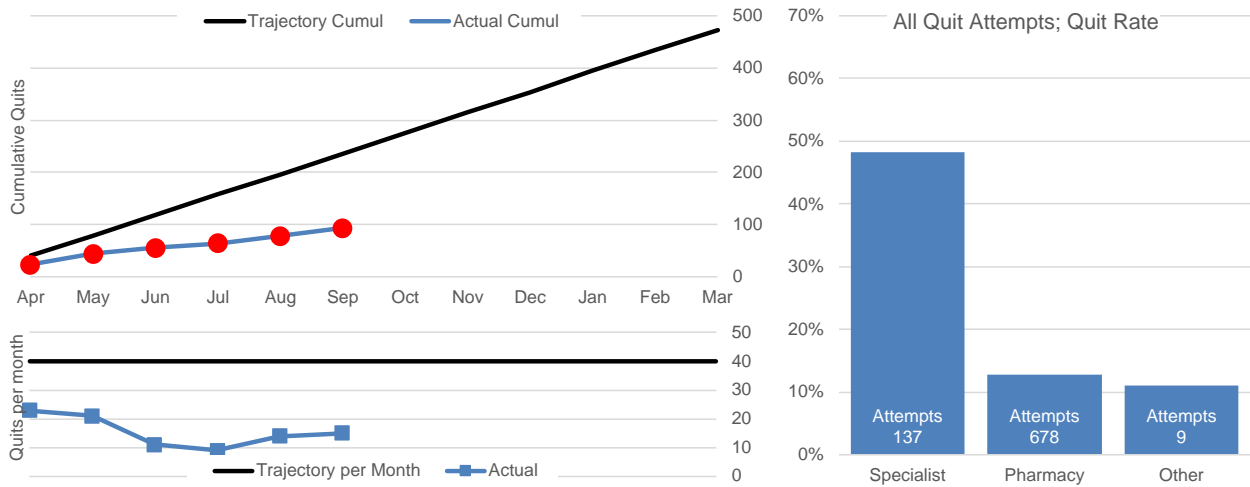
<b>Delivering Anchor Institution workforce aims - Promoting employability priorities</b>		<b>Mar-25</b>
<b>Key Milestones</b>	Identification of future Modern Apprenticeship programme numbers for 2023/24	Jul-23
	Representation on new national workstreams agreed	Aug-23
	Employability Model of delivery review completed	Sep-23
	Review of MA target numbers in line with key stakeholders	Oct-23
	Other programme aims for 2023/24 and 2024/25 identified and progressed in line with Workforce Planning priorities	Mar-24
<b>Attracting &amp; Recruiting Staff to deliver Population Health &amp; Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation &amp; enhanced International Recruitment service</b>		<b>Mar-27</b>
<b>Key Milestones</b>	Performance Oversight Group established to oversee Shared Services Agreement	Apr-23
	Internal Recruitment Performance Reporting established	Sep-23
	Review of International Recruitment programme to inform 24/25 ambitions	Mar-24
<b>Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Development of Workforce Dashboard reporting to support Bank & Agency programme	Jul-23
	Creation of on line Workforce information overview accessible within NHS Fife	Mar-24
	Review of Workforce Analytics as part of Directorate service change proposals completed	Mar-24
	Coordination of recruitment activity with Graduate Apprenticeship Schemes	Mar-24
	Develop proposals for business as usual support for the eRostering system	Aug-23
	Production of workforce information to support workforce planning and service delivery, including safe staffing reporting requirements	Mar-24
<b>Development of improved digital processes i.e. online pre-employment and management referrals programmes</b>		<b>Dec-25</b>
<b>Key Milestones</b>	Pilot for pre-employment module live within NHS Fife	Jun-23
	Evaluation of initial pre-employment module activity and planning for further phasing within NHS Fife	Sep-23
	Evaluation of next phase of pre-employment module activity and planning for further phasing within NHS Fife. Agreement of initial cohort for management referrals	Dec-23
	Evaluation of pre-employment module activity and of initial cohort for management referrals	Mar-24

**Smoking Cessation**

In 2023/24, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

**Performance**  
**93**

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



**National Benchmarking**

		2023/24											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>NHS Fife</b>	Actual	23	21	11	9	14	15						
	Actual Cumul	23	44	55	64	78	93						
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
<b>Scotland</b>	Achieved	57.5%	55.7%	46.6%	40.5%	39.6%	39.4%						
	Achieved												

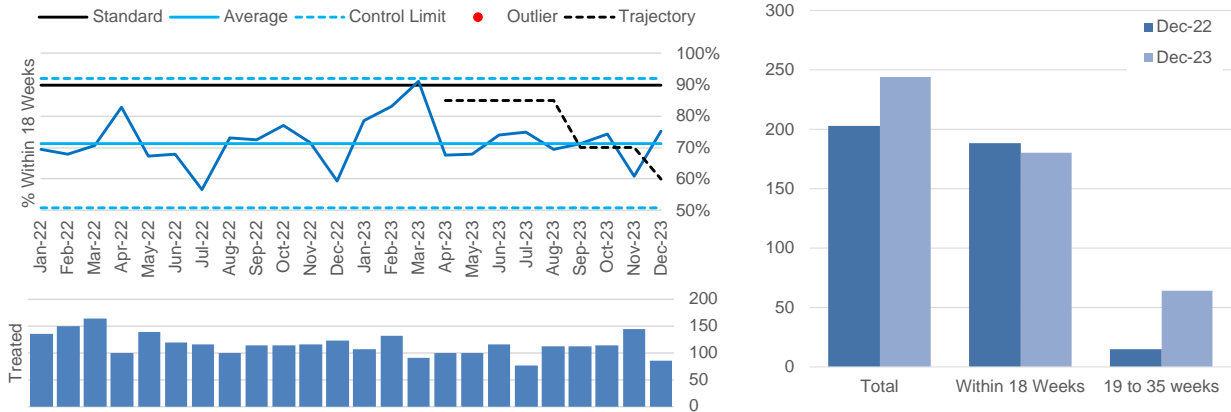
Key Deliverable		End Date			
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24</b>					<b>Mar-24</b>
<b>Key Milestones</b>	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-24			
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system. Ongoing review and improvement of service provision	Mar-24			
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Mar-24			
	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-24			
	Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage	Mar-24			
	Development and review of text messaging system	Mar-24			
	Deliver financial inclusion referral pathways for pregnant women and families with young children	Mar-24			
	Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s	Mar-24			

**CAMHS 18 weeks RTT**

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

**Performance**  
**75.3%**

**Local Performance**



**National Benchmarking**

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	59.3%	78.5%	83.2%	91.1%	67.7%	68.0%	74.1%	75.0%	69.4%	71.2%
Scotland	75.9%	74.3%	73.8%	74.5%	71.7%	72.4%	77.0%	71.9%	75.7%	79.0%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.</b>					<b>Mar-24</b>
Key Milestones	Implementing caseload management to ensure throughput, reduce bottlenecks and maintain capacity				Sep-23
	Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access				Mar-24
	Ongoing recruitment to ensure workforce is at full capacity				Mar-24
<b>CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.</b>					<b>Mar-24</b>
Key Milestones	Implement CAMHS improvement plan derived from gap analysis against the national service specification				Mar-24
	Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement				Mar-24
<b>Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people</b>					<b>Mar-24</b>
Key Milestones	Work will continue on reducing the ASD waiting list which will be achieved as a result of additional staffing and reallocation of staffing resources from streamlining assessment pathways				Dec-23
	Implement learning from partnership test of change alongside colleagues in education				Dec-23
	Co-produce and deliver pre and post diagnostic support to children, siblings and families				Apr-24
	Fully operationalise Triage model aligned to National ND Specification				Apr-24
	Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD				Apr-24

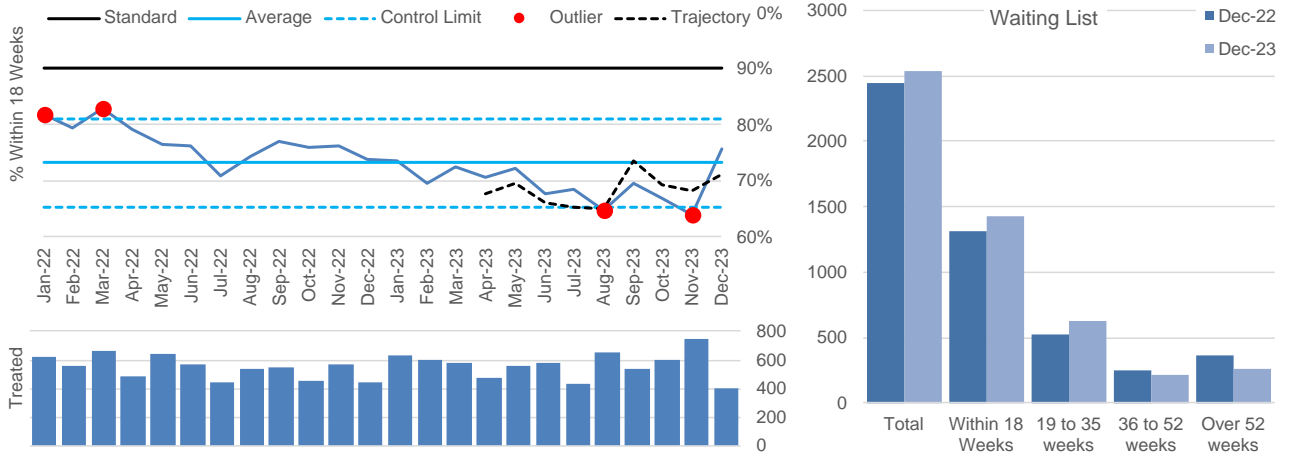


**Psychological Therapies 18 weeks RTT**

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

**Performance**  
**75.5%**

**Local Performance**

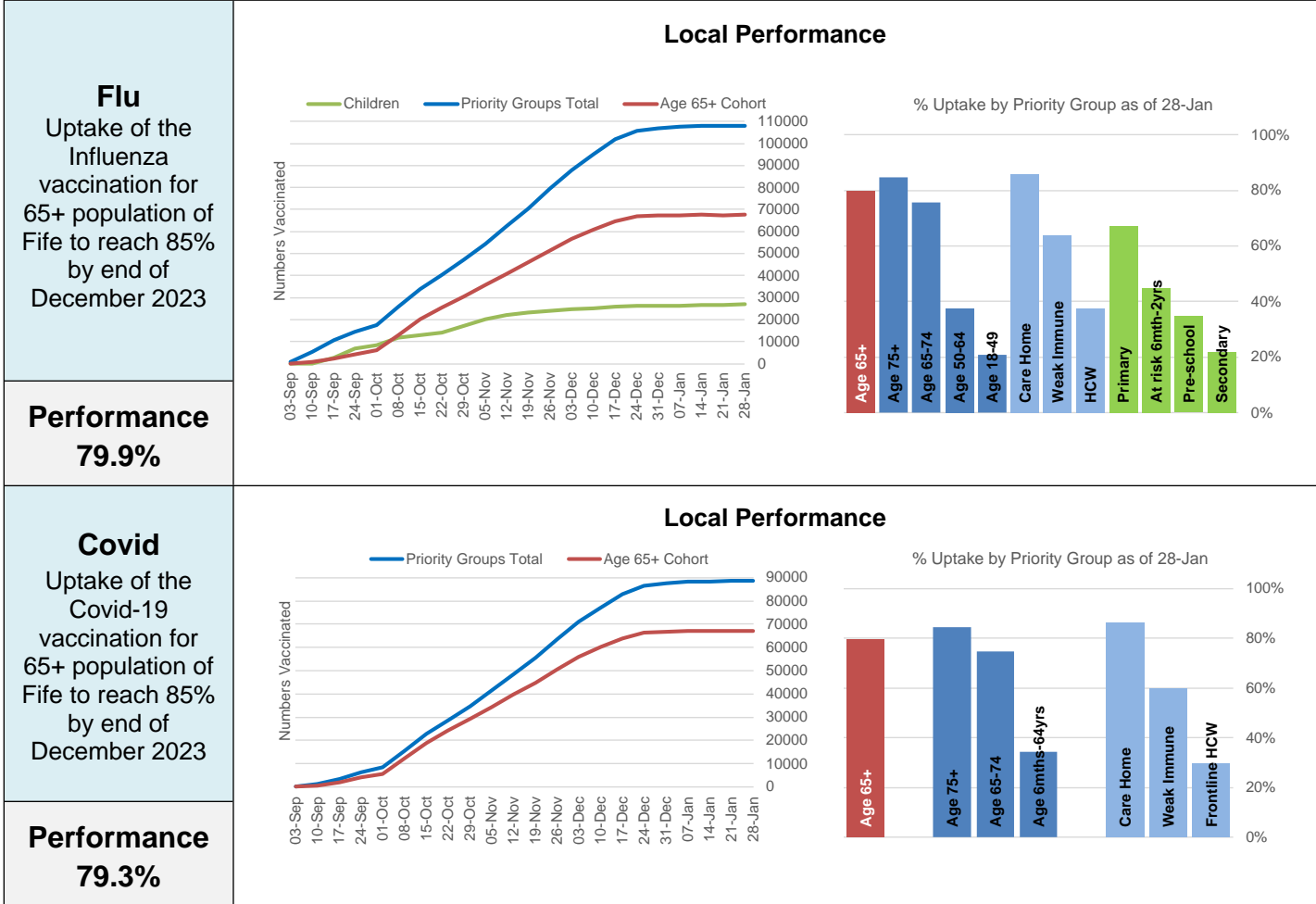


**National Benchmarking**

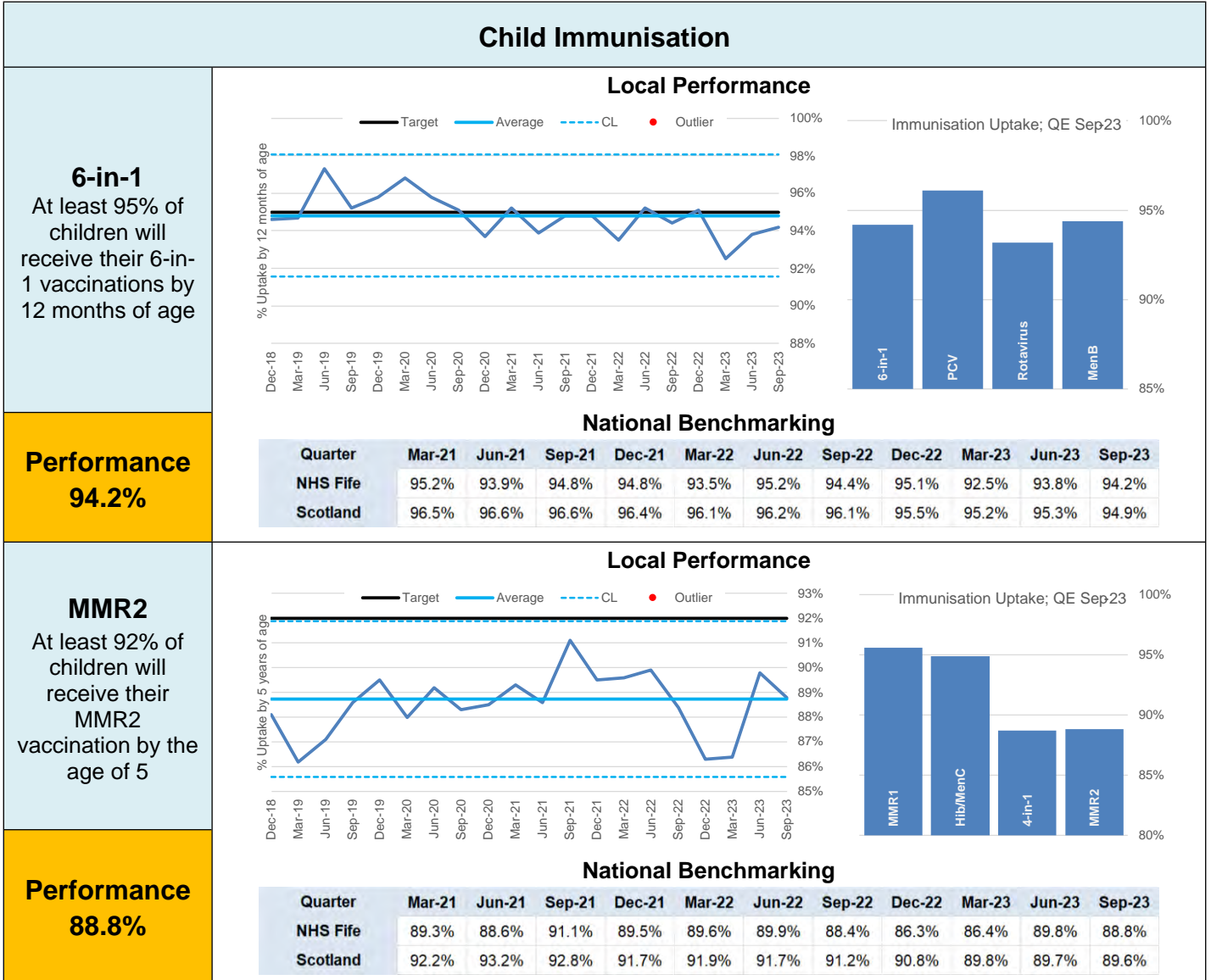
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%	68.4%	64.8%	69.6%
Scotland	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%	79.7%	78.8%	79.7%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet &amp; maintain the 18 week referral to treatment waiting times standard</b>					<b>Mar-24</b>
<b>Key Milestones</b>	Recruitment to increase capacity				<b>Mar-24</b>
	Service development and redesign				<b>Mar-24</b>
	Training and CPD activities to increase capacity				<b>Mar-24</b>
	Demand-capacity monitoring across all services				<b>Mar-24</b>

## Immunisation: FVCV



Key Deliverables	End Date
<span style="color: red;">Off track</span> <span style="color: orange;">At risk</span> <span style="color: green;">On track</span> <span style="color: blue;">Complete</span> <span style="color: purple;">Suspended</span> <span style="color: grey;">Proposed</span>	
<b>Delivery of Winter Vaccination Programme</b>	<b>Mar-24</b>



Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population		Mar-24
Key Milesto	EQIA action plan implementation	Mar-24
	Outreach model and strategy	Mar-24
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need		Mar-24
Key Milesto	Integration of Primary Care Nursing and Admin teams	Mar-24
	Workforce education strategy & training programme	Mar-24

<b>Targeted actions to improve the quality of our Immunisation services</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Children's immunisation QI group	<b>Mar-24</b>
	Learning from Adverse Events	<b>Mar-24</b>
	Implementation of 15 step review of community clinics and other quality assurance tools	<b>Mar-24</b>
	Development of robust clinical pathways and process of SOP review	<b>Mar-24</b>
<b>Develop plans to make sure CIS delivers on key operational priorities</b>		<b>Dec-24</b>
<b>Key Milestones</b>	Maternity immunisations	<b>Mar-24</b>
	S3 to S2 changes	<b>Dec-24</b>
	Preparation for children's 18 month visit	<b>Mar-24</b>
	Communication strategy to stakeholders	<b>Mar-24</b>

**Meeting:** Fife NHS Board  
**Meeting date:** 26 March 2024  
**Title:** Financial Performance Report at January 2024  
**Responsible Executive:** Margo McGurk, Director of Finance & Strategy  
**Report Author:** Maxine Michie, Deputy Director of Finance

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centre

## 2 Report summary

### 2.1 Situation

This paper provides a presentation of the financial performance and financial sustainability of the Board at the end of January 2024 measured against the key planning assumptions within the Medium-term Financial Plan approved at the NHS Board meeting on 28 March 2023. The MTFP sets out an underlying deficit of £25.9m partly mitigated by a £15m cost improvement plan, with a projected residual gap of £10.9m. The medium-term plan detailed how the board will work towards delivering the financial improvement and sustainability required across the medium-term. This included assessment of the areas of greatest risk which will challenge the delivery of the plan.

### 2.2 Background

The Board financial position is sitting beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate

A £12.158m revenue overspend is reported at the end of month 10 for Health Board retained Services. This position reflects the continuing impact of the historic and emerging financial pressures previously reported and reflects the limited progress to deliver against the agreed £15m cost improvement programme. The areas of greatest financial challenge including risk and uncertainty are detailed in the main body of the paper.

## **2.3 Assessment**

At the end of January 2024, our forecast outturn indicates an overspend at March 2024 of £12.881mm which is £2m above the level of deficit identified in our approved 2023/24 financial plan in March 2023 and is a significant improvement on our previously reported overspend. We continue to meet regularly with our Scottish Government finance colleagues to discuss our position along with options to improve our position.

The process for developing the budget for 2024/25 and refreshing the Medium Term Financial Framework following the publication of the Scottish Government's budget on 19 December informed our first draft and submission to Scottish Government was made at the end of January 2024. Financial projections will continue to be updated as new information becomes available and will be further updated for our next iteration due for submission on 11 March.

Significant work is ongoing in relation to our financial improvement and sustainability programme to mitigate the financial gap and deliver against SG's expectations laid out above. However, this work requires to be expedited with further measures identified to mitigate the increasing financial gap.

### **2.3.1 Quality / Patient Care**

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

### **2.3.2 Workforce**

Effective financial planning, allocation of resources and in-year management of costs supports staff health and wellbeing and is integral to delivering against the aims of the workforce plan.

### **2.3.3 Financial**

Financial implications are detailed in the paper.

### **2.3.4 Risk Assessment / Management**

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, out with the Board's agreed risk appetite for value and sustainability. This reflects the ongoing financial consequences of operational challenges and reduced and outstanding funding allocations. The financial position materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been reviewed to determine actions which can

be taken to reduce the level of forecast overspend. Despite ongoing attempts to reduce costs and a commitment to avoid any additional investment in our services, it is highly likely that the Board will require significant financial brokerage to break-even.

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

An impact assessment has not been carried out as it is not relevant to the content of this paper.

### **2.3.6 Climate Emergency & Sustainability Impact**

There are no direct implications arising from this report.

### **2.3.7 Communication, involvement, engagement and consultation**

This paper has been prepared following completion of the financial month end process in consultation with senior finance colleagues and Directorate Management Teams.

### **2.3.8 Route to the Meeting**

This paper was presented at EDG on 29 February 2024 and the Finance, Performance & Resources Committee on 12 March 2024.

## **2.4 Recommendation**

- Assurance

## **3 List of appendices**

Appendix 1 – Finance Report for January 2024

### **Report Contact**

Maxine Michie

Deputy Director of Finance

## Appendix 1

### 1. Financial Position January 2024

- 1.1 At the end of January the Health Board is reporting a deficit position of £12.158m, a significant improvement on the position reported in previously. Current projections indicate an overspend against budget at the end of the financial year of £12.881m which is £2.0m more than our 2023/24 planned deficit but significantly less than our previously reported forecast outturn of £23m. A summary of the financial position to January is summarised in the table below.

#### Revenue Financial Position as at January 2024

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>NHS Services (incl Set Aside)</b>				
<b><u>Clinical Services</u></b>				
Acute Services	291,301	242,727	263,536	-20,809
IJB Non-Delegated	10,041	8,381	7,911	470
Non-Fife & Other Healthcare Providers	103,985	86,665	94,622	-7,957
<b><u>Non Clinical Services</u></b>				
Estates & Facilities	94,280	78,685	79,577	-892
Board Admin & Other Services	67614	51,872	51,829	43
<b><u>Other</u></b>				
Financial Flexibility & Allocations	29,843	23,359		23,359
Income	-7,615	-1,561	-1,895	334
23-24 Cost Improvement Target	-12,420	-10,350	-3,644	-6,706
<b>Sub-total Core position</b>	<b>577,029</b>	<b>479,778</b>	<b>491,936</b>	<b>-12,158</b>
Financial Gap	-10,865	-9,054		-9,054
SG Sustainability	10,865	9,054		9,054
<b>TOTAL HEALTH BOARD RETAINED SERVICES</b>	<b>577,029</b>	<b>479,778</b>	<b>491,936</b>	<b>-12,158</b>

- 1.2 This improved forecast reflects receipt of funding from Scottish Government (SG) following confirmation of additional consequential funding provided by HM Treasury to the Department of Health and Social Care. The funding being provided to all boards is on a non recurring basis and totals £10.279m for NHS Fife. Scottish Government have also confirmed that board contributions to CNORIS for 2023/24 will reduce by £35m in year with a positive financial impact for NHS Fife of £2.089m. Together these two factors bring a total financial benefit for 2023/24 to NHS Fife of £12.368m. Additionally, during January, we received communication from SG in relation to the Stracathro issue we have been pursuing. Consequently, we have reflected the impact of their confirmation that no allocation has been made available for NHS Fife for Stracathro in 2023/24 to our forecast position.



1.3 Scottish Government also confirmed any board deficits reported at the financial year end will be subject to repayable brokerage as the additional funding provided does not change the requirement to break even and Boards should continue to take action to move towards break even. The revised forecast outturn of £12.881m for NHS Fife means it is unlikely the board will be able to breakeven without brokerage support from the Scottish Government and significant improvement in the financial position between now and the financial year end. The forecast outturn reflects the continuing impact of the financial pressures previously reported including medical and nursing pay costs, expenditure on surgical sundries and instruments, drugs costs, non NHS Fife healthcare providers and the impact of high non pay inflation increases.

## **2. Health Board Retained Services**

2.1 The financial position to 31 January continues to reflect financial pressures within our Acute Services Division and External Healthcare providers alongside challenges in progressing our cost improvement programme. The January expenditure run rate has remained in line with previous months with continuation of pressures on services driven by increased demand and high acuity during this usually demanding time of year.

2.2 The Acute Services Division reports an overspend to the end of January of £20.809m. This is mainly driven by cost pressures across both nursing and medical staffing budgets, significant overspends in surgical sundries and external SLAs for Laboratory services. Surge and Covid expenditure are also included within the Acute overspend with an ongoing focus on covid exit strategy to minimise the financial impact.

2.3 Included in the ASD position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of January, set aside services are reporting an overspend of £10.141m which continues to be funded on a non-recurring basis by the board.

2.4 Service Level Agreements and contracts with external healthcare providers are £7.957m overspent. In the main this overspend is driven by several factors, increased costs from NHS Tayside which were previously funded directly by SG to NHS Tayside on behalf of NHS Fife along with high costs of SLAs and contracts with both NHS and independent providers for mental health services. NHS Lothian have implemented their new cost model which has been accepted by all boards affected and although Lothian colleagues are unable to provide detail to underpin the increase to NHS Fife we will continue to review and analyse cost reduction opportunities across this area of spend.

2.5 Corporate Directorates including Property and Infrastructure is in line with that reported last month. Rates relief on several properties has been secured during the month increasing Estates and Facilities contribution to the board’s cost improvement target. The main areas of concern continue to be the impact of inflation across PPP contracts, despite the major contract review, energy, property maintenance and confirmation of funding allocations. Work will continue to reduce spend in line with available resources.

### 3. Financial Improvement & Sustainability Programme

3.1 Key to delivering our financial plan forecast outturn is the delivery of our financial improvement and sustainability programme. Scottish Government expect all Boards to engage with the national Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the programme aims. In line with our financial plan a cost improvement target of £4.6m has been delegated to the partnership and £15m is the responsibility of Health Board retained services to deliver. At the end of January, progress to deliver on our cost improvement target continues to be challenged. Whilst a lot of actions have been taken forward to create the infrastructure required to support the delivery of cost efficiencies, we remain significantly behind plan pushing delivery into quarter 4 of the financial year.

3.2 The table below summaries efficiency savings confirmed to date measured against the financial plan, £7.547m to January, approximately 50% of the cost improvement target. The majority of savings delivered to date are non recurring and work is required to secure delivery of recurring savings.

	Target per Fin Plan	Confirmed M10	Projected	Confirmed Recurring
	£m	£m	£m	£m
Temporary Staff Net Reduction	10.000	0.352	0.352	0.352
Surge Capacity Reduction	5.000	0.000	0.000	0.000
Corporate Overheads	0.000	0.000	0.000	0.000
Medicines	0.000	1.723	2.000	1.147
Vacancy Factor (Corporate)	0.000	0.140	0.140	0.000
Public Health	0.000	0.006	0.006	0.000
Acute Services	0.000	0.598	0.598	0.389
Estate & Facilities	0.000	0.457	0.457	0.117
Major Contract Review	0.000	1.241	1.241	0.800
Balance Sheet Review	0.000	3.030	3.030	0.000
	15.000	7.547	7.824	2.805

#### Bank and Agency Staffing

3.3 Although the reduction in supplementary staffing has achieved small net savings to date (net of investment) we are beginning to see a reduction in the total spend on supplementary staffing. Several of the measures taken to reduce reliance on supplementary staffing have required investment in permanent posts which meant several months have elapsed until a reasonable reduction in the use of temporary staffing has been recorded. Cumulative spend on supplementary staffing to January is £1.2m less than the cumulative spend at January 2023.

#### Medicines Optimisation

3.4 Work continues to drive out cost improvements across other spend categories including medicines with the Medicines Optimisation Board working to a target of £1m. Plans in place to drive out cost improvements have delivered £1.7m at the end of January. As savings to date have exceeded the original cost improvement target, the target has been stretched to £2m to secure maximum impact.

### Major Contract Review

- 3.5 The work on a major contract review to deliver recurring cost reductions was concluded on 1<sup>st</sup> December. The review has secured significant and more importantly, recurring cost reductions over the remaining term of the contract which is reflected in the table above.

### Estates and Facilities

- 3.6 Despite being challenged with high energy costs, the directorate have delivered almost £0.5m of savings alongside concluding the major contract review. Savings include securing rates relief on a number of properties and income generation.

### Acute Services

- 3.7 Although experiencing significant financial pressure the Acute Services team have secured savings to date totalling £0.598m covering reductions in consumables spend, travel costs, vacancy management and legacy covid costs.

### Balance sheet Review

- 3.8 A review of the Balance sheet has confirmed financial flexibilities of £3.0m by the end of the financial year. It is important to note that, whilst helpful, this flexibility is non-recurring in nature.

## 4 Health & Social Care Partnership

- 4.1 Health services in scope for the Health and Social Care Partnership report are reporting a balanced budget at the end of January. Detailed financial reporting for the partnership sits with the IJB. We have been advised by the Chief Finance officer for the IJB that despite a challenging financial landscape, the IJB will deliver a balanced budget and therefore we should not anticipate any potential year-end IJB risk-share arrangements.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>Health &amp; Social Care Partnership</b> Fife H & SCP	421,023	355,081	355,081	0
<b>TOTAL HEALTH DELEGATED SERVICES</b>	<b>421,023</b>	<b>355,081</b>	<b>355,081</b>	<b>0</b>

## 5 Financial Forecast - Risk Assessment

- 5.1 Current projections indicate a forecast overspend at March 2024 is £12.881m. This is a significant improvement on our previously reported forecast of £23m and the reasons for this improvement have been identified earlier in this report. The forecast is subject to a number of risks and key assumptions including the full impact of winter, receipt of all outstanding funding allocations and no year-end IJB risk-share arrangements.

## 6 Capital

- 6.1 The total anticipated capital budget for 2023/24 is £11.278m and is summarised in the table below. This reflects a Capital Resource Limit (CRL) of £7.764m as advised by the Scottish Government plus anticipated and received allocations for several specific projects. The

distribution of the formulary budget allocated by SG has been discussed in detail and agreed at FCIG meetings in April and May 2023. The most significant financial risk for the capital plan is the lack of funding to progress capital investment priorities including the development and improvement of our estate alongside our capital equipment stock. At the end of January all capital expenditure plans are progressing in line with plan and no significant risks are anticipated at this time.

## CAPITAL PROGRAMME EXPENDITURE REPORT - January 2024

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2023/24 £'000
Statutory Compliance/Backlog Maintenance	3,612	2,841	3,612
Clinical Prioritisation	662	439	662
Capital Equipment	1,739	1,268	1,739
Digital Information	354	283	354
Kincardine Health Centre	6	6	6
Lochgelly Health Centre	6	6	6
Mental Health Review	155	148	155
QMH Upgrade	1,295	389	1,295
HEPMA	984	841	984
LIMS	967	559	967
Greenspace Project	150	5	150
Fleet Decarbonisation	486	-	486
Switch-on Fleet Funding	386	144	386
FCON & Laundry	555	162	555
Project Team	56	-	56
Cameron Medical Education Works	351	60	351
LIMS Milestone Payments	93	-	93
Capital to Revenue	(579)	-	(579)
<b>Total Capital Expenditure 2023/24</b>	<b>11,278</b>	<b>7,150</b>	<b>11,278</b>

6.2 Although a relatively low level of capital expenditure has been incurred for the period reported this is not unusual at this stage in the financial year with most of the capital expenditure generally occurring in the final quarter of the financial year due to supply chain lead in times and completion of projects.

## 7 Recommendation

The Board is asked to discuss and take assurance on the information provided in relation to the:

- Health Board retained reported core overspend of £12.158m
- Progress with the Financial Improvement and Sustainability Programme
- HSCP balanced position
- Financial Forecast Risk Assessment
- Progress on the capital programme.

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting Date:</b>	<b>Tuesday 26 March 2024</b>
<b>Title:</b>	<b>Whistleblowing Quarter 3 Report for 2023/2024</b>
<b>Responsible Executive:</b>	<b>David Miller, Director of Workforce</b>
<b>Report Author:</b>	<b>Sandra Raynor, Head of Workforce Resourcing and Relations</b>

## 1. Purpose

**This report is presented to NHS Fife Board for:**

- Assurance

**This report relates to a:**

- Government policy / directive
- Legal requirement

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

- Safe, Effective and Person Centred

## 2. Report Summary

### 2.1 Situation

The National Whistleblowing Standards (the Standards) have been in place now since 1 April 2021. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns.

### 2.2 Background

This report is to provide NHS Fife Board members with an update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing and data on the training modules undertaken during Quarter 3 (1 October to 31 December 2023). The report also provides an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports.

### 2.3 Assessment

#### **Whistleblowing Concerns Reporting**

NHS Fife received no Whistleblowing Concerns during the third quarter reporting period within NHS Fife, primary care providers and contracted services.

## **Anonymous / Unnamed Concerns Reporting**

NHS Fife received two Anonymous / Unnamed Concerns during the third quarter reporting period.

## **Local Press Coverage**

There were no whistleblowing articles published in the local newspaper during the third quarter reporting period.

## **Training Module Data**

Managers and staff, including new starts are reminded routinely to complete the appropriate training available from the INWO and we review the data quarterly and consider any appropriate actions.

The Quarter 3 data report referred to above is detailed within Appendix 1, for information.

### **2.3.1 Quality, Patient Care and Value-Based Health & 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 / unnamed 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 2023/2024, 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, Local Partnership and Area Partnership fora, HR Policy Group and Whistleblowing Oversight Group.

## **2.4 Recommendation**

This paper is provided to NHS Fife Board members for **Assurance** and confirms:

- There were no whistleblowing concerns received in Quarter 3; two Anonymous / Unnamed Concerns were received; no whistleblowing articles were published in the local newspaper; the whistleblowing training undertaken during Quarter 3, along with an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports.

## **3. List of Appendices**

The following appendix is included with this report:

- Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage and Whistleblowing Training undertaken during Quarter 3, along with an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports

### **Report Contact:**

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Head of Workforce Resourcing and Relations

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## Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, Whistleblowing Training Undertaken During Quarter 3, along with an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports

### 1. Introduction

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

### 2. Whistleblowing Concerns Received During Quarter 3

There were no Whistleblowing Concerns received during Quarter 3.

Quarter 1 1 April to 30 June	Theme	Division	Service
One	Poor Patient Care and Hostile Culture	HSCP	Complex & Critical Care
Quarter 2 1 July to 30 September	Theme	Division	Service
Nil			
Quarter 3 1 October to 31 December	Theme	Division	Service
Nil			
Quarter 4 1 January to 31 March	Theme	Division	Service

### 3. Whistleblowing Concerns – Themes, Actions Taken and Lessons Learned

The themes, actions taken, lessons learned, and confirmation of the concern being closed and actions taken from the Whistleblowing Concerns lodged within Complex & Critical Care, HSCP, during Quarter 1 highlighted in the table above is as below:

2023/2024 Quarter 1				
	Theme(s)	Action(s) Taken	Lessons Learned	Action(s) Complete
Whistleblowing Concern 1  HSCP, Complex & Critical Care	Safe Staffing	<ul style="list-style-type: none"> <li>Ensure service leadership team supports daily safe staffing reviews,</li> <li>Implement recruitment processes to optimise recruitment to vacancies.</li> </ul>	<ul style="list-style-type: none"> <li>Dynamic risk and operational challenges can impact on safe staffing.</li> <li>Vacant RMN posts were impacting on staff morale and function of ward environment.</li> </ul>	Yes On-going



2023/2024 Quarter 1				
	Theme(s)	Action(s) Taken	Lessons Learned	Action(s) Complete
	Supervision	<ul style="list-style-type: none"> <li>Implement NES supervision resources to support supervision delivery.</li> <li>Implement monthly planned supervision and record delivery.</li> <li>Implement ad hoc supervision to support meaningful supervisory culture and record delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Supervisory support was sub-optimal within staff team impacting on staff morale and confidence in role.</li> </ul>	Yes On-going
	Care Planning	<ul style="list-style-type: none"> <li>Implement Documentation Audit</li> </ul>	<ul style="list-style-type: none"> <li>Need to ensure all care plans evidence patient involvement in care planning</li> </ul>	Yes
	Philosophy of care	<ul style="list-style-type: none"> <li>Ward management team to instigate tangible actions to embed Safe wards in team culture.</li> </ul>	<ul style="list-style-type: none"> <li>Identified need to strengthen person-centred culture</li> </ul>	Yes On-going

#### 4. Anonymous / Unnamed Concerns Received During Quarter 3

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous / unnamed 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”. Alternatively, someone may raise a concern with the organisation, but not be willing to have their name or personal details recorded. This is known as an ‘unnamed concern’ (someone is aware of their identity, so it is not completely anonymous).

There were two Anonymous / Unnamed Concerns received during Quarter 3:

Quarter 1 1 April to 30 June	Theme	Division
Nil		
Quarter 2 1 July to 30 September	Theme	Division
Anonymous Complaint 1	Bullying	HSCP – Complex & Critical Care
Anonymous Complaint 2	Alleged Bullying and Harassment, not adhering to recruitment and selection, health and safety and flexible working processes, does not give recognition to others and takes the credit, breach of confidentiality.	HSCP – Primary & Preventative Care

Quarter 3 1 October to 31 December	Theme	Division
Anonymous Complaint 1	Behaviours	HSCP – Primary & Preventative Care
Anonymous Complaint 2	Potential fraud	HSCP – Complex & Critical Care
Quarter 4 1 January to 31 March	Theme	Division

## 5. Anonymous / Unnamed Concerns – Themes, Actions Taken and Lessons Learned

Both Anonymous Complaints lodged during Quarter 3 are being progressed as business as usual in line with appropriate policies and any update on the Themes, Actions Taken and Lessons Learned will be provided in future quarterly reporting.

The Themes, Actions Taken and Lessons Learned from the two anonymous / unnamed concerns lodged in Quarter 2 (1 July 2023 to 30 September 2023) are detailed below:-

2023/2024 Quarter 2				
	Theme(s)	Action(s) Taken	Lessons Learned	Action(s) Complete
<b>Anonymous / Unnamed Concern 1</b>  <b>HSCP, Complex &amp; Critical Care</b>	<b>Bullying</b>	<ul style="list-style-type: none"> <li>Optimise safe staffing to match dynamic risk and operational challenges Ensure service leadership team supports safe staffing reviews daily.</li> </ul>	<ul style="list-style-type: none"> <li>Dynamic risk and operational challenges can impact on safe staffing</li> </ul>	<b>Yes</b>
		<ul style="list-style-type: none"> <li>Recruit to vacant RMN posts.</li> </ul>	<ul style="list-style-type: none"> <li>Action recruitment processes to optimise recruitment to vacancies</li> </ul>	<b>Yes On-going</b>
		<ul style="list-style-type: none"> <li>Implement NES supervision resources to support supervision delivery.</li> <li>Implement monthly planned supervision and record delivery.</li> <li>Implement ad hoc supervision to support meaningful supervisory culture and record delivery.</li> </ul>	<ul style="list-style-type: none"> <li>That Supervisory support was sub-optimal</li> </ul>	<b>Yes On-going</b>
		<ul style="list-style-type: none"> <li>Ensure all care plans evidence patient involvement in care planning.</li> </ul>	<ul style="list-style-type: none"> <li>There was a lack of patient involvement in care planning.</li> </ul>	<b>Yes</b>

**2023/2024 Quarter 2**

	<b>Theme(s)</b>	<b>Action(s) Taken</b>	<b>Lessons Learned</b>	<b>Action(s) Complete</b>
		<ul style="list-style-type: none"> <li>• Embed Safewards philosophy -Ward management team to instigate tangible actions to embed Safewards in team culture.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to strengthen person-centred culture.</li> </ul>	<b>Yes On-going</b>
<p><b>Anonymous / Unnamed Concern 2</b></p> <p><b>HSCP, Primary &amp; Preventative Care</b></p>	<p><b>Alleged Bullying and Harassment, not adhering to recruitment and selection, health and safety and flexible working processes, does not give recognition to others and takes the credit, breach of confidentiality.</b></p>	<ul style="list-style-type: none"> <li>• Ensure all employees are aware of the NHS Scotland Bullying and Harassment Policy to provide a supportive environment for those seeking to raise bullying or harassment concerns.</li> <li>• Ensure all employees are aware of the NHS Scotland Grievance Policy which provides a clear process when an employee or groups of employees want to make a grievance complaint about their employment.</li> <li>• Ensure all employees are aware of the NHS Fife Flexible Working Policy which provides a clear process for employees to make a formal request for flexible working.</li> <li>• Ensures all employees have completed their Whistleblowing TURAS training which supports and encourages an environment where employees can raise concerns about patient safety.</li> <li>• Full investigation and comprehensive Report of Investigation provided to Commissioning Manager.</li> <li>• Feedback and support provided to the person whom the allegations were against.</li> </ul>	<ul style="list-style-type: none"> <li>• Complaint unfounded.</li> <li>• Lessons learned are in relation to awareness of staff in relation to policies and training (see actions taken)</li> </ul>	<b>Yes</b>

## 6. Local Press Coverage During Quarter 3

There were no Whistleblowing articles published in the local newspaper during Quarter 3:

Quarter 1 1 April to 30 June	Theme	Quarter 2 1 July to 30 September	Theme
Nil		Nil	
Quarter 3 1 October to 31 December	Theme	Quarter 4 1 January to 31 March	Theme
Nil			

To ensure that staff have the confidence to speak up within the organisation without fear in the knowledge that their voices will be heard, the following initiatives have been introduced:

- The use of business-as-usual processes for handling concerns, making sure internal routes for speaking up are obvious and easy for staff to access via the Chief Executive's monthly newsletter and StaffLink, which will allow the most effective issue resolution.
- A campaign to increase the existing pool of Confidential Contacts to ensure our workforce have the support to speak up on matters such as Whistleblowing has now been completed and the first of a network forum is being held later in March for all confidential contacts to attend.

## 7. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the standards, a questionnaire is now available to gather this information voluntarily, along with the offer to speak to the Whistleblowing Champion at the outcome of a Stage 2 investigation.

At the time of writing this paper there is no direct feedback as yet regarding those who have been involved in the use of the standards. However, we recognise this is a new process for those involved.

## 8. Whistleblowing Training

For the purposes of this report, it has been determined that there are:

- 8,784 members of staff who could complete the Whistleblowing: An Overview eLearning or the Classroom-based Whistleblowing and Prevent Training – Hotel Services training.
- 620 managers who could complete the Whistleblowing for Line Managers eLearning training.
- 79 senior managers employed on Band 8, 9 or ESM Terms and Conditions of Service who could complete the Whistleblowing for Senior Managers eLearning training.

Following the launch of the Whistleblowing eLearning training on 1 April 2021, 73% of employees have completed the Whistleblowing: An Overview eLearning training.

In relation to the Line Manager and Senior Manager eLearning training, engagement has been 57% and 80% respectively. The Senior Manager eLearning has been completed by 632 members of staff, which is significantly more than the 79 posts where this learning has been identified as relevant to the role.

During Quarter 3, 2% of employees completed the Whistleblowing: An Overview eLearning training with the Whistleblowing for Line Managers and Whistleblowing for Senior Managers, each indicating 8% engagement over this period.

It is an expectation that all NHS Scotland employees complete this learning according to the requirements of their role. However, without role-specific information, it is difficult to determine the learning applicable to some employees. There would be benefits to providing a clearer definition of the roles expected to engage in the Line Manager and Senior Manager learning components. Some consideration could also be given to increasing the status of this learning to Mandatory for all.

To increase engagement in Quarter 4, it would be advantageous to promote this learning in the Training Bulletin via the Spotlight / Main Header section to ensure all members of staff are reminded of the requirements associated to this learning. Presently, new employees are made aware of this through the Corporate Induction eLearning with current employees informed of requirements through the Core Skills document. However, to reach a wider audience, every communication resource available should be utilised, where possible.

## 9. Status of Actions from Previous Whistleblowing Annual Reports and Internal Audit Reports

To ensure that NHS Fife continues to develop the Whistleblowing Annual Reporting arrangements, details below is a list of the actions identified during 2023/2024 and reported in the Whistleblowing Annual Reports and Internal Audit Reports. This provides an update on the status of each individual action as at 31 January 2024.

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
<b>2023/2024 Actions</b>				
Review the format of the Quarterly Whistleblowing Reporting	A schedule of reviews of the format of quarterly reporting prior to the Quarterly Report preparation.	Sandra Raynor	31 March 2024	<b>In Progress</b>
Review the format of the Annual Whistleblowing Reporting	A schedule of annual reviews of the format of the annual report prior to the Annual Report preparation.	Sandra Raynor	31 March 2024	<b>In Progress</b>
Whistleblowing Materials	A Whistleblowing Managers Guide to be drafted to assist managers with the completion of relevant documentation.	Jackie Herkes / Lynne Parsons	TBC	<b>In Progress</b>
Whistleblowing Activity Tracker	Discussed and agreed single point of recording is Datix, Jackie Herkes to pick up offline if Datix can be used to provide similar format for governance reporting purposes and new co-ordinator post can co-ordinate the return longer term.	Paul Smith / Jackie Herkes	TBC	<b>In Progress</b>
Consideration is being given to the provision of recording Anonymous Concerns in Datix and any adjustments required to support this change.	Group agreed to explore recording of anonymous concerns in Datix. Discussions are on-going with the Risk Manager to establish any adjustments Datix may need to suit this reporting arrangement. Communications to publicise the launch of recording on Datix is also being considered. On hold pending Whistleblowing move to Corporate Governance.	Jackie Herkes / Paul Smith	TBC	<b>On Hold</b>

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
Annual Reporting Action Plan to Staff Governance Committee to include target dates and Responsible Officers for all actions.	The status of actions included in the Whistleblowing Annual Reports have been included in the Quarter 3 Whistleblowing report. This also includes a specific action to review the format of annual and quarterly reports prior to the start of each financial year.	Sandra Raynor	31 March 2024	<b>Complete</b>
Staff Governance Committee Quarterly Report to include Action Plan progress.	Action planning progress has been included in the Whistleblowing Quarterly reports and includes the status of each action.	Sandra Raynor	31 March 2024	<b>Complete</b>
Contractor and Primary Care Contractor Leads will be prompted to ensure that NHS providers are reminded of their responsibilities to develop appropriate policies and systems to comply with standards.	Contractors and Primary Care Contractors were reminded of their expectations under the standards.	Paul Bishop / Nicola Taylor	August 2023	<b>Complete</b>
Contractors and Primary Care Contractors will be reminded of the requirement to provide the role of Confidential Contact within the standards, with support provided, as necessary.	Contractor and Primary Care Contractor staff are periodically reminded for assurance purposes that they can contact the Whistleblowing Confidential Contacts via e-mail or through publicised contact numbers provided.	Paul Bishop / Nicola Taylor, Primary Care Manager	July 2023	<b>Complete</b>
To assist with the recording of Whistleblowing Concerns by the Contractors and Primary Care Contractors, a Microsoft Word version of the Datix form has been developed to enable the data to be integrated into the Datix system for analysis and recording purposes and they will be reminded of the need to encourage completion of this, as required.	Contractor and Primary Care Contractor Leads were provided with the Microsoft Word version of the Datix form developed and circulated this within their respective areas of responsibility.	Paul Bishop / Nicola Taylor, Primary Care Manager	September 2023	<b>Complete</b>

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
Conclude the campaign that commenced in 2022/2023 to train and increase the numbers of Confidential Contacts to ensure our workforce have the support to speak up, as required.	Nominations from were received from Directorates for new Confidential Contacts. Training took place during October 2023 to January 2024. Updates were provided via StaffLink and a revised list of Confidential Contacts have been publicised on StaffLink. Posters have been updated and displayed throughout NHS Fife premises.	Sandra Raynor / Theresa McNiff / Ruth Lonie	January 2024	Complete
Conclude and launch the Terms of Reference for the Commissioning Officers to use to ensure investigations are fully supported.	Whistleblowing Terms of Reference prepared, approved and publicised on StaffLink.	Jackie Herkes / Lynne Parsons	October 2023	Complete
Continue to raise awareness of how to raise concerns safely within the organisation and continue to provide regular updates by our Chief Executive's monthly newsletter and on StaffLink.	Updates are provided routinely within the Chief Executive's monthly newsletters and via StaffLink.	Sandra Raynor / Ruth Lonie	Routine updates provided	Complete
A follow up letter will be issued from the Whistleblowing Champion, ensuring everyone who lodged a concern is contacted to understand how the process felt for them, learn from their feedback and how NHS Fife may improve its processes and treatment of those raising concerns.	Whistleblowing Champion letter prepared and approved by Kirstie MacDonald, Whistleblowing Champion.	Sandra Raynor / Kirstie MacDonald	September 2023	Complete
The questionnaire created to allow all parties involved in concerns, including Investigators and Executive Director colleagues, will be implemented to allow us to take learning from the process and share this across the organisation.	Whistleblowing Process Evaluation Form prepared, approved and advertised on StaffLink.	Jackie Herkes / Lynne Parsons	October 2023	Complete



Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
A Standard Operating Procedure to deal with Anonymous / Unnamed Concerns has been developed and will be promoted within the organisation when finalised.	This was developed as a flowchart to support managers through the management of anonymous / unnamed concerns.	Jackie Herkes / Lynne Parsons	October 2023	Complete
The existing suite of Whistleblowing materials will continue to be updated and additional materials introduced, as required.	Whistleblowing materials are updated and publicised on StaffLink on an on-going basis.	Sandra Raynor / Jackie Herkes / Lynne Parsons	As and when required	Complete
<b>2022/2023 Actions</b>				
Further enhancement to our process for handling concerns, incorporating other best practice guidance from the INWO.	The review of how we handle concerns remains an on-going activity and many other actions taken over 2023/2024 are detailed more specifically above.	Sandra Raynor / Jackie Herkes / Lynne Parsons	As and when required	Complete
Development of our flow chart to ensure effective handling and appropriate transparency of decision making in relation to anonymous complaints.	This was developed as a flow chart to support managers through the management of anonymous / unnamed concerns.	Jackie Herkes / Lynne Parsons	October 2023	Complete
Revision to our Whistleblowing reporting to provide greater assurance on lessons learned from handling concerns and feedback from both those raising and addressing concerns.	A reporting template was prepared to ensure that the lessons learned from handling concerns and feedback received from both those raising and addressing concerns was incorporated within the quarterly reports.	Sandra Raynor	4 September 2023	Complete
Work to look at whistleblowing through a broader concern handling lens reflecting work across the organisation which incorporates other forms of complaint and adverse event handling.	Work commenced late 2023 to consider actions needed to re-implement the standards and more triangulation of data.	Sandra Raynor	December 2024	In progress
<b>2021/2022 Actions</b>				
Continue to promote the Standards and how to raise concerns safely within the organisation and develop a systematised approach to sharing learning.	The promotion of the standards remains on-going and any new suggestions are listed as a new activity, considered and implemented, as appropriate.	Sandra Raynor / Jackie Herkes / Lynne Parsons	As and when required	Complete

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
Continue the discussions of the need for further training managers in the skills to undertake a good investigation.	Investigation training remains under review for development as bitesize / webinars.	Sandra Raynor / Jackie Millen	December 2024	In progress
Continue to develop our awareness raising and promotion of the new standards in line with INWO advice and best practice sharing across the sector.	The review of how we handle concerns remains an on-going activity and many other actions taken over 2023/2024 are detailed more specifically above.	Sandra Raynor / Jackie Herkes / Lynne Parsons	As and when required	Complete
Recent INWO updates have encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.	Articles were publicised on StaffLink reminding staff to use internal routes in the first instance, as part of the Speak Up Campaign.	Sandra Raynor	As and when	Complete
Working with investigators and Executive Directors, we will review learning from the process and share as appropriate across the organisation.	A Whistleblowing Process Evaluation form has been prepared, approved and publicised on StaffLink.	Jackie Herkes / Lynne Parsons	October 2023	Complete
Undertake a review of the existing Confidential Contacts to gain their views a year into the implementation of the standards and establish areas of improvement and the work required to increase the number of confidential contacts are appropriate.	Existing Confidential Contacts have completed a questionnaire to inform the learning / training provided to the new Confidential Contacts.	Sandra Raynor / Lynne Parsons	July 2023	Complete
Consider how those who have been involved feedback their experiences and the role of the Whistleblowing Champion within that feedback process.	A questionnaire is now in place, together with a letter from the Whistleblowing Champion to allow feedback to be heard.	Jackie Herkes / Lynne Parsons	October 2023	Complete

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
Continue to gather information on barriers to raising concerns and look at ways in which these can be addressed.	A Whistleblowing Process Evaluation Form has been prepared, approved and advertised on StaffLink.	Jackie Herkes / Lynne Parsons	October 2023	<b>Complete</b>
Commence reporting of any local press coverage so we can use this to inform our practice.	A reporting template was prepared to ensure that the reporting of local press articles was incorporated within the quarterly reports.	Sandra Raynor	4 September 2023	<b>Complete</b>

**Meeting:** Fife NHS Board  
**Meeting date:** 26 March 2024  
**Title:** Blueprint for Good Governance Improvement Plan  
**Responsible Office holder:** Pat Kilpatrick, Board Chair  
**Report Author:** Gillian MacIntosh, Board Secretary

## 1 Purpose

**This report is presented for:**

- Discussion

**This report relates to:**

- Government policy / directive
- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

This report outlines the proposed improvement plan arising from the Board's recent self-assessment exercise against the expectations of the second edition of the NHS Scotland Blueprint for Good Governance. The Board is asked to consider the proposed improvement plan and to agree to the planned governance arrangements to oversee and drive forward the necessary actions.

### 2.2 Background

From November to December 2023, the Board has been engaged in a self-assessment of its governance against the terms of [DL \(2022\) 38, NHS Health Boards and Special Health Boards Blueprint for Good Governance](#), published in December 2022. The self-assessment involved all Board members and routine attendees undertaking a detailed survey measuring the Board's current operations against the Blueprint functions. This was subsequently followed by a dedicated in-person Board development session held to agree the Board's actions, collating these in the format of an improvement plan. The self-assessment exercise is a key element of implementing the arrangements of the NHS Scotland Blueprint for Good Governance and the survey and plan format are provided to Boards by Scottish Government as part of a Once for Scotland approach common across all Health Boards.

The second edition of the Blueprint builds on the original guidance issued in 2019 and sets out the methodology for assessing the effectiveness of the healthcare governance system against the principles of good governance. The aim is for Boards to develop a programme of activity to drive continuous improvement in the delivery of good governance. Scottish Government has set out its preferred approach to evaluation following three levels of assessment as follows:

- Appraisal of Non-Executive / Stakeholder Board Members' individual performance (this is completed annually by the Chair and last took place in October 2023)
- Self-assessment of the Board's effectiveness (completed in February, as per the exercise described in this paper)
- External review of the organisation's governance arrangement (details of this future assessment process are still to be announced by Scottish Government)

## 2.3 Assessment

20 of 21 (95%) of eligible respondents (Board members and senior management attendees at Board meetings)<sup>1</sup> completed the Blueprint survey anonymously over November to December 2023. High-level survey results were shared with the Chair, Vice-Chair and Board Secretary, whilst detailed breakdowns (which could potentially identify respondents from the individual responses) were available only to our external facilitators.

The Board held a dedicated Development Session in mid-February, facilitated by Claire Sweeney and Olivia McIlveen, Board Development colleagues from NES, to discuss the survey results. The session was broken down to the level of individual survey sections, and reviewed how well the Board is presently delivering on the functions outlined in the Blueprint. The session also considered what information each result tells us, the context for the final ratings, and Board members were invited to consider via individual breakout groups of where improvements can be made.

In discussing the survey results, the Board identified a number of areas of strength in existing governance practice, such as the current committee structure and system of assurance it provides; level of professional support available to the Chair, Committee chairs and Board members; positive Board dynamics and member relationships, with behaviours and visible leadership in culture in support of NHS core values; and clarity over roles and responsibilities, particularly between the Health Board and Integration Joint Board.

There was open and honest reflection amongst members of areas that require further work to strengthen, which are captured in the Board's improvement plan. These can be categorised broadly as:

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<sup>1</sup> Note, two recently appointed Board members were excluded from the survey, due to the fact that, at the point of completion, neither had yet had the opportunity to attend a Board meeting.

- enhancing stakeholder engagement, including rollout of a Participation & Engagement Strategy to support service enhancements and developing more contact between Board members and as wide a group of staff as possible;
- refreshing the Board's risk appetite, to reflect current financial pressures;
- continuing to improve the level of data and information given to the Board and its committees, in documents such as the IPQR, financial reporting and risk register;
- seeking to improve the Board's diversity in membership, via the next cycle of Non-Executive appointments; and
- developing an assurance framework, to inform ongoing development and clarity of our governance structures.

The Blueprint survey exercise complements the annual committee self-assessment cycle, which has been reporting to each committee across meetings held in March and identifying areas for each committee to progress. The Board Development Session in April will also discuss the Board's governance arrangements, to ensure the Board has the right structures, support and information to help support the 'Re-Form, Transform and Perform' programme of work currently underway.

On the Board's approval of the implementation plan, it is proposed that updates on delivery will follow on biannually, to ensure appropriate progress is made. Monitoring the delivery of this plan will also involve initial consideration by the Audit & Risk Committee, who have a key role in approving key governance documentation such as Standing Orders and ensuring that systems of corporate governance are fit for purpose and operating according to relevant regulations.

### **2.3.1 Quality, Patient and Value-Based Health & Care**

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards, whilst delivering best value for the public.

### **2.3.2 Workforce**

N/A.

### **2.3.3 Financial**

N/A.

### **2.3.4 Risk Assessment / Management**

The report is not directly linked to any strategic or corporate risk. The Board's lack of compliance with the Blueprint, however, risks divergence from Scottish Government guidance and would be a focus of internal and external audit scrutiny and challenge.

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

There are no direct equality or diversity implications arising from this paper. However, the proposals are intended to enable a more diverse range of skills and experience to be developed within the membership of the Board.

### **2.3.6 Climate Emergency & Sustainability Impact**

No direct impact.

### **2.3.7 Communication, involvement, engagement and consultation**

The Chair and Vice Chair have had initial sight and comment on this paper and the draft plan.

### **2.3.8 Route to the Meeting**

The Board is the first meeting to consider this report and accompanying plan.

## **2.4 Recommendation**

This paper is provided to members for:

- **Discussion** – to capture members' comments and feedback, with a view to finalising the Board's improvement plan as attached.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix – Draft Board Improvement Plan

### **Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

Email [gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Status	Intended good governance outcome
Functions	Setting the Direction	Strengthen the Board's input on financial decision-making, including its involvement into design of options around investment and disinvestment as part of the Re-Form, Transform, Perform (RTP) workstreams. Ensure that clear proposals and supporting information are provided to the Board, that decisions are clearly recorded, and progress is routinely reported and monitored.	Governance reporting route of RTP programme	Chief Executive / Board Chair	apr-24	Open	Ensure the Board as a whole owns directly the plans in place to reach financial balance, and that the key drivers are well understood across the full membership.
Functions	Managing Risk	Review and agree the Board's Risk Appetite statement, at a dedicated Board Development Session, in light of current financial and operational pressures.	-	Board Chair / Chief Executive	apr-24	Open	A more active approach to governance to make more timely, well informed and strategic decisions. A clearer understanding of the Board's risk appetite and tolerance being evident at Committee and Board level.
Functions	Engaging Stakeholders	Finalise, approve and implement a new Public Participation & Community Engagement Strategy, to be utilised and become embedded in our processes for reforming and transforming our services.	-	Associate Director of Comms / Board	mai-24	Open	Embedding patient, stakeholder and community representation and feedback within the performance framework and governance structure, to ensure strategic decisions are appropriately informed.
Enablers	Diversity and equality	Seek to increase diversity and equality amongst the Board membership in current Non-Executive Member recruitment exercise.	Timings and completion of Public Appointments recruitment process	Board Chair	mai-24	Open	The composition of the publicly appointed membership of the Board to better reflect the diversity of the communities within Fife.
Functions	Holding to Account	IPQR to include wider benchmarking data, to assist with triangulation and to refer to any live critical issues. IPQR also to include description of trends, trajectories and benchmark of performance with other Boards of a similar comparison size.	-	Director of Finance & Strategy / Associate Director of Planning & Performance	jun-24	Open	Performance reporting to triangulate with other NHS Fife data, and to utilise trajectories, trends and benchmarking with other Boards and systems.
Functions	Engaging Stakeholders	Create a rolling programme of Non-Executive member site visits and engagement opportunities with staff and patient groups, to increase visibility of the Board and to provide opportunities for members to hear a diverse range of views.	-	Board Secretary	jun-24	Open	Possible impact on staff and patients of Board strategies and decisions to be informed by direct Board member engagement with key groups.
Enablers	Roles, responsibilities and accountabilities	Review the role and number of Non-Executive Board Champions, to ensure that they can play an important part in disseminating the Board's culture and values wider with staff and key stakeholders. Explore and implement a suitable reporting mechanism to the Board on the activities of each of the Champions.	-	Board Chair / Vice Chair	jun-24	Open	Clear thread of organisational culture / ethos between front-line teams and the Board itself.
Delivery	The Assurance Framework	Clearly set out an assurance map / framework for the Board, detailing how assurance and delegation works across the Board and its various committees. This is part of reducing duplication and ensuring that the Board is focused on the most important and strategic issues facing the organisation.	Ongoing discussion of national guidance being issued for Boards, on a 'Once for Scotland' basis	Board Secretary	jul-24	Open	Increase visibility of assurance pathways across the Board and its committees, to increase clarity about where key responsibilities lie.



<b>Meeting:</b>	<b>Fife NHS Board</b>
<b>Meeting date:</b>	<b>26 March 2024</b>
<b>Title:</b>	<b>Draft NHS Board Workplan 2024/25</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Board Secretary</b>

## 1 Purpose

**This report is presented for:**

- Decision

**This report relates to:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

The NHS Fife Code of Corporate Governance states that the Board and all its Committees “will draw up and approve, before the start of each year, an annual workplan for ... planned work during the forthcoming year”. This paper therefore outlines the draft schedule of items for the Board for Financial Year 2024/25.

### 2.2 Background

This workplan is largely derived from the role, responsibilities and functions of the NHS Board as defined in the Code of Corporate Governance, particularly around strategy development, and from the schedule of issues to be considered annually by the NHS Board and its committees.

### 2.3 Assessment

The attached workplan is the draft forward plan for the new Financial Year 2024/25, detailing proposed topics and timings for each.

This workplan also builds on the individual governance committee workplans, each of which were considered and approved by the respective committee at their March 2024 meetings.

A complementary schedule for Board Development topics is also being developed, with planned agendas for these sessions over the next few months.

### **2.3.1 Quality, Patient and Value-Based Health & Care**

There are no quality, patient or value-based health and care implications arising from this paper.

### **2.3.2 Workforce**

There are no workforce implications arising from this paper.

### **2.3.3 Financial**

There are no financial implications arising from this paper.

### **2.3.4 Risk Assessment / Management**

There are no specific risk implications arising from this paper. The review and approval of an annual workplan for NHS Board business, however, ensures appropriate governance across all areas and that effective assurances are provided.

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

There are no equality or diversity implications arising from this paper.

### **2.3.6 Climate Emergency & Sustainability Impact**

N/A.

### **2.3.7 Communication, involvement, engagement and consultation**

N/A.

### **2.3.8 Route to the Meeting**

This workplan builds on the governance committee workplans, each of which were considered and approved by the respective committees at their March 2024 meetings. The paper has been circulated to the Executive Directors and has also been considered by the Chair, Chief Executive and Deputy Chief Executive.

## **2.4 Recommendation**

The paper is presented for decision. The Board is asked to **approve** the draft workplan for 2024/25 as attached, noting that the plan will remain iterative and be updated throughout the year as Board business requires.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Draft Board Workplan 2024/25

**Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

**DRAFT FIFE NHS BOARD – ANNUAL WORKPLAN 2024/25**

	Lead	May	June	July	September	November	January	March
<b>Regular Items</b>								
Annual Board Workplan	<b>Board Secretary</b>							✓
Annual Review of Code of Corporate Governance	<b>Board Secretary</b>	✓						
Corporate Calendar – Board and Committee Dates to March 2026	<b>Board Secretary</b>				✓			
Financial Performance Report	<b>DoFS</b>	✓		✓	✓	✓	✓	✓
Governance Committee Chairs’ Report	<b>Chair</b>	✓		✓	✓	✓	✓	✓
Integrated Performance & Quality Report	<b>CEO / Directors</b>	✓		✓	✓	✓	✓	✓
Minutes of Previous Meetings	<b>Chair</b>	✓		✓	✓	✓	✓	✓
Note of Board Development Sessions	<b>Chair</b>	✓		✓	✓	✓	✓	✓
Patient / Staff Story	<b>Chief Executive</b>	✓		✓	✓	✓	✓	✓
Statutory and Other Committee Minutes	<b>Committee Chairs</b>	✓		✓	✓	✓	✓	✓
<b>Governance</b>								
NHS Scotland Blueprint for Good Governance (Second Edition) Improvement Plan	<b>Board Secretary</b>				✓			
NHS Fife Corporate Objectives	<b>CEO</b>	✓						
Internal Audit Annual Plan 2024/25	<b>DoFS</b>			✓				
Ministerial Review Response ( <i>time dependent following Annual Review</i> )	<b>CEO</b>							
New Approach to Governance	<b>CEO</b>	✓						
Quarterly Health & Care Staffing Act	<b>DoW</b>	✓		✓		✓	✓	
Report from ACF and APF (Annual and Mid Year)		✓				✓		
<b>Performance / Delivery</b>								
Annual Delivery Plan 2024-25	<b>DoFS</b>	✓				✓		✓ (private)
Annual Procurement Report 2023/24	<b>DoFS</b>						✓	
Medium Term Financial Plan 2025-30	<b>DoFS</b>							✓ (private)
Medium Term Financial Strategy (tbc)	<b>DoFS</b>							

	Lead	May	June	July	September	November	January	March
PPP Projects Annual Reports 2024	DoPAM					✓ (private)		
Three Year Workforce Plan 2022-25 Update	DoW				✓			
Whistleblowing Annual Performance Report 2023/24	DoW	✓						
Whistleblowing Quarterly Report 2023-24 and 2024-25	DoW	✓ (Q4)			✓ (Q1)	✓ (Q2)		✓ (Q3)
<b>Risk</b>								
Corporate Risk Register	DoFS	✓				✓		
Revised Risk Management Framework	DoFS	✓						
<b>Strategy</b>								
Decarbonisation of NHS Fife Fleet	DoPAM						✓	
Engagement Strategy	ADoC			✓				
First Years Delivery Anchors Strategic Plan	DoPH						✓	
Greenspace Strategy Update	DoPAM				✓			
Population Health & Wellbeing Strategy Annual Report and Updated Strategy Delivery Plan 2024-25	CEO/DoFS	✓						
Population Health & Wellbeing Strategy Mid-Year Review	CEO / DoFS					✓		
Prevention & Early Intervention Strategy	DoHSC					✓		
Whole System Infrastructure Planning PIA - Do Minimum Option (First Planning Phase)	DoPAM					✓		
<b>Annual Accounts</b>								
Committee Annual Assurance Statements	DoFS		✓					
Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland	External Auditor		✓					
Letter of Representation	External Auditor		✓					
Annual Assurance Statement from the Audit & Risk Committee	Chair A&R Committee		✓					
Annual Accounts & Financial Statements	DoFS		✓					
Patients' Private Funds Accounts	DoFS / External Auditor		✓					

Other/Adhoc	Lead	May	June	July	September	November	January	March
Annual Return of Health Promoting Health Service	DoPH				✓			
Climate Emergency and Sustainability Annual Report	DoPAM						✓	
Director of Public Health Annual Report	DoPH				✓			
Joint Health Protection Plan (every two years, therefore 2024)	DoPH				✓			✓
Organisational Duty of Candour Annual Report	MD							✓
Pharmaceutical Care Services Report						✓		
Public Sector Duty Update – Equality & Human Rights Final Report 2021-25 and new Report 2025-29 (every two years, therefore progress report in 2027)	DoN							✓
Tender for 2c Practices (on FP&R workplan for May and September 2024)	DoHSC	Ad hoc						

Beyond 2023-24	Lead
Joint Health Protection Plan (every two years, therefore March 2026)	DoPH
Whole System PIA - Preferred Way Forward Option (Second Planning Phase) Nov 25 for submission to SG Jan 26	DoPAM
Workforce Strategy (every three years, therefore March 2025)	DoW

<b>Meeting:</b>	<b>Fife NHS Board</b>
<b>Meeting date:</b>	<b>26 March 2024</b>
<b>Title:</b>	<b>Annual Duty of Candour Report 2022/2023</b>
<b>Responsible Executive:</b>	<b>Dr Chris McKenna, Medical Director</b>
<b>Report Author:</b>	<b>Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards</b>

## 1 Purpose

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Government policy/directive
- Legal requirement
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Annually there is a requirement for Health Boards to publish an Annual Duty of Candour (DoC) Report. Incidents which trigger DoC are typically identified through the adverse event review process.

### 2.2 Background

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour (DoC). The purpose of organisational DoC is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve

for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

NHS Fife monitor compliance with the Regulations across the following domains:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/ and or staff

Review of reports of the last five Annual Reports indicated there is still a requirement for each report to include a look back at previous years to ensure completeness. In previous years DoC applied to cases which concluded review after the submission of respective annual submissions and as such these were not represented in the annual report.

## **2.3 Assessment**

There were 33 adverse events requiring DoC with the most common outcome, for 24 patients, being an increase in a person's treatment.

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified including notifying the person and providing details of the incident, provision of an apology, reviewing all cases and offering support and assistance. There was improvement since last year on providing the patient with a written apology. There was one area identified for improvement and that was arranging a meeting following an offer to meet.

The pandemic and the preceding years have resulted in delays in the completion of adverse event reviews. In view of the delays in completing adverse event reviews and the commitment to providing a comprehensive annual report it was agreed that the reports should be presented in January each year preceding the end of the reporting period.

In order to conclude the 2022/2023 annual report the following remain outstanding:

### **Compliance**

- Completion of 1 audit form to assess compliance with DoC Regulations

### **Adverse Events**

- 16 Significant Adverse Event Reviews awaiting submission of final report
- 30 Local Adverse Event Reviews pending



The Adverse Events and Risk Team are working with services to support completion of the outstanding compliance feedback and to conclude adverse event reviews.

Currently for 2023/24 we have 8 confirmed DoC (including 3 falls, 1 each for paediatrics, patient info, personal accident, surgical complication and tissue viability) with 8 outcomes recorded (4 being an increase in treatment). It has again been agreed that the full report should be presented January 2025.

### **2.3.1 Quality, Patient and Value-Based Health & Care**

The learning from adverse event and DoC incidents continues to be a priority. Development of this will be supported through the Clinical Governance Strategic Framework.

### **2.3.2 Workforce**

N/A

### **2.3.3 Financial**

N/A

### **2.3.4 Risk Assessment/Management**

As above, support is in place from the Adverse Events and Risk Team to conclude outstanding compliance feedback and adverse event reviews.

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

N/A

### **2.3.6 Climate Emergency & Sustainability Impact**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

This report has been discussed with Dr Chris McKenna, Medical Director.

### **2.3.8 Route to the Meeting**

13<sup>th</sup> February 2024 – Clinical Governance Oversight Group

15<sup>th</sup> February 2024 – Executive Directors' Group

1<sup>st</sup> March 2024 – Clinical Governance Committee

## **2.4 Recommendation**

Review the substance and content of the report for assurance.

Any incidents that conclude after submission of the 2022/2023 report will then be included in the 2023/2024 report.

### **3 List of appendices**

The following appendices are included with this report:

- Appendix 1: Annual Duty of Candour Report, 2022/2023

#### **Report Contact**

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# Annual Organisational Duty of Candour Report 2022-2023



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# 1. Introduction and background

## NHS Fife

**NHS Fife serves a population of approximately 368,000 people. Our vision is to enable the people of Fife to live long and healthy lives. We strive to achieve this by transforming health and care in Fife to be the best.<sup>1</sup>**

## Content of Report

This report describes how NHS Fife has implemented the organisational Duty of Candour (Doc) Regulations during the period 1 April 2022 to 31 March 2023 (2022/2023). NHS Fife identified these events mostly through its adverse event management processes. The organisation adopts a consistent approach to the identification, reporting and review of all adverse events. This is reflected through the local NHS Fife Adverse Events policy and which is aligned with a national framework<sup>2</sup>.

The Covid-19 pandemic and the system pressures in proceeding years has resulted in a delay to the completion of adverse event reviews. This is reviewed regularly with processes in place to ensure reviews are progressed and completed. Consequently there are a number of events reported during this period which are currently under review and which may be reported as activating organisational DoC. It is therefore possible that the number of reported DoC events may be higher than stated in this report. Only those events with a confirmed decision have been included in this report.

A look back at years 1 (2018/2019), 2 (2019/2020), 3 (2020/2021) and 4 (2021/2022) is also included in this report. Previous years are included for completeness as DoC applied to cases which concluded review after the submission of respective annual reports. Also contained in appendix 1-4 are organisational DoC reports from the four health board managed general practices in NHS Fife.

## Organisational Duty of Candour

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour. The purpose of the duty of candour is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

The Organisational Duty of Candour guidance<sup>3</sup> outlines the procedure which must be a followed as soon as reasonably practicable after an organisation becomes aware that:

- an individual who has received health care has been the subject of an unintended or unexpected incident and
- in the reasonable opinion of a registered health professional not involved in the incident:
  - (a) the incident appears to have resulted in or could result in any of the outcomes below (see Table 1).
  - (b) the outcome relates directly to the incident rather than to the natural course of the person's illness or underlying condition.

This means if a patient suffers from an unintended or unexpected harm as a result of an adverse event then the following should happen:

- The patient or relative is notified and an apology is offered;
- An investigation is undertaken; and
- The patient/relative is given the opportunity to raise questions they wish to be considered and answered as part of the investigation

NHS Fife has an embedded process for the decision making for activating organisational DoC and ensuring all necessary actions are undertaken in accordance with national guidance. On review, any event which is considered to activate duty of candour is escalated to the Board Medical Director for ratification and confirmation of decision. This process is summarised in the following:

- On completion of the investigation the findings and report are offered to be shared with the patient or relative;
- A meeting is offered; and
- Throughout the review and investigation support is to be offered to the people affected which may include staff members involved.

The outcome for organisations is to learn from the investigation and make changes identified as part of the review.

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<sup>1</sup> NHS Fife Strategic Framework. 2015.

<sup>2</sup> Learning from adverse events through reporting and review: A national framework for Scotland, revised July 2018, NHS Fife review all adverse events.

<sup>3</sup> Organisational Duty of Candour guidance. The Scottish Government. March 2018

## 2. How many adverse events happened to which the duty of candour applies?

Between 1 April 2022 and 31 March 2023, there were 33 adverse events reported where DoC applied. The main categories of event which activated DoC during this period were:

- [1] Patient Fall
- [2] Tissue Viability
- [3] Other clinical events

Table 1 details the outcomes which were reported across NHS Fife after 1 April 2022 to 31 March 2023.

**Table 1**

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred 2022/2023
The death of the person	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
An increase in the person’s treatment	24
Changes to the structure of the person’s body	<5
The shortening of the life expectancy of the person	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	<5
The person requiring treatment by a registered health professional in order to prevent: the death of the person, or any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above	<5

The most common outcome which these events have resulted in is an increase in the person’s treatment. This can range from additional antibiotics required to additional night’s stay in hospital.





## Summary of Years 1-4

Table 2 sets out the events where DoC applied in 2018/19, 2019/20, 2020/21, 2021/22 and 2022/23. This additional information is being included for completeness as DoC was applicable to events which concluded review after respective annual reports were submitted.

The number of events where DoC applied in year 1 is higher than the subsequent years. This can be attributed to the development of learning and understanding of the application of DoC Regulations.

### Table 2

Number of Duty of Candour events in each report year	Year 1 18/19	Year 2 19/20	Year 3 20/21	Year 4 21/22	Year 5 22/23
Number of events where DoC applied and where included in respective annual report	46	28	27	36*	33
Number of events where DoC applied and where not included in annual report	10	10	5	5	TBD **
Total number of events where DoC applied	56	38	31	41*	TBD **

\*1 event for 3 patients / \*\*To Be Determined (TBD) - Will be included in 23/24 annual report

Table 3 sets out the DoC outcomes for the five-year period. Across this period the most common outcome is an increase in the person's treatment.

### Table 3

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred				
	Year 1 18/19	Year 2 19/20	Year 3 20/21	Year 4 21/22	Year 5 22/23
The death of the person	<5	<5	<5	7	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5	<5	<5	<5	0
An increase in the person's treatment	34	21	13	23*	24
Changes to the structure of the person's body	<5	<5	<5	0	<5
The shortening of the life expectancy of the person	<5	<5	<5	<5	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	<5	0	0	0	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	8	<5	<5	<5	<5
The person requiring treatment by a registered health professional in order to prevent the death of the person, or any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above	<5	7	<5	<5	<5

\*1 event for 3 patients

### 3. To what extent did NHS Fife follow the duty of candour procedure?

Of the 33 identified cases, each one was reviewed to assess for compliance with the procedure for the following elements:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/ and or staff

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified. These are:

- Notifying the person and providing details of the incident
- Provision of an apology
- Reviewing all cases
- Offering support and assistance

Improvement since last year has been made in:

- Arranging the meeting following offer to meet

Areas for improvement:

- Providing the patient with a written apology

We know that witnessing or being involved in an adverse event can be distressing for staff as well as people who receive care. Support is available for all staff through our line management structures as well as through Staff Wellbeing and Safety.

## 4. Information about our policies and procedures

Every adverse event which occurs is reported through our local reporting system as set out in our Adverse Events policy and associated processes. Through these, we can identify events that activate the DoC procedure.

The policy contains a section on implementing the organisational DoC, and a detailed section about supporting staff and persons affected by the adverse events, with examples of the types of support available.

Each adverse event is reviewed to understand what happened and the actions we can take to improve the care we provide in the future. The level of review depends on the severity of the event as well as the potential for learning. Recommendations are made as part of the review, and local management teams develop action plans to meet these recommendations.

Clinical teams make the recommendation that Duty of Candour is activated with the final decision made by the Medical Director.

To support implementation of DoC, staff are encouraged to complete the NHS Education Scotland online learning module. This has been made available to staff through TURAS. In addition to the above policy to ensure our practice and services are safe, the organisation has clinical policies and procedures. These are reviewed regularly to ensure they remain up to date and reflective of current practices. Training and education are made available to all staff through mandatory programmes and developmental opportunities relating to specific areas of interest or area of work.

## 5. What has changed as a result?

Further to reviews of DoC events in 2022/2023 the following changes have been implemented:

- Care assurance audits on falls and spot checks on falls documentation were carried out to ensure proper procedures are followed for patients at risk of falls.
- Development of a link nurse role with an emphasis on patient falls.
- Falls training was undertaken across many ward areas.
- Learning from falls incidents was shared across ward areas.
- Audits of comfort round completion were undertaken to ensure correct procedure is undertaken for those a risk of pressure ulcers.
- Refresher training in pressure ulcers including skin care, use of 4AT and comfort round assessment was undertaken to improve pressure ulcer management.
- Learning from pressure ulcer incidents was shared.
- The NICE Guidelines on ectopic pregnancy – “when should I suspect an ectopic pregnancy” was shared with Primary Care Management Team to help ensure correct management of ectopic pregnancy.
- A standard operating procedure was developed for follow-up by the sexual health service for those with positive pregnancy tests.
- An administration standard operating procedure was developed to ensure follow-up appointments were arranged for patients from dictated letters.
- The importance of outcoming patients on the electronic TRAK system to ensure a follow-up appointment is organised was emphasised to consultants.
- A system was created that allows patients to make a follow-up appointment before leaving the clinic.
- The NHS Fife Antimicrobial Guideline was updated to include the use of prophylactic antibiotics following excessive blood loss.
- Awareness raising was undertaken within the obstetrics and midwifery team of the risks associated with group B streptococcus on mother as well as baby.
- Education was undertaken on the antimicrobial guidance for the obstetric and midwifery team.
- The NHS Fife anaphylaxis policy is now held within the obstetric guidelines.
- There was education and awareness raising for the obstetric and midwifery team in relation to anaphylaxis and basic life support.

Given the delays described in this report it is anticipated that more changes will be implemented following conclusion of events which are still under review. These will be captured in the 2023/2024 annual report.

If you would like more information about this report, please contact:

**Board Medical Director Office**

NHS Fife

Hayfield House

Hayfield Road

Victoria Hospital

Kirkcaldy

KY2 5AH

Telephone: 01592 648077

# Appendix 1: Linburn Road Health Centre

## Linburn Road Health Centre

124 Nith Street  
 Dunfermline, KY11 4LT  
 Tel: 01383 733490  
 Fax: 01383 748758  
 Email: [Fife.F20502LinburnRoad@nhs.scot](mailto:Fife.F20502LinburnRoad@nhs.scot)



### Duty of Candour Report

**Report period:** 1 April 2022 to 31 March 2023

**Completed by:** Sharon Duncan, Practice Manager

Linburn Road Health Centre provides Health Care to patients within the Dunfermline and Rosyth area. The Health Centre’s aim is to provide high quality care for every person who uses our services.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
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<b>Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)</b>	<b>Number of times this happened (between 1 April 2022 and 31 March 2023)</b>
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
<b>Total</b>	<b>0</b>

**To what extent did Linburn Road Health Centre follow the duty of candour procedure?**

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

**Information about our Policies and Procedures**

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

**What has changed as a result?**

N/A

**Other Information**

N/A

## Appendix 2: Kinghorn Medical Practice

### Kinghorn Medical Practice

Rossland Place  
Kinghorn  
Fife  
KY3 9RT  
Tel: 01592 890217



### Duty of Candour Report

**Report period:** 1 October 2022 to 31 March 2023

**Completed by:** Fay Paterson, Practice Manager

Kinghorn Medical Practice provides general medical services to around 3360 registered patients residing within the practice boundary which encompasses Burntisland, Kinghorn and the bottom part of Kirkcaldy and some surrounding rural areas. Our mission is to provide a personal quality service making the best use of available resources.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
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<b>Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)</b>	<b>Number of times this happened (between 1 October 2022 and 31 March 2023)</b>
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
<b>Total</b>	<b>0</b>



**To what extent did Lochgelly Medical Practice follow the duty of candour procedure?**

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

**Information about our Policies and Procedures**

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

**What has changed as a result?**

N/A

**Other Information**

N/A

## Appendix 3: The Links Practice

### **The Links Practice**

Masterton Health Centre  
74 Somerville Street  
Burntisland  
Fife, KY3 9DF

Tel: 01592 873321

### **Dr J Yule**

M.B.,Ch.B.,D.C.H., M.R.C.G.P.



This short report describes how our care service has operated the duty of candour during the time between 1st April 2022 to 31<sup>st</sup> March 2023. We hope you find this report useful.

Our Practice serves a population of 1907 patients within the Burntisland, Kinghorn, Aberdour area.

### **How many Incidents happened to which the duty of Candour applies?**

In the last year, there have been no incidents to which the duty of candour applied.

### **Information about our policies and procedures.**

Where something has happened that triggers the duty of candour, our staff report this to the Practice Manager who has responsibility for ensuring that the Duty of candour procedure is followed. The Practice Manager records the incident and reports as necessary to the Health Board. When an incident has happened, the Manager and staff set up a learning review. This allows everyone involved to review what happened and identifies changes for the future.

**If you would like more information about The Links Practice, please contact us using these details.**

**The Links Practice  
Masterton Health Centre  
74 Somerville Street  
Burntisland  
Fife  
KY3 9JD**

**Tel: 01592 873321**

**Email: [Fife.F20184LinksPractice@nhs.scot](mailto:Fife.F20184LinksPractice@nhs.scot)**

## Appendix 4: Valleyfield Medical Practice

### Valleyfield Medical Practice

Chapel Street, High Valleyfield

Fife, KY12 8SJ

Tel: 01383 880511

Email: [Fife.F20729valleyfield@nhs.scot](mailto:Fife.F20729valleyfield@nhs.scot)



### Duty of Candour Report

**Report period:** 1 April 2022 to 31 March 2023

**Completed by:** Michelle Parker, Practice Manager

Valleyfield Medical Practice provides Health Care to patients within the High Valleyfield, Low Valleyfield, Culross, Torryburn, Newmills, Cairneyhill and Crossford. The Health Centre's aim is to provide high quality care for every person who uses our services.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
--	----------

<b>Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)</b>	<b>Number of times this happened (between 1 April 2022 and 31 March 2023)</b>
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
<b>Total</b>	<b>0</b>

**To what extent did Valleyfield Medical Practice follow the duty of candour procedure?**

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

**Information about our Policies and Procedures**

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

**What has changed as a result?**

N/A

**Other Information**

N/A

# Appendix 5: Methilhaven Medical Practice

## Methilhaven Medical Practice

Randolph Wemyss Hospital,  
Wellesley Road  
Buckhaven KY8 1HU  
Tel: 01333 426913  
Email: [fife.f21505methilhaven@nhs.scot](mailto:fife.f21505methilhaven@nhs.scot)



### Duty of Candour Report

**Report period:** 1 April 2022 to 31 March 2023

**Completed by:** Linda Johnstone, Practice Manager

Methilhaven Surgery provides Health Care to patients within the Methil, Buckhaven, and Levenmouth area. The Health Centre’s aim is to provide high quality care for every person who uses our services.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
--	----------

<b>Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)</b>	<b>Number of times this happened (between 1 April 2022 and 31 March 2023)</b>
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
<b>Total</b>	<b>0</b>

**To what extent did Valleyfield Medical Practice follow the duty of candour procedure?**

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
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- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

**Information about our Policies and Procedures**

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

**What has changed as a result?**

N/A

**Other Information**

N/A

**NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.**

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

To find out more about accessible formats contact:

[Fife.EqualityandHumanRights@nhs.scot](mailto:Fife.EqualityandHumanRights@nhs.scot) or phone 01592 729130

**NHS Fife**

Hayfield House  
Hayfield Road  
Kirkcaldy, KY2 5AH

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**AUDIT & RISK COMMITTEE**  
**(Meeting on 14 March 2024)**

No issues were raised for escalation to the Board.



## **Fife NHS Board**

### **Unconfirmed**

## **MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 14 MARCH 2024 AT 2PM VIA MS TEAMS**

### **Present:**

Alastair Grant, Non-Executive Member (Chair)  
Cllr Graeme Downie, Non-Executive Member  
Anne Haston, Non-Executive Member  
Aileen Lawrie, Non-Executive Member

### **In Attendance:**

Kevin Booth, Head of Financial Services & Procurement  
Andy Brown, Principal Auditor  
Chris Brown, Head of Public Sector Audit (UK), Azets  
Pauline Cumming, Risk Manager  
Alistair Graham, Associate Director of Digital & Information (*item 8.2 only*)  
Barry Hudson, Regional Audit Manager  
Amy Hughes, Senior Auditor, Azets  
Jocelyn Lyall, Chief Internal Auditor  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Carol Potter, Chief Executive (*part*)  
Dr Joy Tomlinson, Director of Public Health (*item 7.5 only*)  
Hazel Thomson, Board Committee Support Officer (Minutes)

### **Chair's Opening Remarks**

The Chair welcomed everyone to the meeting.

The Chair advised that Dr Shirley-Anne Savage has joined the Committee as a regular attendee in her new role as the Associate Director of Risk & Professional Standards. She was, however, not able to attend this meeting due to scheduled annual leave.

The Chair congratulated Pauline Cumming, Risk Manager, who retires in May, and advised members that this is her last Audit & Risk Committee meeting.

A welcome was extended to Maxine Michie, Deputy Director of Finance, who is deputising for Margo McGurk; to Alan Cooper, from Thomson Cooper, who joined the meeting to speak to item 5.1 Patients' Private Funds - Audit Planning Memorandum; to Joy Tomlinson, Director of Public Health, who joined the meeting to speak to item 7.4 Business Continuity Arrangements Internal Audit Report; and to Alistair Graham, Associate Director of Digital & Information, who joined the meeting to speak to item 8.2 Risks & Opportunities Progress Report.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

## 1. **Apologies for Absence**

Apologies were received from member Kirstie MacDonald, Non-Executive Member, and routine attendees Margo McGurk and Shirley-Anne Savage.

## 2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

## 3. **Minute of the last Meeting held on 13 December 2024**

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

## 4. **Action List / Matters Arising**

The Audit & Risk Committee **noted** the updates and the closed item on the Action List.

## 5. **EXTERNAL AUDIT**

### 5.1 **Patients' Private Funds - Audit Planning Memorandum**

Alan Mitchell from Thomson Cooper joined the meeting and presented an overview of the assignment and advised that a risk-based approach would be taken for the audit, and that four key risks have been identified: updates to the financial operating procedures (where an internal audit was also carried out); security of the patients' private funds; and two risks regarding management override, in relation to managing the procedures in place for the Annual Accounts and risks of fraud.

The timeline for completion of the audit work was provided and it was confirmed that this aligns to the NHS Fife Annual Accounts timetable, with the requirement for the accounts to be consolidated with.

The Committee took **assurance** from the report and the plans in place for the audit.

## 6. **ANNUAL ACCOUNTS**

### 6.1 **Initial Annual Accounts Preparation Timeline**

The Head of Financial Services & Procurement presented the initial Annual Accounts preparation timeline, which has been shared widely with the Finance Team. It was agreed to add in an additional column to monitor progress, for members' oversight. It was noted that the timeline for the draft Annual Accounts to be provided to Azets is by 6 May 2024. The planned process for the provision of components of the accounts in stages in order to provide information as early as possible to the External Auditors was explained. The Board Secretary provided assurance that the narrative section of the Annual Accounts will meet the timeline. It was also advised that the timetable incorporates the external components.

## **Action: Head of Financial Services & Procurement**

It was noted that the Annual Accounts guidance manuals have not been issued, to date, and is currently being concluded by the Scottish Government. The Head of Financial Services & Procurement will issue these as soon as they are made available by Scottish Government to prevent any delay to the timetable.

An overview was provided on the ongoing negotiation between the Directors of Finance Group and Audit Scotland in relation to the 2023/24 expected level of audit fees.

The Deputy Director of Finance emphasised that the end of June 2024 deadline for submitting the Annual Accounts to the Scottish Government must be met, and assurance was provided that the deadline date will be achieved.

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

### **6.2 External Auditors' Annual Accounts Progress Update**

The Head of Public Sector Audit for Azets provided a progress update and advised that progress was on track in relation to the planned work carried out during the interim audit to date. Confirmation was given that there was only one audit area which was not able to be completed in relation to the application of IFRS16 to the PFI agreements. The Head of Financial Services & Procurement advised that this delay was due to the timing of Scottish Government providing central guidance to all Boards who operated such schemes. It was confirmed that this guidance has recently just been provided and was being interpreted at this time to allow the audit area to be progressed. It was noted that a key area of audit work for the 2023/24 audit will centre around financial sustainability.

Questions followed, and it was advised that no significant areas for improvement have been identified to date, and that any areas for improvement will be built into the reporting of the final audit.

It was advised that there is a two-way process, between Azets and NHS Fife management, in terms of identifying areas of key significant risks, and an explanation was provided on the audit process involved and how the audit work aims to support improvements.

A brief overview of Intangible assets was provided to the committee, and it was explained that the two potential intangible assets are currently being discussed between the Finance Team and Azets to ensure that the correct treatment is applied in the draft Accounts.

The Committee took **assurance** from the progress update.

## **7. INTERNAL AUDIT**

### **7.1 Internal Audit Progress Report**

The Regional Audit Manager advised of recent changes within the Internal Audit Team, noting a number of staff leaving, and provided assurance that timelines will be met

ahead year-end. The completion of the mid-year work in the Internal Controls Evaluation Report and the revised audit plan, which is now progressing was noted. In addition it was noted that an update will be provided to the Committee on the External Quality Assessment in May 2024. The detail and delivery of key items in the report was highlighted, and it was noted further detail was provided within the appendix.

Additional detail was provided in relation to the strategic planning audit, and it was advised that the next step would be to carry out an audit in relation to the delivery plans associated with the Population Health & Wellbeing Strategy. It was noted that this will be carried out in tandem with the operational planning for 2024/25.

Conformation was given that a planned Board Development Session on Risk Appetite will also support this work, providing ongoing assurance to the Board that the strategic priorities and risk appetite are aligned. The importance of the financial and workforce plans supporting the strategy was highlighted.

The Committee:

- Took **assurance** on the progress on the delivery of the Internal Audit Plan(s)
- **Noted** an update will be provided on the External Quality Assessment to the May 2024 Audit and Risk Committee
- **Noted** the approval of the revised 2023/24 Internal Audit Plan, which had been circulated prior to the meeting to members for their input.

## 7.2 Internal Audit – Follow Up Report on Audit Recommendations

The Principal Auditor reported that progress continues to be made by management and implementing actions to address the recommendations within the report. An update was provided on progress of the audit recommendations, and assurance was provided that the remaining six actions, which have not been completed within one year of the report publication, are on track for completion by the revised implementation target dates.

It was highlighted that the remaining actions from the Internal Control Evaluation Report and Annual Report have not surpassed the 12-month target that was applied.

The Committee took **assurance** and **considered** the status of Internal Audit recommendations recorded within the Audit Follow Up system.

## 7.3 Internal Audit Framework

The Chief Internal Auditor advised that the Internal Audit Framework has been approved by the FTF Partnership Board. It was noted that the FTF Audit Charter is included within the framework and is required to be approved on an annual basis, in line with public sector internal audit standards, and that it also includes the service specification and reporting protocol. The amendments to the Internal Audit Framework were outlined and are highlighted within the tracked changes version of the document. In addition, a 'clean' version of the document was also provided for ease of members' review.

It was noted that the hyperlink to the audit follow-up protocol within appendix C will be added to the final version.

The Committee:

- **Noted** the NHS Fife Specification for Internal Audit Services
- **Approved** the Internal Audit Charter
- **Approved** the NHS Fife Internal Audit Reporting Protocol

#### 7.4 Business Continuity Arrangements Internal Audit Report

The Director of Public Health joined the meeting for this agenda item. She provided background detail, advising that that the report was commissioned in recognition of the recommendations from the previous internal audit report and through informal discussions at a national level.

Assurance was provided that sampled plans all showed that a business impact assessment and risk assessment had been carried out, however, it was noted that there were gaps in what is being held in local areas, in the majority of the plans. It was noted that a lot of training has been undertaken, to date, and an overview on work that has been carried out and is underway was provided, as detailed in the paper. It was recognised that further work is still required, and an improvement plan will be put in place by June 2024. As part of the improvement plan, raising awareness of the process will be refreshed.

An overview was provided around the development of action cards, and it was reported that there was a complexity around the implementation of the action cards overlapping with the audit process, which resulted in the action cards not being fully utilised by teams. Assurance was provided that the Resilience Team are actively testing business continuity plans with teams, and that physical plans are held locally, and available on the staff intranet as an extra means of accessing.

Further detail was provided on the risk associated to introduce a new Business Continuity Management System, and it was reported that a new risk descriptor, around business continuity not being fully embedded within the organisation, will be developed, and added to the corporate risk register.

It was reported that progress and evidence gathering will be monitored by Internal Audit.

The Committee **considered** the findings of the Business Continuity Arrangements Internal Audit B13/23 Report and **endorsed** the action plan set out within Section 2 of the report.

## 8. RISK

### 8.1 Corporate Risk Register

The Risk Manager highlighted the key changes to the Corporate Risk Register and advised that the Covid pandemic risk has now been closed, following extensive discussions and due diligence, and that any potential new variants will remain carefully monitored but will be treated moving forward in line with similar respiratory infections. It was advised that preparation for implementing the legislation around the Health & Care Staffing (Scotland) Act is being developed as a new corporate risk, and a new corporate risk around pandemic preparedness and biological threats is being developed

and will be presented to the Clinical Governance Committee in May 2024. It was advised that a new risk around capital funding service sustainability is being worked through and will be progressed through the various governance routes. An improvement to the quality & safety risk was highlighted, with it being noted that the risk target was no longer realistic and has now been increased. An explanation was provided on the review of the wording to the workforce planning and delivery risk, which had been approved at the last Staff Governance Committee meeting.

The Committee took a **“reasonable” level of assurance** that all actions, within the control of the organisation, are being taken to mitigate the risks as far as is possible to do so.

## 8.2 Risks & Opportunities Group Progress Report

The Director of Digital & Information joined the meeting for discussion on this agenda item. He provided an update on progress of the Risks & Opportunities Group, who continue to meet to support implementation and development of our risk management framework. It was advised that work is ongoing in relation to the ongoing development of the framework, which is focussing on a risk assessment matrix, in line with the work that is underway at a national level with Health Improvement Scotland. It was reported that work continues to be ongoing in relation to the implementation of the summary dashboard and will this include key performance indicators related to risk.

The approach to deep dives reviews was outlined.

It was advised an update on the risk management framework will come to the May 2024 Committee meeting and will detail the single approach to risk management. A Risk & Opportunities Annual Assurance Statement will also be provided to the Committee at the next meeting. It was noted that a Board Development Session on Risk Appetite is scheduled for 8 April 2024, and it is expected that elements of the Risk & Opportunities Group work will be informed through the Board’s discussions at that session. Furthermore, it was advised that the action plan for the Blueprint for Good Governance will also be discussed at the session, in relation to reflecting on processes and strengthening the assurance mapping approach.

A request was made for further detail around realistic medicines, given the high risk. It was advised that there is an action plan in place, and measures are being considered, and a position statement will be brought back to the relevant Board Committee meeting in May 2024

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

## 9. GOVERNANCE MATTERS

### 9.1 Audit & Risk Committee Self-Assessment Report 2023/24

The Board Secretary advised that a self-assessment is carried out for all the Board’s Standing Governance Committees on an annual basis. This paper provides the feedback given by members and attendees for the Audit & Risk Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

In relation to the comments around enhanced training for members, the Board Secretary encouraged members to carry out the Board Development Training available online covering finance, effective audit & risk, and how to be an effective Board member. A reminder of the links to these courses would be circulated.

Discussion took place on the importance of the SBAR capturing the main points and assurance elements, and of reducing the length of papers in the meeting pack. The Board Secretary agreed to take these points forward for further consideration and noted that a common approach across all of the Standing Governance Committees would be beneficial.

**Action: Board Secretary**

Members made comment in relation to the usefulness of Development Sessions in relation to the role of the Standing Governance Committees.

## **9.2 Annual Review of Audit & Risk Committee Terms of Reference**

The Board Secretary advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are reflected in the annual publication of the Code of Corporate Governance. An overview of the main changes was provided, which were largely to updates to the Internal Audit section, and to reflect the movement of Freedom of Information and Whistleblowing performance monitoring to other committees of the Board.

The Committee **approved** the Terms of Reference, for further consideration by the Board.

## **9.3 Losses & Special Payments Quarter 3**

The Head of Financial Services & Procurement advised that there were 235 losses in quarter 3, which is in line with the previous quarter. The total cost of losses in quarter 3 has increased to £1.3m, which is a result of a significant increase to the ex-gratia payments. Confirmation was given that Losses and Special Payments had also increased out with any ex gratia payments and this could be attributed to the Debtors review which was not carried out in quarter 2. It was confirmed that at the end of quarter 3 the total losses and special payments are below the 12 month figure reported to the Scottish Government in 2022/23. Assurance was provided that regular analytical reviews are carried out to look for any developing trends for losses, and that any areas or risk would be highlighted to the applicable senior management and escalated through the Finance, Performance & Resources Committee if necessary. Following a question in relation to the ex-gratia payments for clinical negligence it was noted that the Clinical Governance committee has oversight for the detail and outcomes associated. It was also confirmed that the Central Legal Office provide legal advice to the Board including the recommendations on settlements, which are signed off by both the Chief Executive

and Director of Finance on behalf of the Board.

The Committee took **assurance** from the visibility of the Board's losses and special payments in the quarter to 31 December 2023.

#### **9.4 Waiver of Competitive Tenders Quarter 3**

The Head of Financial Services & Procurement reported that there were no Procurement contracts awarded over £50k in quarter 3, and, as such, no tender waivers were required to be put in place.

The Committee took **assurance** that the procurement process for the waiver of competitive tenders was correctly applied in the period.

#### **9.5 Final Annual Workplan 2024/25**

The Board Secretary advised that the workplan outlines the work that will come forward to Committee in 2024/25 to ensure that the Committee's role and remit is fulfilled, and that the document will be iterative with new and emerging items of business added on as appropriate.

The Committee considered and **approved** the proposed workplan for 2024/25; and approved the approach to ensure that the workplan remains current.

### **10. FOR ASSURANCE**

#### **10.1 Audit Scotland Technical Bulletin 2023/4**

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

#### **10.2 NHS in Scotland 2023 Audit Scotland Report**

Following a query, it was advised that the inpatient/day case waiting list indicators are scrutinised by the Finance, Performance & Resources Committee via the Integrated Performance & Quality Report.

The Committee **noted** the conclusions of the report.

#### **10.3 Delivery of Annual Workplan 2023/24**

The Board Secretary highlighted that the Counter Frauds Standards update, and the risk management key performance indicators, had been deferred but will both come forward to the Committee in May 2024.

The Committee took **assurance** from the tracked workplan.

### **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

There were no issues to highlight to the Board.



## **12. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** - Thursday 16 May 2024 from 2pm – 4pm via MS Teams.

**CLINICAL GOVERNANCE COMMITTEE**

**(Meeting on 1 March 2024)**

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 1 MARCH 2024 AT 10AM VIA MS TEAMS**

#### **Present:**

Arlene Wood, Non-Executive Member (Chair)  
Sinead Braiden, Non-Executive Member  
Colin Grieve, Non-Executive Member  
Anne Haston, Non-Executive Member  
Kirstie MacDonald, Non-Executive Whistleblowing Champion  
Aileen Lawrie, Area Clinical Forum Representative  
Janette Keenan, Director of Nursing  
Dr Chris McKenna, Medical Director  
Carol Potter, Chief Executive  
Joy Tomlinson, Director of Public Health

#### **In Attendance:**

Gemma Couser, Associate Director of Quality & Clinical Governance  
Claire Dobson, Director of Acute Services  
Jamie Doyle, Head of Nursing (*deputising for Norma Beveridge*)  
Alistair Graham, Associate Director of Digital & Information  
Ben Hannan, Director of Pharmacy & Medicines  
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership (HSCP)  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division  
Neil McCormick, Director of Property & Asset Management  
Elizabeth Muir, Clinical Effectiveness Manager  
Nicola Robertson, Associate Director of Nursing  
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards  
Hazel Thomson, Board Committee Support Officer (Minutes)

#### **Chair's Opening Remarks**

The Chair welcomed everyone to the meeting.

A warm welcome was extended to Gemma Couser, who has returned as the Associate Director of Quality & Clinical Governance, following her period of maternity leave.

Dr Shirley-Anne Savage was congratulated on her appointment to the new role of Associate Director for Risk & Professional Standards.

The Chair advised that Liam Mackie, Charge Nurse, has been elected as the new Area Partnership Forum Representative for the Committee, replacing Lynne Parsons. Liam, however, was not able to join the meeting today.

The Chair also extended a welcome to Jamie Doyle, Head of Nursing, who is deputising for Norma Beveridge.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

## **1. Apologies for Absence**

Apologies were received from routine attendees Lynn Barker (Associate Director of Nursing), Norma Beveridge (Associate Director of Nursing), Nicky Connor (Director of Health & Social Care), Liam Mackie (Area Partnership Forum Representative) and Margo McGurk (Director of Finance & Strategy).

## **2. Declaration of Members' Interests**

There were no declarations of interest made by members.

## **3. Minutes of the Previous Meeting held on 12 January 2024**

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.

## **5. ACTIVE OR EMERGING ISSUES**

### **5.1 Research & Development Progress Report & Strategy Review 2023-25; and 5.2 Research, Innovation and Knowledge Annual Report 2022/23**

The Chair advised that discussion on these items was deferred from the previous meeting.

The Medical Director advised that the Annual Reports provide a significant level of assurance on the quality of work that is being undertaken within the Research, Innovation & Knowledge team, detailing the research and increasing amount of innovation activities. An overview was provided on the innovation activity.

A significant opportunity was reported on, and it was advised that NHS Fife and the University of St Andrews, as joint partners, have recently been awarded a grant from the Chief Scientist's Office, to deliver a research project in relation to improving pathways for unscheduled care in the last year of life.

A comment was made on the benefits of undergraduate training in relation to fostering the culture that research and innovation forms part of the clinical practice.

It was explained that the Research, Innovation & Knowledge team campaign to attract individuals to work in the Board who have an interest in research and innovation. It was also noted that the majority of consultants have an interest in research, as this increasingly forms part of their academic training.

The Medical Director praised Frances Quirk, Assistant Director of Research, Innovation & Knowledge, for leading the work in this area and advised the Committee

that Frances holds a joint appointment with the University of St Andrews as a Professor of Healthcare Science.

The Chair thanked Frances Quirk for the papers, and the Committee took **assurance** from the reports.

## **6. GOVERNANCE MATTERS**

### **6.1 Clinical Governance Committee Self-Assessment Report 2023/24**

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback given by members and attendees for the Clinical Governance Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise. An action plan will be developed to support improvements.

A comment was made in relation to the usefulness of Development Sessions in relation to the role of the Standing Governance Committees. The Chair confirmed that a future Committee Development Session would be held on the Principles of Clinical Governance, which would address members' feedback given in the survey responses.

### **6.2 Annual Review of Clinical Governance Committee Terms of Reference**

The Board Secretary advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the annual publication of the Code of Corporate Governance. An overview of the main changes was provided, which were around general updates to enhance clarity of text, or to address outstanding internal audit recommendations.

It was questioned how the actions will be captured from the Reform, Transform, Perform (RTP) programme, in terms of the clinical elements. It was advised that change transformation actions will not be specific to the RTP programme, and that the actions will come through the Standing Governance Committees from May 2024 onwards. An amendment would be made to the current text to refer explicitly to transformation programmes.

Clarification was provided on the received minutes to the Committee, and it was advised that the 'Area Radiation Protection Committee' should be corrected to the 'Radiation Protection Committee', and that the IRMER Board also reports into the Committee and should be included within.

After discussion on these points, the Board Secretary agreed to circulate a final draft to the Committee, and the Committee **approved** a final version for further consideration by the Board, subject to these amendments being actioned.

### **6.3 Corporate Risks Aligned to Clinical Governance Committee, including Deep Dives: Optimal Clinical Outcomes**

The Associate Director of Risk & Professional Standards provided an update on the optimal clinical outcomes risk, advising that this risk was updated following the Committee Development Session in October 2023. An overview was provided on the updates to the optimal clinical outcomes risk, cyber resilience risk and digital & information risk. It was noted that the target risk score for the quality & safety risk has been reduced until the work of the Organisational Learning Group is complete. It was also advised that the Covid-19 risk has been closed and a potential new corporate risk around pandemic preparedness and biological threats is being explored and that work is underway.

The actions to mitigate the optimal clinical outcomes risk was expanded on. In terms of the Anchor Institution element, it was advised that a staged approach has been taken.

It was highlighted that consideration will be required in terms of reviewing the risks and any new risks in the context of the financial pressures faced and the developing Reform, Transform, Perform programme. It was also noted that the financial environment will impact the Corporate Risk Register as a whole, and that the Board's risk appetite will be refreshed at a forthcoming Board Development Session in April.

The Committee took a “**reasonable**” **level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

#### **6.4 Clinical Governance Oversight Group Assurance Summary from February 2024 Meeting**

The Associate Director of Risk and Professional Standards reported that the assurance summaries from the Clinical Governance Oversight Group are being provided to the Committee following an internal audit recommendation. It was noted that further work on improving assurances is being undertaken.

Following a question in relation to unwanted behaviours against staff, it was advised that the information and data on instances of this is shared with the Health & Safety Committee and the Staff Governance Committee. An example was provided on how clinical governance is working well across the organisation with good oversight through the Clinical Governance Oversight Group and the Health & Social Care Partnership.

The implications around the significant increase in critical incidents for Emergency Care Directorate was questioned, and it was advised that this was in relation to the busier winter period and a notable uptake in the number of critical incidents and adverse events that were reported within the Emergency Care Directorate.

The Chair requested that any actions that have been initiated from the Clinical Governance Oversight Group be added to the summaries going forward to strengthen assurance.

**Action: Associate Director of Risk and Professional Standards**

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

## 6.5 Final Annual Workplan 2024/25

The Associate Director of Quality & Clinical Governance advised that the workplan outlines the work that will come forward to Committee in 2024/25 to ensure that the Committee's role and remit is fulfilled, and that the document will be iterative with new and emerging items of business added on as appropriate.

The Committee considered and **approved** the proposed workplan for 2024/25; and approved the approach to ensure that the workplan remains current.

## 6.6 Delivery of Annual Workplan 2023/24

The Associate Director of Risk and Professional Standards reported that the delivery of the workplan for 2023/24 is complete, with the exception of the Review of Deaths of Children & Young People, which has been deferred to May 2024, due to a change to the reporting period.

The Committee took **assurance** from the tracked workplan.

## 7. QUALITY/PERFORMANCE

### 7.1 Integrated Performance and Quality Report (IPQR)

The Director of Nursing provided an update on the clinical governance aspects of the IPQR and advised that the target for the closure of adverse events has been achieved for the first time since July 2023. An overview was provided on the work being undertaken for in-patient falls. It was advised that grading for pressure ulcers has been added to the report, and pressure ulcers are being closely monitored both within Acute and the Health & Social Care Partnership.

In terms of healthcare associated infections, it was reported that this had dramatically decreased in December 2023 and is on target. The target for the CDI rate slightly increased and is expected to achieve the target by the end of March 2024. It was highlighted that the history of antibiotics for C Diff remains the most frequently seen risk factor amongst cases.

It was reported that improvement work is being undertaken for catheter care through the Catheter Improvement Group, who have been nominated for the Innovation Award by the Royal College of Nursing this year.

Assurance was provided on the processes in place for tissue viability pressure ulcers, and it was advised that there has been a large amount of work carried out in terms of awareness of tissue viability to improve compliance. It was noted that the position is similar to other NHS Scotland Health Boards in terms of pressure damage.

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

### 7.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing provided detail on the norovirus outbreaks and advised that there had been four ward closures during the reporting period. It was advised that ward closures are typical for this time of year, and assurance was provided that there

are no concerns about any trend, and that if there were any future concerns, then they would be raised to the Clinical Governance Oversight Group and would be included in the summary report to the Committee.

The Deputy Medical Director, HSCP, agreed to request further information on how the HSCP are responding to the community-associated CDIs and ECBs, as the Committee has a responsibility to provide assurance to the Board that there are effective systems and process in place within the partnership.

**Action: Deputy Medical Director, HSCP**

It was advised that there are challenges for the reporting of hand hygiene, and assurance was provided that work is ongoing to capture the information electronically using Microsoft Forms, until a solution for an electronic system is put in place. Assurance was provided, that despite absence of system level data capture, there were processes in place across each department where concerns would be addressed.

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

### **7.3 Alignment of NHS Fife Realistic Medicines / Value-Based Health and Care Delivery Plan and the Scottish Government Value-Based Health and Care Action Plan**

The Medical Director provided an overview on some of the work that has been carried out during the previous year in relation to embedding realistic medicine and creating resource, including a workshop and developing a workplan in line with the Chief Medical Officer's action plan. It was advised that the papers being presented describe the intended progress this year for Fife.

Discussion took place on evidencing the impact of realistic medicine, which is a work in progress. It was advised that work is being undertaken in relation to key areas of focus in terms of variation, including benchmarking against other NHS Scotland Boards.

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

### **7.4 Safe Delivery of Care Inspection and Learning Review - Victoria Hospital from 31 July 2023 to 2 August 2023**

The Director of Nursing advised that an initial update on the inspection was presented to the Committee at an earlier meeting. The report presented today was published in October 2023 and details the areas that were inspected. It was advised that a considerable amount of work has since been undertaken with a comprehensive action plan agreed and accepted by the Health Improvement Scotland inspection team. An overview was provided on the improvement actions, and it was advised that progress on the action plan will be brought back to the Committee.

Assurance was provided that the majority of actions in place to address the nine requirements are on track, and that Health Improvement Scotland have been advised of any areas of issue or slippage.

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



## 8. DIGITAL / INFORMATION

### 8.1 Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Update

The Medical Director introduced this item and advised that since the last report to the Committee, significant contractual negotiations have been undertaken and the contract was signed in December 2023. It was noted that the clinical portal is being worked through and that testing of the product and its integration into our systems is currently underway. The pharmacy stock control system, which is the first part of programme, was described.

It was reported that roll out of the programme will commence in 2025 and will be carried out in stages. An update will be brought back to the Committee.

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

### 8.2 Information Governance & Security Steering Group Update

The Associate Director of Digital & Information reported that the Information Governance & Security Steering Group are overseeing on a quarterly basis the activities of the two improvement activities around the Infection Control Unit audit. It was advised that both action plans are complete and are being progressed through the Information Governance & Security Steering Group.

An overview was provided on the priority areas. It was advised that the Information Governance & Security Steering Group will take a view on including the publicity around the Information Commissioner's Office (ICO) reprimand in the annual assurance statement and annual accounts governance statement. Further detail was provided on the ICO reprimand, which has been responded to appropriately.

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.

## 9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

### 9.1 Patient Story

The Director of Nursing presented on a particular patient incident in relation to bereavement care that occurred in January 2024, and highlighted the lessons learned for improvements. It was confirmed that lessons learned will be discussed in relation to practice at other hospital sites. The impact on staff in relation to the story was also highlighted.

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

### 9.2 Patient Experience & Feedback Quarter 3 Report

The Director of Nursing presented the report and highlighted that 44 stage one complaints were received in December 2023, and 42 are now closed, however only

45% were within the target timeframes. It was also highlighted that 14 stage two complaints were received in December 2023, and 25 stage two complaints were closed. It was noted that the team are working hard with services to improve the timeframe and to address the backlog of complaints. The complaints dashboard that launched in November 2023 provides screenshots on the position of complaints, which are shared with managers and senior leaders.

It was reported that additional information in relation to the Scottish Public Services Ombudsman (SPSO) has been added to the report, and members were welcomed to request any further information to be added. It was advised that further detail on the SPSO investigation report will be brought back to the next Committee meeting.

**Action: Director of Nursing**

Following comments, it was advised that only particular areas are recorded in Datix in relation to compliments. A request was made to have more detail around the barriers referred to within the flashcard. Acknowledgment was also given to the Patient Experience Team, in terms of their wider remit and supporting work in areas in addition to complaints handling.

Comments were made in relation to the closure rates, and the challenges with meeting the 20-day target for complex complaints was highlighted as being unrealistic. The Director of Nursing agreed to link in with the Planning & Performance Team around capturing more detail within the Integrated Performance & Quality Report.

**Action: Director of Nursing**

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

## **10. ANNUAL REPORTS / OTHER REPORTS**

### **10.1 Medical Education Annual Report 2022/23**

The Medical Director provided an overview on the contents of the report, noting that it contains detail on developments, for both undergraduate and postgraduate students. It was also advised that the report details the results of the postgraduate surveys, which received variable feedback and some areas of significant challenge. Further detail was provided in relation to the challenges within Acute and General Medicine areas, both of which are exceptionally pressurised areas across the system. It was agreed to investigate the feedback in relation to a lack of IT equipment and access to software.

**Action: Associate Director of Quality & Clinical Governance**

It was reported that governance for medical education will be improved this year, through the creation of a Professional Standards Oversight Group, with the first meeting scheduled for April 2024. It was noted that the Committee will receive regular updates. Assurance was provided that any emergent risks or concerns around potential General Medical Council/Deanery actions, were not anticipated.

The Committee took **assurance** in relation the approach taken to ensure the delivery of high-quality medical education in NHS Fife.

### **10.2 Organisational Duty of Candour Annual Report 2022/23**

The Medical Director provided an overview on the contents of the review and advised that the number of incidents that activate the legislative part of Duty of Candour is a similar position to the previous year. It was reported that a requirement from Internal Audit was to add in incidents for 2023/24, given that the 2022/23 data is now in arrears.

It was explained that the learnings from the review are captured from individual incidents, and that recommendations and an action plan then follows. The approach to organisational learning was described and it was advised that an Organisational Learning Framework is being developed and will be brought to the Committee in early 2025.

The Committee took **assurance** and **agreed** to present to the Board. Any incidents that conclude after submission of the 2022/23 report will then be included in the 2023/24 report.

## **11. LINKED COMMITTEE MINUTES**

The Committee **noted** the linked committee minutes and that there were no escalations to the Committee other than Health and Safety Subcommittee covered on the agenda today.

11.1 Area Clinical Forum held on 8 February 2024 (unconfirmed)

11.2 Area Medical Committee held on 12 December 2023 (confirmed)

11.3 Cancer Governance & Strategy Group held on 11 January 2024 (unconfirmed)

11.4 Clinical Governance Oversight Group held on 13 February 2024 (unconfirmed)

11.5 Fife Area Drugs & Therapeutic Committee held on 20 December 2023 (confirmed) & 7 February 2024 (unconfirmed)

11.6 Fife IJB Quality & Communities Committee held on 17 January 2024 (unconfirmed)

11.7 Resilience Forum held on 7 December 2023 (unconfirmed)

## **12. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **12.1 To the Board in the IPQR Summary**

There were no performance related issues to escalate to the Board.

### **12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters to escalate to the Board.

## **13. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** – Friday 3 May 2024 from 10am – 1pm via MS Teams

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE**

**(Meeting on 12 March 2024)**

No issues were raised for escalation to the Board.

## Unconfirmed

### MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 12 MARCH 2024 AT 9.30AM VIA MS TEAMS

**Alistair Morris**  
Chair

#### **Present:**

Alistair Morris, Non-Executive Director (Chair)	Dr Chris McKenna, Medical Director
Alastair Grant, Non-Executive Director	Carol Potter, Chief Executive
John Kemp, Non-Executive Director	Janette Keenan, Director of Nursing
Joy Tomlinson, Director of Public Health	Aileen Lawrie, Area Clinical Forum Representative
Lynne Parsons, Employee Director	

#### **In Attendance:**

Ben Hannan, Executive Director of Pharmacy and Medicines  
Miriam Watts, Emergency Care General Manager (*item 5.1 only*)  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Neil McCormick, Director of Property & Asset Management  
Maxine Michie, Deputy Director of Finance  
Nicky Connor, Director of Health & Social Care  
Patricia Kilpatrick, NHS Fife Chairperson  
Kerrie Donald, Executive Assistant (*Minutes*)

#### **Chair's Opening Remarks**

Members were advised that the meeting will be recorded via MS Teams for the purposes of the minute.

#### **1. Apologies for Absence**

Apologies were noted from member Margo McGurk, Director of Finance & Strategy, and attendee Claire Dobson, Director of Acute Services.

#### **2. Declaration of Members' Interests**

There were no members' interests to declare.

#### **3. Minute of the last Meeting held on 16 January 2024**

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 Health & Social Care provided an overview of the Delayed Discharge section of the report, noting an increase in the percentage of bed days lost to 5.9% in January 2024, noting, however, this is a reduction of 1.6% since November 2023. It was further noted work is ongoing to improve the flow and pathway into care homes for patients who have more complex needs.

The Director of Health & Social Care further reported a 13% delay in the number of bed days lost to standard delay, noting the percentage is in line with the 24 month average. It was highlighted this area remains very challenged and is a high priority for the system with work ongoing to support the prevention of admission and discharge.

The Emergency Care General Manager reported a 64.6% compliance with the 4 hour emergency access performance target, also noting a year-on-year increase in patients. The flow & navigation centre was confirmed to have transitioned over to the Acute Services Division enabling the team to remodel areas of the front door to reduce pressure at A&E through various GP pathways. It was further noted teams are reviewing waiting lists through the Advance Clinical Referral Triage system to ensure patients who no longer require to be seen are removed from the list and advised via the digital hub and text messaging.

Following a query from A Grant, Non-Executive Director, it was advised NHS Fife has a service level agreement (SLA) for the National Treatment Centre (NTC) for elective orthopaedics with NHS Lothian. It was noted NHS Fife are not accepting a large number of out of area referrals for any other procedures, however any out of area referrals received are recharged to the referring board to ensure costs are covered.

Following a query from J Kemp, Non-Executive Director, the Emergency Care General Manager noted the MRI and CT vans that come to NHS Fife are provided by Scottish Government and transit between the Boards with the highest demand. A profile review is provided to Scottish Government on a monthly basis, to ensure they are aware of NHS Fife's activity demands.

The Chief Executive noted several members of staff from NHS Fife visited Ninewells Hospital on 11 March 2024 and met with the clinical and management leadership team where a presentation on urgent and unscheduled care models was given. Several opportunities for NHS Fife to learn from Ninewells' models of care were identified and an update will be brought back from the Acute Services team to a future committee. The NHS Fife Chairperson highlighted the benefits of learning from other Boards, noting new models and approaches can be implemented by NHS Fife.

Following a query from the NHS Fife Chairperson, the Emergency Care General Manager noted the 62 day breach on cancer targets is often breached by as little as 3 or 4 days due to the timings of the multidisciplinary team meetings and appointments. It was highlighted opportunities to mitigate this issue have been identified at the start of the pathway and when implemented should result in a reduced number of 62 day breaches.

The NHS Fife Chairperson congratulated the Board for their work on improving the cancer target, noting that this was a considerable achievement when compared to the Scottish position.

Following a query from the Chair, the Emergency Care General Manager noted that while NHS Fife have the ability to increase theatre capacity, NHS Fife are unable to staff this increase. If staffing was not a factor, then NHS Fife would require a review on how to manage procedures and operate theatres more efficiently.

The Chair further queried if the availability and space within nursing homes has stabilised and what impact that has on delayed discharge. The Director of Health & Social Care noted care homes are working collaboratively and noted work is also taking place to support patients being discharged home to have wraparound 24 hour care to enable patients to make choices in their own home.

The Committee took **assurance** from the report, discussing, examining and considering the NHS Fife performance as summarised in the IPQR.

## 5.2 Financial Performance & Sustainability Report

The Deputy Director of Finance provided an in-depth review of the financial position, as at the end of January 2024, noting an improved position due to funding from Scottish Government following confirmation of additional consequential funding and a reduction in CNORIS contributions for 2023/24.

Following a query from A Grant, Non-Executive Director, the Chief Executive highlighted going forward into 2024/25 there will be a greater connection between the Acute leadership team and other NHS Boards in terms of understanding the SLA values and what NHS Fife receive for their payment to other Boards. It was further highlighted that NHS Fife are discussing a 3% reduction in the SLA values from NHS Lothian and NHS Tayside as of 1 April 2024.

Following discussion, it was agreed clearer communication on the benefits of ensuring NHS Fife patients are treated within Fife should be established and communicated to patients and staff. The Chief Executive noted this would fit into the Re-form, Transform, Perform plan and will be included in the plan for onward submission to the Board.

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

## 5.3 Procurement Key Performance Indicators

The Deputy Director of Finance provided an overview of the report highlighting the significant work the Procurement Team has made in a short space of time.

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

## 6. GOVERNANCE MATTERS

### 6.1 Finance, Performance & Resources Committee Self-Assessment Report 2023/24

The Head of Corporate Governance and Board Secretary provided an overview of the report, noting the concerns expressed regarding the strength of the Non-Executive / Stakeholder voice on the committee. It was noted the results of the self-assessment are for the Committee to review and address over the next year.



Following discussion of the report results, the Chair noted the Committee would benefit from having more Non-Executive members, which is likely to be addressed in the Chairperson's committee membership review. He noted that, in reference to performance monitoring, the IPQR would be more beneficial as a guide to see where NHS Fife are projected to be rather than looking backwards at previous data.

Following a query from J Kemp, Non-Executive Director around the Committee's actual input into budgeting, the Chief Executive advised that, going forward, the Finance Team would undertake a detailed look into the granularity of detail within the financial plan, what NHS Fife are getting for their money and provide more detailed specific narrative within the plan, to provide the Board with a greater sense of ownership of the decision making.

The Committee took **assurance** from the report, noting the Head of Corporate Governance and Board Secretary would take forward the suggestions into the broader Board Blueprint action plan.

## **6.2 Annual Review of Finance, Performance & Resources Committee Terms of Reference**

The Head of Corporate Governance and Board Secretary noted the changes made to the updated terms of reference. Following discussion, it was agreed a reference to the transformative change programmes should be included within the terms of reference to ensure the Committee are capturing the reporting of RTP workstreams.

The Committee **approved** the updated terms of reference, pending an additional reference to the reporting from RTP workstreams.

## **6.3 Corporate Risks Aligned to Finance, Performance & Resources Committee**

The Deputy Director of Finance presented the paper, noting that, due to timescales, the additional corporate risk has not been developed. However, this will be brought to the May committee.

The Committee took **assurance** from the report, noting that all actions, within the control of the organisation, are being taken to mitigate these risks.

## **6.4 Project Hydra**

The Director of Property and Asset Management provided an overview of the paper, noting the project should be completed by March 2025.

The Chief Executive praised the ongoing work by the team, noting the complex work relating to the PFI.

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

## **6.5 Fife Specialist Palliative Care Services Update**

The Director of Health & Social Care presented the paper, highlighting that the IJB's direction issued in May 2023 has been delivered and the delivery of the specialist palliative care service is now fully implemented and operating business as usual.

The Chair praised the work completed by the team noting despite the resilience at the beginning, the project has made a positive difference and should be used as an exemplar for other changes going forward.

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

## **6.6 Final Annual Workplan 2024/25**

The Head of Corporate Governance and Board Secretary presented the annual workplan for 2024/25, noting the plan will continually be updated to reflect the ongoing work with the development of the Re-form, Transform, Perform Framework.

The Committee **approved** the workplan.

## **6.7 Delivery of Annual Workplan 2023/24**

The Committee **approved** the tracked workplan.

## **7. LINKED COMMITTEE / GROUP MINUTES**

The Committee **noted** the linked committee minutes:-

- 7.1 Fife Capital Investment Group held on 13 December 2023 (confirmed) and 8 February 2024 (unconfirmed).
- 7.2 IJB Finance, Performance & Scrutiny Committee held on 18 January 2024 (unconfirmed)
- 7.3 Procurement Governance Board held on 28 February 2024 (unconfirmed)

## **8. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **8.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

### **8.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

Following discussion regarding information provided in the Fife Capital Investment Group minutes regarding the halt of the Kincardine and Lochgelly Project, members of the Committee agreed that the Chairperson's onsite visit to the current estate, accompanied by the Director of Property & Asset Management, would be helpful in reassuring staff and also beneficial to understand what improvements can be made to enhance the current working and patient environments.

## **9. ANY OTHER BUSINESS**

There was no other business.

## **10. DATE OF NEXT MEETING**

The next meeting will be held on **Tuesday 7 May 2024** from 10am – 12:30pm via MS Teams.

**PUBLIC HEALTH & WELLBEING COMMITTEE**

**(Meeting on 4 March 2024)**

No issues were raised for escalation to the Board.

## **Fife NHS Board**

### **Unconfirmed**

## **MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 4 MARCH 2024 AT 10AM VIA MS TEAMS**

### **Present:**

Pat Kilpatrick (Chair)  
Alistair Morris, Non-Executive Member  
Arlene Wood, Non-Executive Member  
Lynne Parsons, Employee Director  
Janette Keenan, Director of Nursing  
Dr Chris McKenna, Medical Director  
Carol Potter, Chief Executive  
Dr Joy Tomlinson, Director of Public Health

### **In Attendance:**

Nicky Connor, Director of Health & Social Care  
Susan Fraser, Associate Director of Planning & Performance  
Ben Hannan, Director of Pharmacy & Medicines  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Neil McCormick, Director of Property & Asset Management  
Fay Richmond, Executive Officer to the Chair & Chief Executive  
Hazel Thomson, Board Committee Support Officer (Minutes)

### **Chair's Opening Remarks**

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

#### **1. Apologies for Absence**

Apologies were received from routine attendee Margo McGurk, Director of Finance & Strategy.

#### **2. Declaration of Members' Interests**

There was no declaration of members' interests.

#### **3. Minutes of Previous Meeting held on 15 January 2024**

Approval of the previous minutes was **proposed** by Alistair Morris, Non-Executive member, and **seconded** by Arlene Wood, Non-Executive Member.

#### 4. **Matters Arising / Action List**

The Chief Executive, on behalf of the Director of Finance & Strategy, agreed to provide further detail on the timelines for roll-out of the corporate risk dashboard to Board members.

**Action: Chief Executive**

The Committee **noted** the updates and the closed items on the Action List.

#### 5. **GOVERNANCE MATTERS**

##### 5.1 **Public Health & Wellbeing Committee Self-Assessment Report 2023/24**

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback given by members and attendees for the Public Health & Wellbeing Governance Committee.

An overview of the themes of the self-assessment was provided, and it was noted that there were some common themes identified across committees' self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise, for this committee in tandem with Clinical Governance, to ensure there is no duplication.

Discussion took place, and the number of Non-Executives on the Committee was highlighted as being low in order to achieve a majority independent view. Comments were made in relation to the Committee being relevantly new in terms of its development, and that it can be difficult to know the impact the Committee is having in reference to scrutiny of the delivery of the Population Health & Wellbeing Strategy. The importance of having the right quality indicators, along with evidential work, particularly for known health inequalities, was also highlighted. It was reported that the Population Health & Wellbeing Strategy Year-End Report will be brought to the next Committee meeting and will assist in shaping the 2024/25 corporate objectives.

A comment was made in relation to the usefulness of Development Sessions in relation to the role of the Standing Governance Committees and a preference that these continued.

The Committee **noted** the findings of the self-assessment exercise and took assurance from the fact that improvement actions would be implemented across the Board committees, driven also by the Blueprint action plan.

##### 5.2 **Annual Review of Public Health & Wellbeing Committee Terms of Reference**

The Board Secretary advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the publication of the Code of Corporate Governance.

It was reported that the most significant amendment was to the membership section, to allow the new Chair of the Board flexibility in deciding in due course whether the future

chairing of the Committee is undertaken by the Chair or another Non-Executive. It was also advised that the Director of Property & Asset Management has been added as a regular attendee.

Suggestion was made that increasing the number of Non-Executive members of the Board on the Committee's membership would be helpful, and that adding additional Stakeholder members would allow for a broader range of views at the Committee. Discussion took place on additional stakeholders outwith the Board joining the Committee, to allow for more wider input, which will also support the ambitions set out in the Plan for Fife and the Health & Social Care Partnership Strategic Plan. It was noted that an update had previously come to the Committee on the Three-Year Plan for Fife, and that future updates on the plan could come forward.

Suggestion was made to have a Development Session around the focus of the Committee, followed by a fundamental review of the Terms of Reference.

**Action: Director of Public Health / Board Committee Support Officer**

The Chair agreed to discuss the membership of the Committee with the Board Secretary outwith the meeting, as part of her overall review of committee placements, and members were welcomed to submit any further comments to the Board Secretary on the current draft in advance of a final version going to the Board.

**Action: Members / Board Secretary**

The Committee **approved** a final version for further consideration by the Board, subject to a more fundamental review of the Terms of Reference and Committee workplan being undertaken in due course.

### **5.3 Corporate Risks Aligned to Public Health & Wellbeing Committee**

The Director of Public Health explained that at the previous Committee meeting it was agreed to endorse a change to the target risk rating for health & inequalities, due to the cost-of-living crisis on the wider population and the impact on health inequalities. It was advised that the target risk rating will be reviewed by the Public Health Assurance Committee.

It was reported that all the Public Health corporate risks have been through the Committee as a deep dive approach, which has been positive in terms of the wider learning. It was advised that the Risk & Opportunities Group have been collating learning from the deep dives and providing feedback. The triggers for setting up new, closed or seeing no change to corporate risks, was highlighted from the paper. It was noted that there is a high level of risk and risk appetite for the health inequalities corporate risk, which fits within our current strategy.

Assurance was provided that it is expected that the majority of the 2025 targets will be reached for the climate change risk, and that the challenges are with delivery of the 2030 targets, due to a lack of sustainable funding.

The Director of Health & Social Care provided an update on the key change to the primary care risk and advised that the timing was unrealistic. It was reported that as the risk is reviewed, other substantial areas of work for primary care, including delivery on the Primary Care Strategy and performance indicators, will come to the Committee

through regular reporting and that this will enable strengthened scrutiny. This was supported by the Committee.

In terms of any new or emerging risks for primary care being added to the Corporate Risk Register in relation to the financial pressures from the Reform, Transform, Perform Programme, it was advised that this will be considered by the Executive Directors' Group in the first instance, and will be part of the corporate objectives setting and forthcoming Board Development Session on Risk Appetite.

The challenges with sustainability on primary care services was highlighted, and concern was raised for the availability of future sustainability loans. The Director of Health & Social Care agreed to provide an update on sustainability loans for primary care at the next Committee meeting.

**Action: Director of Health & Social Care**

The Risk Manager, Pauline Cummings, was acknowledged for all her hard work.

The Committee took a **“reasonable” level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

#### **5.4 Final Annual Workplan 2024/25**

The Director of Public Health presented the Annual Workplan for 2024/25 and reported that the biological threats corporate risk deep dive requires further consideration in terms of timings, and queried whether it would sit better under the Clinical Governance Committee.

Extensive discussion took place on the dental services & oral health improvement, and the privatisation of dental services in Fife. It was agreed to hold a Development Session on Oral Health Prevention & Treatment. Further suggestions for Development Sessions were welcomed.

**Action: Director of Public Health / Board Committee Support Officer**

The Committee **approved** the proposed workplan for 2024/2025; and **approved** the approach to ensure that the workplan remains current.

#### **5.5 Delivery of Annual Workplan 2023/24**

The Committee took **assurance** from the tracked workplan.

### **6 STRATEGY / PLANNING**

#### **6.1 High Risk Pain Medicines Patient Safety Programme – Year 2 Update**

The Director of Pharmacy & Medicines advised that the paper provides an update against year two delivery of the High Risk Pain Medicines Patient Safety Programme. Background detail was provided on the programme, along with an overview on aspects of the deliverables. It was reported that the programme is delivering against budget, however, the financial elements will be reviewed within the wider Reform, Transform, Performance programme challenges. The Equality Impact & Assessment was

highlighted, and it was noted that we continue to work with the Lived Experience Group. An update on delivery of year two will be provided to the Committee, as per the workplan, and will include detail on sustainability of the programme.

Questions followed, and the Director of Pharmacy & Medicines agreed to share with the Committee slides which describes the national therapeutics indicators and how they are measured. The Director of Pharmacy & Medicines also agreed to share the detail on the evaluation of the effectiveness of the education, which was designed with our Professional Personal Development colleagues and General Practitioners Clinical Leads.

**Action: Director of Pharmacy & Medicines**

In terms of the non-pharmaceutical approaches to pain management, it was reported that work is ongoing through the workstream, which includes sign-posting people to the right space, and the launch of a resource hub, which will direct both patients and clinicians, and will go live in the coming weeks.

It was reported that the third year of the programme will include the sustainability elements, and demonstrating what is deliverable within a business-as-usual environment.

An update on the financial elements of high risk pain medicines was provided, and it advised that investment was received for the programme, and that mainstreaming the programme will be explored, to prevent a recurring investment.

It was noted that roll-out of the Hospital Electronic Prescribing and Medicines Administration (HEMPA) programme will commence in 2025 and will be carried out in stages.

The Committee took **assurance** from the progress in year 2 towards delivering the programme benefits of the HRPM Patient Safety Programme.

## 6.2 Prevention & Early Intervention Presentation

The Director of Health & Social Care gave a presentation on prevention & early intervention and the slides will be shared with the Committee.

**Action: Director of Health & Social Care / Board Committee Support Officer**

In terms of high impact changes due to finances, it was reported that evidence briefings are being developed to address inequalities and will include strengthening place-based working and our community planning partnerships, child poverty and obesity prevention, and making best use of resource. The importance of managing resources was discussed. It was also explained that there will be an Anchor Institution approach for those in priority groups.

The Chair and Medical Director agreed to have a discussion outwith the meeting on care packages.

**Action: Medical Director**

The Chair thanked the Director of Health & Social Care for an excellent presentation, and the Committee took **assurance** from the presentation.



## 7. QUALITY / PERFORMANCE

### 7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on smoking cessation and advised that improvement actions are being taken forward and include pathways at maternity clinics straight into smoking cessation services.

It was reported that performance for Child & Adolescent Mental Health Services (CAHMS) is at 75.3%, which is an increase compared to the previous reporting period. An overview was provided on the challenges in relation to psychological services. It was advised that, following a meeting with the Scottish Government, additional actions have been brought forward to include how we can support group therapy, where it is clinically viable.

It was reported that the uptake of Covid and Flu vaccinations within care homes continues to perform well, and that there are challenges of uptake for both staff and in relation to children's services for both vaccinations.

Discussion took place on sustaining trajectories and scrutinising performance, for both CAHMS and psychological therapies, and a further update will be provided at the next Committee meeting.

It was noted that additional mental health indicators will be included within the IPQR from late Summer, and suggestion was made to have a Development Session to discuss mental health metrics to assess wider performance.

It was advised that the Alcohol & Drugs Partnership have a performance framework around the Medical Assisted Treatment (MAT) standards, and the Director of Health & Social Care agreed to present at the next Committee meeting.

**Action: Director of Health & Social Care**

The Director of Public Health reported an increase in terms of uptake for both Immunisation 6:1 and MMR2 vaccinations.

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

### 7.2 Primary Care Governance and Strategic Oversight Group

The Director of Health & Social Care presented this item and advised that the Primary Care Governance and Strategic Oversight Group has now been established. It was advised that updates from the group will come through the Annual Report, which will have clear progress against delivery of each of the nine themes within the Primary Care Strategy, and the substantive items will be added to the Committee workplan.

The Committee took **assurance** that the Primary Care Governance and Strategic Oversight Group is now well established with a clear purpose, role and remit, enabling executive operational and strategic oversight of delivery of Primary Services within Fife and ensuring a continued strategic focus on recovery, quality and sustainability.

### 7.3 Fife Specialist Palliative Care Services Update

The Director of Health & Social Care advised that the paper provides an update on specialist palliative care services, following a change to the direction of these services, that was agreed by the Integrated Joint Board (IJB) in May 2023. It was advised that the report will also go to the Board's Finance, Performance & Resources Committee, who have a role in overseeing the delivery of directions from the IJB, and to outline what has been directed and update on the progress made. It was reported that parts of specialist palliative care services in Fife have been improved and sustained, and that there are no concerns in terms of risk. Assurance will also be provided to the IJB. Further work in terms of ongoing developments were reported and raising awareness of accessibility of services, particularly within ethnic minority groups.

The Committee took **assurance** that the direction issued in May 2023 has been delivered and that the delivery of the specialist palliative care service is now fully implemented and operating as business as usual.

### 7.4 The Promise Update

The Director of Health & Social Care advised that the paper provides an update on the work that has been undertaken to satisfy the key priorities of The Promise Scotland. It was highlighted that the national Promise plan concludes later this year. An overview on the work that has been undertaken was provided. It was advised that next steps will include the development of a workplan and an evaluation & monitoring framework to evidence the impact of the Promise work, and that a training module on TURAS for staff is being developed.

Questions followed, and it was explained that cross boundary working is multi-agency working, and that the lead agency for the Promise is the local authority. It was advised that elements of the priorities in the 2021-24 national plan and key messages are being fed through the Children in Fife Group, and an Annual Report will be developed, which will provide assurance on the delivery of the work in Fife. It was noted that delivery in Fife has been positive.

The Committee took **assurance** on the progress with The Promise Plan 2021-24 and challenges and opportunities for the next steps of this work.

### 7.5 Measles Preparedness Briefing

The Director of Public Health advised that all the preparatory work has been carried out, both within Acute Services and the Health & Social Care Partnership, in response to the national alert regarding an increase in the number of measles cases in England. It was reported that vaccine uptake, preventable diseases and associated risks are carefully considered through the Public Health Assurance Committee, and that the risk rating has been increased for measles. An overview was provided on the actions that have been put in place.

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

### 7.6 Satellite Static Unit in Fife for National Screening Division Commissioned Service for Breast Cancer Screening

The Director of Public Health outlined the challenges with mobile screening units and advised that the paper raises awareness on the discussions that have taken place with NHS Lothian, who are supportive of Fife moving to a static site. It was also advised that further assurances from the NHS National Services Division will be sought.

An overview on the benefits was provided, and it was advised that a mixture of both mobile and static units is being explored. It was noted that potential locations for a static site is being explored and will be discussed further through the Executive Directors' Group, to ensure there are no unintended consequences with other issues within the hospital sites. A query on the funding was also raised.

The Committee **proposed** further discussion at the Executive Directors' Group, before bringing back a further update to the Committee.

## **8 ANNUAL REPORTS / OTHER REPORTS**

### **8.1 Fife Violence Against Women Partnership and Gender Based Violence Nurse Advisory Service Annual Reports 2022/23**

The Director of Health & Social Care highlighted that the report covers the Gender Based Violence Nurse Advisory Service, is aligned to the national equally safe strategy and that there has been an increase in referrals. An overview was provided on the key points from the report.

It was also highlighted that the Fife Violence Against Women Partnership is multi-agency work and that there is a direct correlation between the two strategies.

The Chair requested that any questions on the reports be submitted to the Director of Health & Social Care directly and copied to the Chair and Board Secretary.

The Committee took **assurance** and note the activity and performance contained in the two annual reports.

### **8.2 Sexual Health and Blood Borne Virus Update 2023**

The Director of Health & Social Care advised that the activity is aligned to our Population Health & Wellbeing Strategy around health inequalities and health promotion, and that it links strongly into other priorities such as the Women's Health Plan, Medical Assisted Treatment (MAT) standards and the national standards for sexual health. The ongoing work around hepatitis C, and the support for recovery of some of these services, was highlighted. It was noted that hepatitis C has not yet been eradicated in Fife.

The Committee took **assurance** on the delivery and activity of sexual health and blood born virus services, aimed at improving sexual health and wellbeing, and reducing blood borne viruses, aligned to ambition in both the Population Health and Wellbeing Strategy, the Health and Social Care Strategic Plan and National Strategic Plans.

## **9. LINKED COMMITTEE MINUTES**

The Committee noted the linked committee minutes:

9.1 Equality and Human Rights Steering Group held on 1 February 2024 (confirmed)

## **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **10.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

### **10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters to escalate to NHS Fife Board.

## **11. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** - Monday 13 May 2024 from 10am – 12.30pm via MS Teams.

**STAFF GOVERNANCE COMMITTEE**

**(Meeting Held on Wednesday 6 March 2024)**

**Emerging Workforce / Financial / Service Delivery Risk – Agenda for Change Pay Agreement 2023/2024 (Non Pay Aspects)**

Following discussion at the Staff Governance Committee meeting on 6 March 2024, it was agreed to highlight the following non-pay aspects of the 2023/2024 Agenda for Change Pay Agreement, which the Board has recently been advised will now be implemented from 1 April 2024. Individually, these will have an impact on our workforce within NHS Fife, on service delivery and collectively will add to current and future financial pressures.

A range of plans are being progressed within the Board to assess the specific impact of these changes and further updates will be provided to Fife NHS Board in due course.

**Protected Learning Time**

Protected Learning Time will take effect from 1 April 2024 as per the Scottish Terms and Conditions Review Group's recommendations, further work will be taken forward indicated by the Review, which includes the monitoring of completion rates during working hours and supporting further work around a "Once for Scotland" approach to mandatory training through the exploration of training passports.

**Review of Band 5 Nursing Roles**

The review of Band 5 Nursing roles will be taken forward by Boards from 1 April 2024. Under the scope of the review, any Band 5 Nurse will be able to self-apply for a review of their role should they feel they meet the criteria. In the event staff are successful in their application, the date from which the corresponding uplift in pay is applied will be determined in accordance with the principles of the extant Job Evaluation Policy, with backdating being capped at the date it is agreed that the individual nurse has been working beyond their agreed job description, to a maximum of 1 April 2023.

**Reduction in the Working Week**

The recommendation that the first 30 minutes of a reduction in the working week from 37.5 hours to 37 hours for all AfC staff will commence from 1 April 2024. In the event that NHS Fife cannot fully implement the agreement in a particular department or speciality due to service pressures, safe staffing or wellbeing, staff will be recompensed accordingly, until such time as the service can accommodate their reduction. As complex changes will be required to be made to Payroll systems to accommodate this change, staff impacted by this may not receive recompense immediately. Further national guidance is anticipated.

## **Fife NHS Board**

### **Unconfirmed**

## **MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON WEDNESDAY 6 MARCH 2024 AT 10.00 AM VIA MS TEAMS**

### **Present:**

Sinead Braiden, Non-Executive Member (Chair)  
Colin Grieve, Non-Executive Member  
Janette Keenan, Director of Nursing  
Lynne Parsons, Employee Director  
Carol Potter, Chief Executive  
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

### **In attendance:**

Nicky Connor, Director of Health & Social Care  
Claire Dobson, Director of Acute Services  
Jenni Jones, Associate Director of Culture, Development & Wellbeing  
Patricia Kilpatrick, Chairperson, NHS Fife  
Brian McKenna, Board Workforce Planning Lead (*for agenda Item 5.7 only*)  
Mairi McKinley, Senior Practitioner Advanced Practice and NHS Fife Armed Forces & Veterans Champion (*for agenda Item 5.9 only*)  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Maxine Michie, Deputy Director of Finance (*deputising for Margo McGurk*)  
David Miller, Director of Workforce  
Sandra Raynor, Head of Workforce Resourcing & Relations  
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

### **Minute:**

Lakshmi Anderson, Executive Assistant to the Director of Workforce

### **Chair's Opening Remarks**

The Chair welcomed everyone to the meeting and in particular, the new Chairperson of NHS Fife, Pat Kilpatrick, and Jenni Jones, the Board's new Associate Director of Culture, Development & Wellbeing. The Chair thanked all staff for their continued efforts during the current workforce pressures.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the minutes.

## 1. **Apologies for Absence**

Apologies for absence were received from members Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member, Wilma Brown, Interim Co-Chair Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF), and attendee Margo McGurk, Director of Finance and Strategy.

## 2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

## 3. **Minutes of the Previous Meeting held on Thursday 11 January 2024**

The minutes of the meeting held on Thursday 11 January 2024 were **agreed** as an accurate record.

## 4. **Matters Arising / Action List**

The Committee **noted** the updates and the closed items on the Action List.

## 5. **GOVERNANCE MATTERS**

### 5.1 **Staff Governance Committee Self-Assessment Report 2023/2024**

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, which presented the outcome of the 2023/2024 self-assessment exercise recently undertaken by the Staff Governance Committee. An overview of the themes within the report was provided. Positive comments around the Committee's operation this year, including improvements in its focus on strategic rather than operational detail, the usefulness of the Committee development sessions, as well as feedback that the Committee Chair's update to the Board was deemed helpful in raising the profile of the Committee's work with the wider Board members, were noted. Comments around areas for improvement included suggestions to continue the focus on enhanced agenda management, the need to fill the longstanding Non-Executive vacancy on the Committee, inviting the Board's Staff Health & Wellbeing Champion to be part of the Committee membership, alongside the importance of feedback from clinical and operational leads, to better interpret performance data. The Committee was informed that the April 2024 Board Development session earmarked to focus on general governance would offer an opportunity for further dialogue on the overall performance of Board Committees.

Discussion took place on the actions members would wish to see implemented to address areas identified for improvement in the self-assessment exercise. With a view to supporting more effective evaluation of performance, the Employee Director suggested possibly restructuring the Committee cycle to quarterly meetings, to better reflect the availability of data, on the proviso that any urgent or emerging matters would be tabled as appropriate. The suggestion to include the Board's Health & Wellbeing Champion in the Committee was also supported.

The Director of Workforce agreed with the Employee Director's feedback and commented that it was heartening to note improvements in the Committee's

performance over the past year. The ongoing challenge of providing assurance to the Committee with lagging performance data and the specific need to focus on improvements in this key area was reiterated.

C Grieve, Non-Executive Member, commented on the importance of off-table information briefings, particularly in ensuring the Committee was agile enough to respond to outcomes suggested by transformation groups, such as Re-form Transform Perform (RTP) workstreams. Whilst supporting the inclusion of the Staff Health & Wellbeing Champion in meetings going forward, C Grieve queried whether the suggestion to include the Medical Director in future meetings had been progressed further, noting the value of having the Medical Director's perspective on issues pertaining to this Committee. The Board Secretary agreed to discuss the matter further with the Medical Director and amend the composition of the Committee in the Terms of Reference as appropriate.

**Action: Board Secretary**

The Committee **discussed** the report and **agreed** actions members wished to see implemented to address areas identified for improvement in the Staff Governance Committee Self-Assessment Report 2023/2024.

## 5.2 Annual Review of Staff Governance Committee Terms of Reference

The Head of Corporate Governance & Board Secretary advised that amendments to the Committee's Terms of Reference (ToR) had been tracked within the paper and only minor changes were being proposed, to improve clarity and maintain consistency across all Standing Committees. It was highlighted that the substantive changes within the ToR included two outstanding recommendations from Internal Audit requesting specific references within the ToR around workforce planning and whistleblowing.

The Board Secretary invited C Grieve to speak to amendments that had been suggested subsequent to the paper being issued. C Grieve proposed a change to paragraph 1.4 of the ToR, recommending that the remit of the Committee be expanded to oversee and evaluate staff governance and risk management activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the quality and safety aspects of transformative change programmes and new and innovative ways of working. It was explained that these recommendations had been made in line with similar discussions which had taken place at the March 2024 Clinical Governance Committee and with a view to further strengthening the role of the Committee. Furthermore, C Grieve opined that the ToR were not focussed enough and that there was perhaps a need to review them in their entirety at a later date.

The Committee agreed that an updated draft of the ToR, with the proposed changes suggested by C Grieve, be circulated via email for comment and approval by circulation.

**Action: Head of Corporate Governance & Board Secretary**

The Committee **considered** and **approved** the Staff Governance Committee's Terms of Reference, subject to the changes discussed above.



### 5.3 Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce highlighted the three risks that are aligned to the Staff Governance Committee as at 5 February 2024, referenced in Appendix 1 of the paper, and the associated mitigations in place since the last report was presented at the Committee meeting on 11 January 2024. The Committee noted that the risk scores in relation to the three risks remain unchanged. The rationale for the recommendation to change the description for Risk 11 relating to Workforce Planning & Delivery was also explained.

In the context of the wider risks described in the paper, the Chief Executive drew the Committee's attention to a letter from the Cabinet Secretary to the Co-Chairs of Scottish Terms & Conditions Committee (STAC), notifying of the expectations from government as agreed with Trade Unions for Health Boards to implement the three non-pay aspects of the Agenda for Change (AfC) Pay deal for 2023/2024 with effect from 1 April 2024. It was advised that work is ongoing at pace within NHS Fife to implement the first 30-minute reduction in the working week, in addition to looking at pilots to move to the full reduction from 37.5 hours to 36 hours per week. The Chief Executive emphasised that the two other non-pay elements of the pay deal (namely, the review of Band 5 nursing roles and protected learning time) will also need to be taken into account from a workforce planning perspective. Further guidance is awaited from the Scottish Government on the progressing of their implementation. It was advised that the Director of Workforce will be meeting with the national Human Resource Directors Group and others this week, to discuss how these proposals can be consistently applied across Scotland.

Responding to a query from the Chair as to whether the impact of the above implementations should be formally recorded as a risk, the Chief Executive acknowledged that they should be considered when conducting a further review of the risks. The Head of Workforce Planning & Staff Wellbeing confirmed that the impact of the planned reduction in the working week had already been added to Risk 11 and further work will be undertaken to incorporate the impact of the two other non-pay elements into the Corporate Risk Register.

**Action : Head of Workforce Planning & Staff Wellbeing**

C Grieve queried whether the above AfC implementations were being presented to the Committee as an emerging risk or elements of an existing risk that had never been captured before within the Workforce Directorate Risk Register. The Director of Workforce responded that this was as an existing risk as it had been captured in the Risk Register, however, due to the pace at which the risk was developing and information yet to be clarified, there were also elements of an emerging nature within this risk.

Responding to a further query from C Grieve, the Director of Workforce agreed that the implementation of the three non-pay elements of the AfC pay deal should be escalated to the Board as a risk. The Chief Executive affirmed the need for escalation, adding that this is a complex and multi-faceted risk with clinical, workforce, staff wellbeing and financial implications.

**Action: Committee Chair**

The Committee took a reasonable level of **assurance** that all actions within the control of the organisation are being taken to mitigate the risks highlighted in the report, as far as it is possible to do so. The Committee also **endorsed** the description change for Risk 11: Workforce Planning and Delivery.

#### 5.4 Attendance Management Update

The Director of Workforce invited the Head of Workforce Resourcing & Relations to speak to the report, which presented absence data as at January 2024. It was highlighted that December 2023 had seen the highest absence rate of the year at 7.8% and long term absence continues to rise into 2024. An overview of key absence management initiatives which would continue to be implemented during 2024/2025 was provided. These included standing up of the Attendance Management Group to oversee a multi-factorial review of absence issues, developing absence data analytics that would inform initiatives to support a targeted approach of 'high priority' absence areas, extending Values Based Reflective Practice (VBRP) and promoting the Staff Health and Wellbeing offers. It was acknowledged that this was a complex challenge that required all stakeholders to work together cohesively.

The Employee Director welcomed a targeted approach to manage absence in 'high priority areas' and also an improvement in data analytics which would support efforts. The importance of evaluating the effectiveness of the Staff Health & Wellbeing offering was also emphasised.

The Director of Acute Services advised that the newly appointed General Manager of Women & Childrens Clinical Services, who had a proven track record in absence management, would co-chair the Attendance Management Group, bringing a positive and fresh outlook to supporting improvement across the organisation. In reference to the high absence rate within Ward 32 Medicine of the Elderly (MoE), assurance was provided to the Committee that significant work had been undertaken and was ongoing in this area.

The Director of Health & Social Care provided an overview of the multi-factorial approach that had been adopted towards addressing absence within the Health & Social Care Partnership and illustrated examples such as the importance of Review Panels, one-to-one meetings, working collaboratively with colleagues in Psychology and Occupational Therapy to implement therapeutic interventions in mental health wards to support the nursing team, amongst others.

The Director of Nursing commended the Spiritual Care Service for their role in promoting employee health and wellbeing, whilst recommending that it would be beneficial to capture themes in relation to the reasons for the declining mental health of employees. The Employee Director welcomed this suggestion and commented favourably on the positive feedback received around initiatives such as the Staff Listening Service and Values Based Reflective Practice. A Verrecchia, Co-Chair of the Acute & Corporate LPF, affirmed the invaluable role played by the Spiritual Care Team in the health and wellbeing of employees.

Responding to a query from C Grieve regarding the root causes for psychiatric illnesses amongst employees, which account for a high percentage of overall absence, the Head of Workforce Planning & Staff Wellbeing commented that

although a further breakdown was not available within this absence code, previous deep dives into reasons for absence in this category had attributed the causal factors as multi-faceted, not all of which were work-related.

The Committee **noted** the current absence information detailed within Appendix 1 of the report and the plans on how NHS Fife should approach this complex and long-standing issue.

## **5.5 Whistleblowing Process Short-term Implementation Plan**

The Chair invited the Head of Corporate Governance & Board Secretary and the Head of Workforce Resourcing & Relations to speak to the report, which describes the work underway to progress with a refresh of the process around the governance of Whistleblowing compliance reporting within NHS Fife, in response to Internal Audit recommendations. It is intended that the transition to the new model would take place from 1 April 2024.

A summary of the Board's refreshed approach highlighted in Section 2.3 of the paper included Executive oversight of the Whistleblowing function to move from the Director of Workforce to the Chief Executive, enhanced governance via a Whistleblowing Oversight Group chaired by the Chief Executive, enhanced operational management through introduction of a standalone Whistleblowing Coordinator role, establishment of a cross-functional Whistleblowing Decision Making Team and the introduction of a Speak-Up email and phone line for staff to seek support and advice. It was advised that owing to the current financial pressures, it was not possible to proceed with recruitment to the Whistleblowing Coordinator role at present, however, plans to move forward with the setting up of the Oversight Group and Decision Making Team would still be progressed.

The Head of Workforce Resourcing & Relations advised that an on-going review of the Redeployment Register would be undertaken to examine if there are any suitable individuals within the workforce who could undertake the Whistleblowing Coordinator role in the future.

The Board Chair offered unequivocal support to the Committee in this important area of work, reiterating that the psychological safety of employees was of paramount importance and the organisation needs to do all it can to give staff the confidence that any concerns raised would be addressed and resolved appropriately.

The Employee Director, whilst acknowledging the work that had been done in this area in a relatively short period of time, welcomed the introduction of Confidential Contacts and their ability to signpost and support employees through the Whistleblowing process. The decision to move Executive oversight of the function from the Workforce Directorate and the progression of the Whistleblowing Oversight Group were both heralded as positive steps. The importance of retaining momentum in the areas highlighted was noted. However, the Employee Director expressed that complaints being raised by staff anonymously were an indication that staff did not fully trust the internal processes in place and this was a matter of grave concern.

The Chief Executive acknowledged the Employee Director's feedback whilst affirming that employees need to feel confident to be able to speak up and expressed confidence that management were not complacent in making this evident to staff. Reference was made to feedback within the last iMatter report, which noted that employees felt confident to speak up and had confidence in the culture for doing so.

The Chair acknowledged the efforts of K MacDonald, Non-Executive Member and the Board's Whistleblowing Champion, in progressing the move of Executive oversight in this area to the Chief Executive.

The Director of Workforce assured the Committee that the Workforce Directorate would offer all the necessary support during the transition period and that administrative support for an interim period was in place.

The Committee took **assurance** from the report and noted the content.

## 5.6 Whistleblowing Quarter 3 Report

The Head of Workforce Resourcing & Relations was invited to speak to the report for the period from 1 October to 31 December 2023. It was noted that no whistleblowing concerns were received during this reporting period, however, two anonymous concerns had been received. Enhancements to the report in response to Internal Audit recommendations were highlighted and were reflected in Appendix 1 of the report, including an update on the status of individual actions identified during 2023/2024 and reported in the Whistleblowing Annual Report and Internal Audit Report.

The Committee was informed that the first meeting of Confidential Contacts was due to take place later in March 2024, where feedback would be gathered as to the support that was required to be put in place to make Confidential Contacts confident and competent in their role.

The Chair thanked the Head of Workforce Resourcing & Relations for the enhancements made to the report, whilst also acknowledging the high uptake of whistleblowing training across the organisation.

The Committee took **assurance** from the report which confirmed that there were no whistleblowing concerns received in Quarter 3; two Anonymous / Unnamed Concerns were received; no whistleblowing articles were published in the local press; the whistleblowing training undertaken during Quarter 3 was detailed, along with an update on the status of actions from the previous Whistleblowing Annual Report and Internal Audit Report.

## 5.7 Workforce Planning Update

The Head of Workforce Planning & Staff Health & Wellbeing and the Workforce Planning Lead were invited to speak to the report, which provides an update on current workforce planning activity within the Board with an update on the actions progressed to address the Scottish Government feedback on the current Workforce Plan 2022/2025, included in Appendix 1.

The Workforce Planning Lead provided a comprehensive overview of the workforce modelling tool developed jointly by NHS National Education for Scotland (NES) and the Centre of Workforce Supply to build a labour supply side platform from available data sources, to allow Health Boards to gather the evidence required to support future workforce planning. It was advised that the tool provides insight into the inflows, outflows and changes within education streams that would impact current staffing levels. It also provides access to training details thereby allowing for an estimation of the expected inflows from Nursing & Midwifery graduate streams and Medical and Dental staff completing their higher specialty training. The analysis of these inflows when considered alongside other data sets would facilitate quantification of any gaps in future workforce capacity.

A summary of the benefits and limitations of the tool was provided to the Committee. It was agreed that a demonstration of the workforce modelling tool would be provided at a future Committee Development session.

**Action: Head of Workforce Resourcing & Relations**

The Director of Nursing welcomed the use of the workforce planning tool and the positive impact it would have on the Board's ability to forecast ward staffing and develop appropriate models of patient care.

C Grieve commented favourably on the tool and emphasised that projections of future workforce capacity gaps would be crucial for transformation programmes such as the Re-form, Transform, Perform Programme and others. Due consideration would also need to be given as to how NHS Fife could compete effectively on a national level to attract talent in a labour market where demand exceeds supply.

The Director of Workforce commended the Head of Workforce Planning and Staff Wellbeing, the Workforce Planning Lead and the entire team for their efforts in the execution of this important piece of work and welcomed a deeper dive into the workforce planning tool at a future Board Development session.

The Committee **discussed** the report and took **assurance** from the workforce modelling tool published by The Centre of Workforce Supply and NHS National Education for Scotland which will be utilised as part of the wider discussions within the Re-form, Transform and Perform Agenda, as well as within Workforce Planning and Health and Care (Staffing) (Scotland Act) 2019 discussions.

## **5.8 Bank and Agency Programme Update**

The Director of Workforce was invited to speak to the report, which outlines the progress made by the Bank & Agency Programme to date as well as provides an update on how this programme of work will be integrated with the Re-form, Transform & Perform Programme for 2024/2025. An overview of the programme objectives for 2023/2024 as detailed in section 2.2 of the paper was highlighted.

Whilst the level of activity that had taken place to move away from off-framework agencies was acknowledged, it was also advised that the financial impact of actions taken to reduce the reliance on temporary staffing had not yet realised savings to the extent as laid out in the 2023/2024 financial plan. As a consequence, the overall spend on supplementary staffing remains high.

The Director of Workforce commented that initiatives which were continuing at pace in this area offered a degree of confidence in the work being undertaken as the programme transitioned into 2024/2025. These initiatives included exploring a more robust and effective process for managing nurse bank invoicing, implementation of a Direct Engagement model for medical locums which would allow the Board to claim 20% VAT against invoices for all locums engaged via this model, staff bank consolidation and the Workforce Workstream of the Re-form, Transform, Perform Programme which would focus on priorities such as the Junior Doctor Rota Review, Supplementary Staffing Review, Administration and Systems Review, Vacancy Management, and Skill Mix Review.

The Director of Workforce acknowledged the efforts of all colleagues and in particular the support of the Director of Acute Services and the Director of Health of Health & Social Care in the progress that had been made to date to reduce reliance on supplementary staffing.

In response to a query from C Grieve regarding a cost / benefit analysis of staff bank consolidation, the Director of Workforce advised that an options appraisal would be presented to the Executive Directors Group in March 2024 to support the amalgamation of all staff banks into a single resource.

The Chief Executive drew the Committee's attention to the recently established National Medical Locum Task & Finish Group, the remit of which was to ensure consistency of approach across Scotland and best value for public funds where medical locums needed to be engaged. It was noted that the Chief Executive had been appointed as Co-Chair of this group and updates would be shared with the Committee going forward.

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

## **5.9 Armed Forces / Veterans Update**

Mairi McKinley, Senior Practitioner, Advanced Practice and NHS Fife Armed Forces & Veterans Champion, joined the meeting for this agenda item. She was invited to share a presentation which provided insight into the Board's efforts in administering the Armed Forces Covenant in line with statutory obligations, as mandated by the Scottish Government. The role of Dr C McKenna, the Board's Medical Director as Executive Lead, and M McKinley as the Operational Lead in this programme was noted. NHS Fife representation on national groups, such as the Strategic Group chaired by the Chief Medical Officer and the Implementation Group chaired by the National Clinical Director, was highlighted.

From a workforce perspective, reference was made to the provisions of the existing NHS Fife Reserve Forces Training and Mobilisation Policy (HR29), which offers support to employees who are members of, or wish to join the Volunteer Reserve Forces. The role of the Armed Forces Talent Programme established by NES to promote the recruitment of skilled and trained military professionals to healthcare services was also emphasised.

The Director of Workforce expressed his sincere gratitude to M McKinley in recognition of her efforts as the NHS Fife Armed Forces & Veterans Champion,

underscoring that this role was being performed in a voluntary capacity and in addition to her substantive role. The Chair and the Director of Nursing echoed these sentiments.

The Committee **noted** the update.

#### **5.10 Final Annual Workplan 2024/2025**

The Director of Workforce was invited to speak to the workplan, which had been previously presented to the Committee for discussion on 11 January 2024. Taking into account deliberations that had taken place earlier at today's meeting, the Director of Workforce recommended that the 2024/2025 Annual Workplan be further updated to include explicit references to workforce workstreams earmarked to feed into the Re-form, Transform, Perform Programme. It was advised that this would facilitate assurance to the Committee on the progress being made within these important transformative areas. The Committee agreed that this update would be captured in future iterations of the rolling workplan.

The Committee **approved** the Annual Workplan 2024/2025, subject to the addition of RTP reporting.

#### **5.11 Delivery of Annual Workplan 2023/2024**

The Director of Workforce presented the report, which highlights updates made to the Annual Workplan for 2023/2024 since it was presented to the Committee for discussion on 11 January 2024.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Annual Workplan for 2023/2024.

### **6. QUALITY / PERFORMANCE**

#### **6.1 Integrated Performance & Quality Report**

The Director of Workforce spoke to the report, which measures Sickness Absence, PDPR Compliance and Training. It was reported that sickness absence has increased from 7.64% in November to 7.80% in December 2023, whilst PDPR compliance has decreased slightly to 41.6% in December, a decrease of 0.5% from the prior month. Medical & Dental WTE vacancies did not reflect a change from the June figure of 30.2. Nursing & Midwifery WTE vacancies have seen a significant decrease for this reporting quarter, dropping from 507.7 WTE to 282.1 WTE. It was also advised that AHP WTE vacancies have decreased to their lowest level since March 2022. An overview of the mitigating actions in place to improve performance was outlined.

The significance of the Re-form, Transform, Perform Programme as a whole system approach that could potentially effect improvements in IPQR metrics was acknowledged.

C Grieve reiterated the importance of identifying linkages between the individual elements of the performance metrics.

The Committee **considered** the NHS Fife performance, as summarised in the IPQR, and took **assurance** from the report.

## **7. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD**

### **7.1 Training Compliance Report 2022/2023**

The Director of Workforce invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which provides an update on NHS Fife's Mandatory Core Training Compliance performance as at 22 January 2024. The report features a 56% completion rate across the nine core skills topics and illustrates mitigating actions in place to improve the organisation's position in this area. The relationship between IPQR metrics and the leadership challenge they present to the efforts of fostering a learning and engagement ethos in NHS Fife was recognised.

The Employee Director commented favourably on the comprehensive information detailed in the report and acknowledged improvements in the uptake of manual handling training. It was, however, noted that overall training attainment was disappointing and significant measures were needed to improve these metrics. Whilst conceding the challenges faced in this area, the Employee Director stressed that momentum should not be lost, particularly noting the positive impact of a trained workforce on staff and patient health, wellbeing and safety.

In response, the Director of Acute Services offered assurance to the Committee by providing examples of the concerted efforts being employed to improve training compliance, particularly within Acute, despite extreme staff and service pressures ongoing.

The importance of facilitating the transfer of acquired knowledge to the workplace, as well as providing a beneficial learning experience to all staff was acknowledged.

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

### **7.2 Internal Control Evaluation Report: Staff Governance Standard**

The Head of Workforce Planning & Staff Wellbeing advised that this report had been developed in response to a recommendation by Internal Audit to offer assurance that the Staff Governance Committee had met the stipulations of its Terms of Reference in respect of oversight of the Staff Governance Annual Monitoring Return, NHS Scotland Staff Governance Standard compliance and the Annual Whistleblowing Report. Feedback was sought as to whether the Committee was content with the approach that had been adopted in discharging its obligations in these core areas of the Committee's business.

The Chair commented favourably on the comprehensive nature of the report.

The Head of Corporate Governance & Board Secretary acknowledged the value of being able to consider the report as a standalone agenda item, noted that it provided examples of the efforts that had been made to respond to the recommendations of Internal Audit and that additional measures (such as



signposting on agendas which element of the Standard each report relates to), have helped raised visibility of the Committee's coverage across the full reporting year.

The Committee took **assurance** from and **noted** the contents of the report and the evidence provided in Appendix 1 which highlighted evidence towards completion of B08/24 Internal Control Evaluation Report 2023/2024 and B06/24 Internal Audit Annual Report 2022/2023.

## **8. LINKED COMMITTEE MINUTES**

The Committee **noted** the following linked Committee Minutes:

- 8.1 Area Partnership Forum held on 24 January 2024 (unconfirmed)
- 8.2 Acute Services Division and Corporate Directorate Local Partnership Forum held on 21 December 2023 (unconfirmed)
- 8.3 Health and Social Care Partnership Local Partnership Forum held on 21 November 2023 (confirmed)
- 8.4 Equality & Human Rights Strategy Group held on 1 February 2024 (confirmed)

## **9. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **9.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

### **9.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board**

The Committee agreed to highlight to the Board the non-pay aspects of the 2023/2024 Agenda for Change Pay Agreement in relation to Protected Learning time, Review of Band 5 Nursing Roles and Reduction in the Working Week, which the Board has recently been advised will be implemented from 1 April 2024, noting the potential impact on current workforce and financial pressures.

## **10. ANY OTHER BUSINESS**

There was no other business.

## **11. DATE OF NEXT MEETING**

Tuesday, 14 May 2024 at 10.00 am, via MS Teams.

**INTEGRATION JOINT BOARD**  
**(Meeting on 24 November 2023)**

No issues were raised for escalation to the Board.



## MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) FRIDAY 24 NOVEMBER 2023 AT 10.00 AM

<b>Present</b>	Arlene Wood (AW) (Chair) Graeme Downie (GD) (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) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB) Chris McKenna (CM), Medical Director, NHS Fife Janette Keenan (JK), Director of Nursing, NHS Fife Lynne Parsons (LP), Employee Director, NHS Fife Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
<b>Professional Advisers</b>	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Deputy Medical Director Lynn Barker (LB), Director of Nursing – HSCP
<b>Attending</b>	Lisa Cooper (LC), Head of Primary & Preventative Care Services Lynne Garvey (LG), Head of Community Care Services Rona Laskowski (RLAs), Head of Complex & Critical Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Jacquie Stringer (JS), Service Manager Fiona Forrest (FF), Deputy Director of Pharmacy (NHS Fife) Lindsay Thomson (LT), Head of Legal & Democratic Services (for Vanessa Salmond (VS), Head of Corporate Services) Hazel Williamson (HW), Communications Adviser Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
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1	<b>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</b>	
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Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board meeting including Lynne Parsons, Employee Director at NHS Fife who recently took up this role and Wilma Brown who has rejoined the IJB as a stakeholder member, in her role as Interim Staff Side Representative for NHS Fife, replacing Simon Fevre who retired in October.

Arlene Wood congratulated Dr Jo Bowden and Dr Andrew Blaikie on their success at the Scottish Health Awards which were held in Edinburgh on 2 November 2023. Dr Bowden won the Doctor Award whilst Dr Blaikie took home the prize for Global Citizenship. Dr Kerri Davidson, Physiotherapist and Pierette Melville were shortlisted for the Doctor and Allied Health Professional Awards respectively.

Apologies had been received from Mary Lockhart, Eleanor Haggett, Debbie Fyfe, Vanessa Salmond, Roy Lawrence and Chris Moir.

NO	TITLE	ACTION
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Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking and that, in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.

A recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.

**2 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 28 JULY 2023**

The Minute and Action Note were both approved as accurate records.

**4 CHIEF OFFICER UPDATE**

Arlene Wood handed over to Nicky Connor who provided the Chief Officer update which began with congratulations to Almondvale Care who won three awards at the recent National Care Home Awards.

A briefing was issued to IJB members yesterday updating on a fire at Raith Manor Care Home in Kirkcaldy on Wednesday of this week. Nicky paid tribute to all those involved in Team Fife approach which ensured all displaced residents were placed in alternative care homes on the same day. Arlene Wood acknowledged the response to the incident and thanked those involved.

The Integrated Leadership Team met yesterday and around 150 staff from NHS Fife, Fife Council, the 3<sup>rd</sup> and Independent Sectors attended the session which was around Kindness. This session was recorded and could be shared with IJB members.

The regular IJB briefing was circulated to members prior to the meeting.

**5 STRATEGIC PLANNING & DELIVERY**

**5.1 Year One Workforce Annual Report & Year Two Workforce Plan**

Arlene Wood began this issue by acknowledging the work undertaken by Nicky Connor, Roy Lawrence and his team in producing these comprehensive proposals.

This report had been discussed at the Quality & Communities Committee on 2 November 2023, the Finance, Performance & Scrutiny Committee on 10 November 2023 and the Local Partnership Forum on 21 November 2023.

Arlene Wood introduced Nicky Connor who presented this report on behalf of Roy Lawrence. In November 2022 the IJB approved the Workforce Strategy and the first year's Workforce Plan. This report covers the progress to date on the short-term actions agreed, the majority of which have been completed. Those which have not been completed will be a priority on Year 2. An Internal Audit has recently been undertaken and although the final report has not been received, the recommendations from the Report have been included in the Year 2 Plan. The final Internal Audit Report will come through the governance route early in the new year.

The Year 1 Report is testament to the staff in all areas.

NO	TITLE	ACTION
5	<p><b>5.1 Year One Workforce Annual Report &amp; Year Two Workforce Plan (Cont)</b></p> <p>Arlene wood invited in turn Sinead Braiden, Chair of Quality &amp; Communities, Alastair Grant, Chair of Finance, Performance &amp; Scrutiny and Nicky Connor, Co-Chair of the Local Partnership Forum to comment on discussions at that meeting before questions from Board members. Sinead Braiden and Alastair Grant advised that their respective Committees discussed the report in detail, commended the good work involved and were happy to remit it to the IJB. Nicky Connor advised the LPF were keen to celebrate the achievements in the report whilst acknowledging the ongoing challenges and pressures. In a bid to strengthen governance, the LPF had requested that the minutes from the Workforce Group are taken to future LPF meetings to ensure trade union and staff side involvement.</p> <p>Board members welcomed the report and congratulated Roy Lawrence and his team on the work which went into it.</p> <p>Discussion took place around the liaison with schools which was not as successful in some areas such as Foundation Apprenticeships which have a relatively high drop-out rate. Ian Dall asked if exit interviews took place with young people who left apprenticeships, etc. Nicky Connor undertook to speak to the team and feedback on this.</p> <p>The Board took assurance on the work undertaken to deliver our Year 1 Workforce Action Plan as defined in the Annual Report and summary of short-term actions defined within the Workforce Strategy &amp; Plan 2022-25 with any on-going actions being carried forward into the Year 2 Plan. The Board were also assured that the internal audit report provides reasonable assurance; work has already commenced to progress the recommendations as defined in this SBAR and that the full internal audit report will be discussion at the Audit and Assurance Committee in January 2024.</p> <p>The Year 2 Action Plan and workforce priorities for the year ahead were agreed as was the expectation that a six-monthly interim update on the Year 2 Action Plan will be presented to the Finance, Performance &amp; Scrutiny Committee in May 2024.</p>	<p><b>RLaw</b></p> <p><b>NC</b></p>
6	<p><b>LIVED EXPERIENCE &amp; WELLBEING</b></p> <p><b>6.1 Lived Experience – Link Life Fife and Me</b></p> <p>Arlene Wood introduced Lynn Barker and Jacquie Stringer who gave some background on Link Life Fife.</p> <p>A video was shared which detailed two very different stories and highlighted the work Link Life Fife in changing the lives of people in Fife.</p> <p>The video was powerful and invaluable in showing the Board the impact services provided the partnership have on people.</p> <p>Arlene Wood asked that the thanks for the Board be given to all involved in preparing this video.</p>	

## 7 INTEGRATED PERFORMANCE

### 7.1 Transformation – Care at Home Review

This report had been discussed at Quality & Communities Committee on 2 November 2023, Finance, Performance & Scrutiny on 10 November, a Combined Committee on 15 November 2023 and the Local Partnership Forum on 21 November 2023.

Arlene Wood introduced Lynne Garvey who presented this report which is the first of four transformation areas to come to the Board. Points raised at previous meetings had been reflected in the final SBAR and Overview which had been circulated with the papers for this meeting.

Arlene Wood then invited in turn Sinead Braiden, Chair of Quality & Communities and the Combined Committee, Alastair Grant, Chair of Finance, Performance & Scrutiny and Nicky Connor, Co-Chair of the Local Partnership Forum to comment on discussions at that meeting before questions from Board members. Rich discussion at taken place at each of these meetings, clarity had been provided on consultation, all points raised were detailed in the papers and groups were content to remit this to the IJB for approval.

The Board discussed the proposed Transformation of the Care at Home Review, took assurance from the work done to develop the model and the scrutiny undertaken at the Quality and Communities Committee, Finance, Performance and Scrutiny Committee, Local Partnership Forum and Combined Committee and agreed the proposed model and to support the Senior Leadership Team to operationalise the model with partners and provide updates to the Finance, Performance and Scrutiny Committee through the reports on transformation and regular financial reporting.

### 7.2 Transformation: Reimagining the Third Sector

This report had been discussed at Quality & Communities Committee on 2 November 2023, Finance, Performance & Scrutiny on 10 November, a Combined Committee on 17 November 2023 and the Local Partnership Forum on 21 November 2023.

Arlene Wood introduced Fiona McKay who presented this report which has the support of Fife Voluntary Action (FVA). Kenny Murphy spoke of the opportunity to look at future projects whilst ensuring sustainability and maximum impact for the public pound. This will be a chance to scale up some of the work already in place in some parts of Fife to increase community resilience.

Arlene Wood then invited in turn Sinead Braiden, Chair of Quality & Communities, Alastair Grant, Chair of Finance, Performance & Scrutiny, Graeme Downie, Chair, Combined Committee and Nicky Connor, Co-Chair of the Local Partnership Forum to comment on discussions at that meeting before questions from Board members. The points raised at all these meetings had been included in the final SBAR and Overview, risk had been considered and all were content to remit this to the IJB for approval.

## 7.2 Transformation: Reimagining the Third Sector

The Board discussed the proposed transformation to progress Reimagining the Third Sector: Phase 2 and took assurance from the work done in Phase 1 which was presented to the Integration Joint Board in September 2023 and from the scrutiny undertaken at the Quality and Communities Committee, Finance, Performance and Scrutiny Committee, Local Partnership Forum and Combined Committee. The Board also agreed the proposed model and supported the Senior Leadership Team to operationalise the model with partners and provide updates to the Finance, Performance and Scrutiny Committee through the reports on transformation and regular financial reporting.

## 7.3 Finance Update

This report had been discussed at the Finance, Performance & Scrutiny Committee on 10 November 2023 and the Local Partnership Forum on 21 November 2023.

Arlene Wood introduced Audrey Valente who presented this report which showed a projected outturn overspend of £1.468m at the end of September 2023. Current key areas of overspend include Hospital & Long-Term Care, GP Prescribing, Family Health Services and Older People Residential and Day Care. These overspends are offset by the underspends in Community Services, Older People Fife Wide / Hospital Discharge, Adults Fife Wide and Adults Supported Living.

Reserves of £10m had been set aside to cover potential delays in achieving savings, to date £8m of this has been used and the remaining £2m will be returned to the Reserves balance if not required.

A Recovery Plan will be brought to the IJB on 2 February 2024.

Arlene Wood then invited in turn Alastair Grant, Chair of Finance, Performance & Scrutiny Committee and Nicky Connor Co-chair of the Local Partnership Forum to comment on discussions at the Committee before questions from Board members. Nothing was raised from either meeting.

The Board were assured that there is robust financial monitoring in place, the approved the financial monitoring position as at September 2023 and approved the use of the Reserves and proposed recovery actions as at September 2023.

## 8 GOVERNANCE & OUTCOMES

### 8.1 Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation Update 2023

This report had been discussed at the Finance, Performance & Scrutiny Committee on 10 November 2023.

Arlene Wood introduced Fiona McKay who presented this report which was an annual update. There are six areas of self-evaluation to be undertaken and discussion has taken place on best to take this forward.

Arlene Wood then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee, it was felt that good progress was being made against agreed targets.

NO	TITLE	ACTION
8.1	<b>Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation Update 2023 (Cont)</b>	FM
	<p>Morna Fleming expressed her disappointment that Board members had not been invited to contribute to this self-evaluation, despite assurances pre-covid that this would happen. Fiona McKay will discuss this with Morna Fleming out with the meeting.</p> <p>The Board noted the Partnership’s progress towards the Ministerial Strategic Group (MSG) integration proposals as detailed in the Self- Evaluation Update (Appendix 1) and approved the report. Once finalised the Self- Evaluation Update can be provided to the Scottish Government/ Ministerial Strategic Group for information and noting.</p> <p>Arlene Wood asked that this be brought to the next Development Session (15 December 2023) to assist Board members in understanding the process for self-evaluation for MSG and other items.</p>	
	<b>8.2 Membership of Integration Joint Board</b>	
	<p>Arlene Wood introduced Nicky Connor who presented this report which is being provided to advise members of changes to IJB membership.</p> <p>The Board noted the content of the report.</p>	
9	<b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b>	
	<b>9.1 Annual Review of Best Value 2022-2023</b>	
	<p>This report had been discussed at the Audit and Assurance Committee on 8 November 2023.</p> <p>Arlene Wood introduced Fiona McKay who presented this report. The Best Value Framework is in place and work continues to ensure this is linked to the MSG Indicators and audit requirements.</p> <p>Arlene Wood then invited Dave Dempsey, Chair of Audit and Assurance to comment on discussions at the Committee before questions from Board members. Dave Dempsey confirmed that committee had made some suggestions on improvement for next year’s report and were happy to remit this to the IJB for approval.</p> <p>The Board approved the Partnership’s Annual Review of Best Value for 2022–2023.</p>	
	<b>9.2 Public Sector Climate Change Duties 2023</b>	
	<p>This report had been discussed at the Finance, Performance and Scrutiny Committee on 10 November 2023.</p> <p>Arlene Wood introduced Audrey Valente who presented this report which the partnership has a statutory duty to submit to Scottish Government by 30 November 2023. The report provided information on progress made to date and priorities for the coming year.</p> <p>Arlene Wood then invited Alastair Grant, Chair of Finance, Performance &amp; Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Alastair Grant advised committee agreed with the priorities in the report and recommended approval by the IJB.</p>	



## 9.2 Public Sector Climate Change Duties 2023

The Board considered and agreed the priorities for climate change governance, management and strategy for the year ahead as set out in the assessment section of this report as summarised below. These will then be included in the annual report to Scottish Government. In conjunction with Community Planning partners the Board supported the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 – 2030 and continue to work closely with partners on the development of the Anchors Strategic Plan.

The Board will continue to support and promote awareness raising of climate change issues for staff working in the HSCP, making use of accessible training, and learning opportunities offered by partner bodies and others and will continue to work with partners to identify opportunities to work more efficiently and sustainably.

The Board will also monitor actions and outcomes aligned to the delivery of the Strategic Plan 2023-2026, including those within the supporting strategies, that promote co- benefits with climate change strategies and continue to review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies.

## 9.3 Armed Forces Covenant Duty – Update Report

This report was discussed at the Quality and Communities Committee on 2 November 2023.

Arlene Wood introduced Fiona McKay who shared a short presentation which outlined what this duty means for the Board.

The UK Armed Forces Covenant has been in place since 2011. The aim of the Covenant is to ensure that the Armed Forces Community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most. The Armed Forces Act 2021 came into force on 22nd November 2022. The new Act builds on existing legislation (the Armed Forces Act 2006) and reinforces the Armed Forces Covenant by placing legal requirements on organisations including Fife Council, NHS Fife and the Health and Social Care Partnership/Fife Integration Joint Board.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities and Graeme Downie, Chair of Strategic Planning Group to comment on discussions at their meetings. Good discussion had taken place at both meetings and they agreed that this report should be remitted to the IJB.

Discussion took place around the army base at Leuchars and the impact that additional personnel will have on local infrastructure. Close working is ongoing to monitor this.

The Board is noted the contents of this report and related Work Plan, discussed the implications of the Armed Forces Covenant Duty for the Health and Social Care Partnership and recommended that the national Forces Connect App is used to host a local directory of the services and support that are available for the Armed Forces Community in Fife.

NO	TITLE	ACTION
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**9.4 Pharmaceutical Care Services Report 2022-2023**

This report was discussed at the Quality and Communities Committee on 2 November 2023.

Arlene Wood introduced Fiona Forrest who presented this report on behalf of Ben Hannan. Fiona Forrest advised that 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 is reported to the IJB for assurance regarding the Delegated Functions in line with the Integration Scheme. The report gave a comprehensive overview of the significant contribution community pharmacies make to the health and wellbeing of Fife residents. They provide an increasing number of services in a time of significant increase in demand.

A public engagement period of 4 weeks is provided giving consultees an opportunity to comment on the draft PCSR.

Arlene Wood then invited Sinead Braiden, Chair of Quality & Communities to comment on discussions at that meeting before questions from Board members. Sinead Braiden advised that the report had been well received.

Discussion took place around the consultation undertaken as part of producing this report, the need to educate the public about the services provided by community pharmacies and how best to promote these. Fiona Forrest advised public awareness was to be a priority in the coming year.

Concerns were raised around the process for approving new community pharmacies and whilst the challenges were recognised, as this is independent of NHS Fife and the partnership, no further discussion took place on this.

It was agreed to bring an item to a future IJB Development Session on Community Pharmacies.

**BH/FF**

The Board were assured that the Pharmaceutical Care Services Report (PCSR) for 2022/23 provides a comprehensive overview of core and additional services provided by community pharmacies in Fife; a robust locality assessment and an overall recommendation that there is no unmet need within NHS Fife currently and noted that this report will be published once approved by NHS Fife Board.

**10 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED**

**Audit & Assurance Committee**

Dave Dempsey advised his committee had discussed the Internal Audit Report which would be brought to the Quality and Communities Committee in January 2024.

**Finance, Performance & Scrutiny Committee**

Alastair Grant had no issues to escalate, having provided updates through this meeting.

**Quality & Communities Committee**

Sinead Braiden had no issues to escalate, having provided updates through this meeting.

NO	TITLE	ACTION
10	<p><b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED (CONT)</b></p> <p><b>Local Partnership Forum (LPF)</b></p> <p>Nicky Connor advised that the September 2023 LPF meeting had been cancelled due to industrial action and there were no issues to escalate from the November meeting.</p> <p><b>Strategic Planning Group (SPG)</b></p> <p>Fiona McKay Chaired the September meeting and advised there were no items to escalate.</p> <p>Graeme Downie <b>Chaired the November</b> meeting and advised there were no items to escalate.</p>	
11	<p><b>AOCB</b></p> <p>As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming dates of the next meetings.</p>	
12	<p><b>DATES OF NEXT MEETINGS</b></p> <p><b>IJB DEVELOPMENT SESSION – FRIDAY 15 DECEMBER 2023</b></p> <p><b>INTEGRATION JOINT BOARD – FRIDAY 2 FEBRUARY 2024</b></p>	

**FIFE PARTNERSHIP BOARD**  
**(Meeting on 13 February 2024)**

The NHS Fife and Fife H&SCP Anchors Strategic Plan was presented at the meeting.

No issues were raised for escalation to the Board.

**THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING**

13 February, 2024

10.00 am – 11.45 am

**PRESENT:** Councillors David Ross (Convener), David Alexander and Linda Erskine; Ken Gourlay, Chief Executive, Fife Council; Carol Potter, Chief Executive, Joy Tomlinson, Director of Public Health, Patricia Kilpatrick, Chair of NHS Fife Board, NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Debbie West, DWP Customer Service Leader, Department of Work & Pensions; Lesley Caldwell, Senior Community Engagement and Social Responsibility Manager, St Andrews University; Brian Butler, Partnership Manager and Beth Harley-Jepson, SESTran; Chief Superintendent Derek McEwan, Police Scotland; Sarah Robertson, Station Commander, Scottish Fire & Rescue Service and Julie Shields, Scottish Ambulance Service.

**ATTENDING:** Carol Connolly, Executive Director Place; Gordon Mole, Head of Business & Employability, Kirsty Martin, Service Manager - Employability & Employer Engagement, Employability Service; Sinead O'Donnell, Policy and Delivery Manager, Communities & Neighbourhoods and Michelle Hyslop, Committee Officer, Committee Services.

**ALSO ATTENDING:** Susan Budd, Engagement & Community Support Officer, Ministry of Defence.

**APOLOGIES FOR ABSENCE:** Alison Taylor, Place Director, Scottish Government; Jim Metcalfe, Principal and David Watt, Chair, Fife College.

**42. MINUTE**

The Board considered the minute of the Fife Partnership Meeting of 21 November 2023.

**Decision**

The Board agreed to approve the minute.

**43. PRESENTATION FROM MINISTRY OF DEFENCE**

The Board considered a presentation by Susan Budd, Engagement and Community Support Officer, Ministry of Defence, Leuchars.

**Decision**

The Board: -

- (1) welcomed and noted the presentation; and
- (2) agreed that partners would link in with Susan to continue discussions.

#### 44. COMMUNITY WEALTH BUILDING – DEEP DIVE

The Board considered a report by the Executive Director – Place advising on Fife's response to the recovery & renewal priorities in relation to Community Wealth Building (CWB) as set out in the 2021-2024 Plan. The report detailed the key issues and opportunities for collaboration across all anchor organisations as part of the Community Wealth Building reform ambition.

##### Decision

The Board: -

- (1) welcomed and noted the presentation by Kirsty Martin;
- (2) acknowledged the progress and key issues identified in embedding Community Wealth Building policy and practice across all partner organisations;
- (3) noted the opportunities to support implementation through partnership collaboration, and scaling of initiatives as set out in the report; and
- (4) agreed that the Recovery and Renewal Leadership Board would develop Fife Council's Life Chances Model for employability and noted that this would assist in the progression of public sector recruitment on a partnership basis.

#### 45. ANCHOR PROGRAMME AND STRATEGIC PLAN

The Board considered a report by the Director of Public Health, NHS Fife providing partners with an overview of the Anchor Programme and Strategic Plan for NHS Fife and Fife Health and Social Care Partnership.

##### Decision

The Board noted and commented on: -

- (1) the progress of the Anchor's programme and guidance issued to NHS Boards;
- (2) the existing partnership working within the strategic plan; and
- (3) the opportunities for future collaboration between partners.

#### 46. DISCUSSION

The Board asked partners to consider the following discussion points.

- What if the life chances model was developed on a Fife Partnership basis?
- What if Fife had one digital portal offering which supported community benefit capture in individual procuring organisations?
- What if we could jointly map our assets to support planning service delivery for places and reducing our carbon footprint?

**Decision**

The Board: -

- (1) welcomed the discussion topics and noted the continued collaboration work throughout the partnership board;
- (2) welcomed feedback from partners in shaping the anchor metrics;
- (3) acknowledged NHS Fife's commitment to the life chances model;
- (4) noted the continued barriers to employment and agreed to look at the employability pathways between all partnership services to improve employability;
- (5) noted that the ESES tool is available for all anchor partner organisations to access; and
- (6) agreed that partners would look into how they can contribute to the life chances model for their individual organisations.

**47. NEW PARTNER MEMBER – SCOTTISH AMBULANCE SERVICE**

The Board considered a report by the Executive Director - Communities providing partners with an overview of the Scottish Ambulance Services in Fife. The report detailed ways in which Scottish ambulance services could contribute to the Plan for Fife ambitions.

**Decision**

The Board: -

- (1) considered the work of the Scottish Ambulance Service; and
- (2) agreed that Julie Shields from the Scottish Ambulance Services would be added as a partner on the Fife Partnership Board.

**48. FIFE'S UK SHARED PROSPERITY INVESTMENT PLAN**

The Board considered a report by the Executive Director - Place presenting the updated Fife's UK Shared Prosperity Investment Plan for 2022/25.

**Decision**

The Board endorsed the updated Fife's UK Shared Prosperity Investment Plan for 2022/2025.

**49. DATE OF NEXT MEETING**

**Decision**

The next Board meeting would take place on 21 May 2024.

## **Fife NHS Board**

Confirmed

### **MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON WEDNESDAY 13 DECEMBER 2023 AT 1.30PM VIA MS TEAMS**

#### **Present:**

Alastair Grant, Non-Executive Member (Chair)  
Cllr Graeme Downie, Non-Executive Member (*from item 5.4*)  
Anne Haston, Non-Executive Member  
Kirstie MacDonald, Non-Executive Member

#### **In Attendance:**

Kevin Booth, Head of Financial Services & Procurement  
Andy Brown, Principal Auditor  
Chris Brown, Head of Public Sector Audit (UK), Azets  
Pauline Cumming, Risk Manager  
Andrew Ferguson, Senior Audit Manager, Azets  
Alistair Graham, Associate Director of Digital & Information (*item 5.3 only*)  
Barry Hudson, Regional Audit Manager  
Amy Hughes, Senior, Azets  
Jocelyn Lyall, Chief Internal Auditor  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Margo McGurk, Director of Finance & Strategy  
Hazel Thomson, Board Committee Support Officer (Minutes)

#### **Chair's Opening Remarks**

The Chair welcomed everyone to the meeting.

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

#### **1. Apologies for Absence**

Apologies were received from member Aileen Lawrie (Non-Executive Member) and attendee Carol Potter (Chief Executive).

#### **2. Declaration of Members' Interests**

There were no declarations of interest made by members.

#### **3. Minute of the last Meeting held on 31 August 2023**

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



#### 4. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates and the closed items on the Action List.

#### 5. RISK

##### 5.1 October 2023 Risk Management Development Session Outputs

The Director of Finance & Strategy presented the paper which sets out the key aspects of the discussion.

It was noted that there was a positive response in relation to the improvements made to risk management reporting and the introduction of the deep dives. It was noted that the Risk & Opportunities Group will be exploring further enhancements.

It was acknowledged that the Committee explored their risk management responsibilities and agreed to enhance that through requesting updates from the other Committees on their discussion on the corporate risk register to further support this.

It was acknowledged that an excellent presentation was provided from the Associate Director of Digital & Information in terms of further developing the dashboard.

The Director of Finance & Strategy stated that a number of actions from the session will be added to the Committee action list.

**Action: Director of Finance & Strategy/Board Committee Support Officer**

The Committee **approved** the note of the development session.

##### 5.2 Corporate Risk Register

The Director of Finance & Strategy advised that the report was presented to the full NHS Fife Board at the November 2023 meeting for scrutiny.

It was reported that since the last report the strategic risk profile is unchanged, no risks have been closed, and two potential new corporate risks have been identified relating to the Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019, and Future Biological Threats including Pandemics, which will be added to the Corporate Risk Register for the next iteration.

A Haston, Non-Executive Member, requested an update on risk 9 – quality & safety. The Director of Finance & Strategy advised that the Chief Executive had commissioned an external review around triangulation of risks in this area and the purpose of the review was to explore if further management reporting around quality & safety was required, to provide greater assurance. It was advised that the previous Chief Internal Auditor has been commissioned to take this review forward.

The Committee took a **“reasonable” level of assurance** that all actions, within the control of the organisation, are being taken to mitigate the risks as far as is possible to do so.

### 5.3 Risk & Opportunities Group Progress Report

The Associate Director of Digital & Information confirmed updates on elements of the risk management improvement programme, particularly around the work of the presentation of the corporate risk register, the role of the deep dive and supporting further improvement in the operational risk management, which will be provided in due course.

A Haston, Non-Executive Member and the Chief Internal Auditor both expressed support for the ongoing work.

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

### 5.4 Risk Management Policy Update

The Director of Finance & Strategy reported that the Risk Management Framework was approved at the September 2023 Board meeting. It was noted that there had been an outstanding action to update the Risk Management Policy and the Director of Finance & Strategy explained that once the previous Policy had been revised, there was considerable duplication and overlap with the content of the Framework.

Committee attendees commented that there was strong support from the Risk & Opportunities Group to expand the Framework document to capture essential content from the Policy, as detailed in the paper. It was also noted that this would prevent multiple sources of the same guidance, and that it could be managed within the Risk Management Team to ensure the Framework remains current.

A Haston, Non-Executive Member, questioned if there was a benefit of having two separate documents. In response, the Director of Finance & Strategy explained that the Framework now contained all new or additional content, which will enable easier engagement and guidance for staff.

The Committee took **assurance** from the update and **approved** the proposal within.

## 6. INTERNAL AUDIT

### 6.1 Delivering Excellence in Internal Audit

The Chief Internal Auditor presented on Delivering Excellence in Internal Audit and was thanked for an informative presentation.

### 6.2 Internal Audit Progress Report

The Regional Auditor Manager advised that the paper provides assurance on progress against the current internal audit plan. It was highlighted that there have been delays in finalising audits due to staff absences. It was further highlighted that the 2023/24 some revisions to the plan will be shared with the Committee members in January 2024.

The Committee took **assurance** on the progress on the delivery of the Internal Audit Plan.

### 6.3 Internal Audit – Follow Up Report on Audit Recommendations 2022/23

The Principal Auditor provided a summary of the paper. It was advised that there are currently six actions that are older than one year, and extended review dates have been agreed with the appropriate officers; the detail is provided within appendix C. It was noted that extensions are routinely reviewed to consider how likely it is that actions will be implemented by the revised implementation date.

Members considered the content of appendix D – Recommendations less than 1 year and agreed to receive updates only on recommendations less than one year old that have a fundamental or significant priority, with the caveat that they could be signposted to the information, if required.

The Committee took **assurance** from the status of Internal Audit recommendations recorded within the AFU system.

### 6.4 Internal Controls Evaluation (ICE) Report 2023/24

The Chief Internal Auditor advised that a full review of all areas of governance has been carried out, which supports identifying any potential issues that may impact the governance statement. It was noted that the ICE report sits alongside the annual report and year end audits report.

It was advised that the report is positive with a real focus on improvement. The main challenges and improvement themes from the report included delivering financial sustainability; a requirement for broader strategic reform; realistic workforce plans; and a need to work closely with partners to address capacity and flow issues.

Key developments were highlighted, including the Population Health & Wellbeing Strategy and the continuing development of the Integrated Performance & Quality Improvement Report.

The Chief Internal Auditor advised that positive engagement continues with responsible officers, in terms of the actions, and that the position on all the previous years' recommendations is provided within the report. An overview was provided on progress on a number of key recommendations.

Following a question from A Haston, Non-Executive Member, the Director of Finance & Strategy provided clarity in relation to the table of assurances and financial sustainability action plan.

Following a query from G Downie, Non-Executive Member, the Director of Finance & Strategy confirmed that scenarios have been prepared in advance of the December SG budget statement, that discussions take place with other NHS Scotland Health Boards, and that the pressure areas are similar across the boards.

The Committee took **assurance** from the Internal Control Evaluation report.

## 7. EXTERNAL AUDIT

## 7.1 Annual Audit Plan 2023/24

A Hughes, Azets, spoke to the External Audit Annual Audit Plan. She highlighted the significant risks of material misstatement to the financial statements and provided an overview of these risks. An independence threat was also disclosed, and an explanation was provided on the safeguards in place to mitigate ahead of the assignment.

It was reported that the timelines set out within the paper will ensure that the Scottish Government deadline date for approval of the accounts, of 30 June 2024, will be met.

It was agreed that Azets will hold a training session for Committee members on their responsibilities for the Annual Accounts. The timeline for the session will be factored into the Committee workplan.

**Action: C Brown, Azets/Board Committee Support Officer**

The Committee **approved** the External Audit Annual Audit Plan.

## 8. GOVERNANCE MATTERS

### 8.1 National Fraud Initiative Assignment 2023 Participation

The Head of Financial Services & Procurement explained the process to raise awareness of board participation. It was noted that whilst there were no significant findings to report from NHS Fife there were a number of minor outcomes and a summary of these was provided to support the committees understanding of the process.

A Haston, Non-Executive Member, queried where the payroll-to-payroll multiple employment investigation sits and was advised that these matches are investigated by the Financial Services Team.

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

### 8.2 Losses & Special Payments Quarter 2

The Head of Financial Services & Procurement advised that the report is provided to give assurance that losses and special payments continue to be tightly controlled in quarter 2. It was reported that there were 229 losses in the quarter, which is significantly higher than the previous quarter, however, the cost was notably down, primarily due to the significant reduction in clinical negligence payments.

Additional assurance was provided that any findings identified through the analytical review, which is carried out by the Financial Services Team, are forward to the next quarter to assist with the identification of any trends and associated risks that may be developing.

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

### 8.3 Procurement Tender Waivers Quarter 2

The Head of Financial Services & Procurement reported that in quarter 2 the Procurement Team awarded five contracts of £50,000 or above. Of these contracts, one was subject to a waiver of competitive tender. A brief summary of the justification was presented and assurance was provided that the process was correctly followed as detailed in the Financial Operating Procedures.

The Committee took **assurance** that the procurement process for the waiver of competitive tenders was correctly applied in the period.

#### **8.4 Financial Operating Procedures Review 2023**

The Head of Financial Services & Procurement reported that the 2023 review has concluded as planned. He advised that the Financial Operating Procedures form part of the internal controls system.

Confirmation was provided that key individuals across NHS Fife were consulted during the review to ensure that appropriate expertise was utilised. A number of key sections were highlighted having had significant amendments. The patient private funds management section in particular had been considerably revised and it was noted that there was an internal audit assignment carried out in conjunction, and work is ongoing to ensure that those involved in patient funds management at ward level are aware of the changes in current practice that need to be followed. It was also highlighted that a deeper dive has been carried out on the Patient and Public Expenses Payment Policy, and a new section has been added to cover leases to ensure that there is a revised control to align with the adoption of IFRS16.

It was advised that the next review is scheduled for 2025, and an interim update will be provided if any significant changes come to light.

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

#### **8.5 Review of Draft Annual Workplan 2024/25**

The Director of Finance & Strategy advised that the draft workplan sets out the priorities for the Committee for 2024/25 and this will be regularly reviewed to ensure that it remains current.

The Committee **approved** the proposed Annual Workplan 2024/25.

### **9. FOR ASSURANCE**

#### **9.1 Audit Scotland Technical Bulletin 2023/3**

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

#### **9.2 Delivery of Annual Workplan 2023/24**

The Committee took **assurance** from the tracked workplan.

**10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

There were no issues to highlight to the Board.

**11. ANY OTHER BUSINESS**

There was no other business.

**12. DATE OF NEXT MEETING**

The next meeting will take place on **Thursday 14 March 2024** from 2pm – 4.30pm via MS Teams.

## Fife NHS Board

Confirmed

### MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 12 JANUARY 2024 AT 10AM VIA MS TEAMS

#### Present:

Arlene Wood, Non-Executive Member (Chair)  
Colin Grieve, Non-Executive Member  
Anne Haston, Non-Executive Member  
Aileen Lawrie, Area Clinical Forum Representative  
Janette Keenan, Director of Nursing  
Dr Chris McKenna, Medical Director  
Lynne Parsons, Area Partnership Forum Representative  
Carol Potter, Chief Executive  
Joy Tomlinson, Director of Public Health

#### In Attendance:

Nicky Connor, Director of Health & Social Care  
Claire Dobson, Director of Acute Services  
Peter Donaldson, Information Security Manager (*for item 6.2*)  
Fiona Forrest, Deputy Director of Pharmacy (*deputising for Ben Hannan*)  
Susan Fraser, Associate Director of Planning & Performance (*for item 7.1*)  
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership  
Jocelyn Lyall, Chief Internal Auditor (*for item 6.1*)  
Tanya Lonergan, Head of Nursing (*deputising for Lynn Barker*)  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Elizabeth Muir, Clinical Effectiveness Manager  
Gill Ogden, Head of Nursing (*deputising for Norma Beveridge*)  
Nicola Robertson, Associate Director of Nursing  
Dr Shirley-Anne Savage, Associate Director of Quality & Clinical Governance

*The minutes were produced from the recording of the meeting, by Hazel Thomson, Board Committee Support Officer, who was not in attendance at the Committee itself.*

#### Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

A welcome was extended to Lynne Parsons, Employee Director, who is joining the Committee as the new Area Partnership Forum representative; Fiona Forrest, Deputy Director of Pharmacy, who is deputising for Ben Hannan; Tanya Lonergan, Head of Nursing, who is deputising for Lynn Barker; Gill Ogden, Head of Nursing, who is deputising for Norma Beveridge; Jocelyn Lyall, Chief Internal Auditor, who joined the meeting to speak to item 6.1 – Internal Control Evaluation on behalf of Margo McGurk; and Peter Donaldson, Information Security Manager, who joined the meeting to speak to item 6.2 – Cyber Resilience Deep Dive, on behalf of Alistair Graham.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

## 1. **Apologies for Absence**

Apologies were received from member Sinead Braiden (Non-Executive Member), Kirstie MacDonald (Non-Executive Whistleblowing Champion) and routine attendees Lynn Barker (Associate Director of Nursing), Norma Beveridge (Associate Director of Nursing), Alistair Graham (Associate Director of Digital & Information), Ben Hannan (Director of Pharmacy & Medicines), Dr Iain MacLeod (Deputy Medical Director, Acute Services Division) and Margo McGurk (Director of Finance & Strategy).

## 2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

## 3. **Minutes of the Previous Meeting held on 3 November 2023**

The Committee formally **approved** the minutes of the previous meeting.

## 4. **Matters Arising / Action List**

The Committee **noted** the updates and also the closed items on the Action List.

The Chief Executive provided an update for action no. 1, concerning 'the work being undertaken in relation to reviewing the effectiveness of the Organisational Learning Group'. Clarification was provided that the Chief Executive had not requested a formal review of the Organisational Learning Group and was questioning the approach to receiving and improving the managerial assurance from the group. It was therefore agreed to close this action from a committee perspective, as there is no commissioned formal review.

In terms of action no. 2, comments section, it was clarified that it is the 'Adverse Events Lead', and not the 'Adverse Manager', who is taking forward this action.

The Chair and Medical Director agreed to have a discussion outwith the meeting in relation to the level of detail required for the Committee to take assurance on the learnings that are happening from Adverse Events. It was agreed to close this action.

**Action: Medical Director**

The updates will be made to the action list.

**Action: Board Committee Support Officer**

## 5. **ACTIVE OR EMERGING ISSUES**

### 5.1 **Reinforced Autoclaved Aerated Concrete (RAAC)**

Assurance was provided from the Director of Property & Asset Management that a national drive is underway to identify reinforced autoclaved aerated concrete within all NHS Scotland estates. It was advised that the NHS Fife Health & Safety Team



have been investigating reinforced autoclaved aerated concrete on our sites and have identified 26 potential blocks (elements of buildings) within our estate that have been passed to the National Programme for further assessment. An overview was provided on the mitigations that have been put place to protect staff, patients and visitors. It was also noted that longer term this work will form part of the Scottish Government programme of redress.

Questions were welcomed and an explanation was provided on the process and phases of work for deteriorating areas, including risk assessments, reporting, and relocating staff and patients. The Director of Property & Asset Management agreed to consider building this into standard business continuity plans.

**Action: Director of Property & Asset Management**

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

## **5.2 Notification to Health & Safety Executive (HSE) of Work in Atmosphere Containing Radon**

The Medical Director provided background detail on assessing Radon within the workplace, and advised that, in an area within Kinghorn Medical Practice, the level had just exceeded the Health & Safety Executive (HSE) requirement. It was reported that remedial work is being undertaken and it is expected that this will be fully addressed at the next levels check. It was also noted that the affected area is not used on a daily basis by staff or patients within the Practice. Comment was made in relation to the ability of staff feeling comfortable in reporting concerns, and assurance was provided that the issues were swiftly addressed and an alternative space to work was offered.

Confirmation was provided that ventilation systems will be reviewed in other sites, and the Director of Property & Asset Management agreed to confirm that ventilation systems are checked on a regular basis.

**Action: Director of Property & Asset Management**

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

## **6. GOVERNANCE MATTERS**

### **6.1 Internal Controls Evaluation Report 2022/23**

The Chair welcomed the Chief Internal Auditor to the meeting, who introduced and spoke to the report. It was advised that the report contains a full review of all areas of governance and provides early warning of any issues that may impact the Governance Statement and would need to be addressed before year-end. The report sits alongside the Annual Report and standalone audits.

An overview of the key themes from the report was provided, as detailed in the paper, and it was highlighted that the environment is challenging in terms of delivering the strategy. Assurance was provided that previous internal audit recommendations for clinical governance arrangements have all been implemented, which was a positive outcome.

It was confirmed that the Health Improvement Scotland Inspection Report and learning review will go the March Committee meeting. Furthermore, it was stated that the Committee will continue to improve, carry out due diligence, and that the hard work of the Committee is recognised within the report. The Chair noted a number of actions around the Digital and Information Strategy, Inspection reports, and ICO incidents for disclosure for the Committee within the report and requested that this was reviewed and added to the Committee workplan to ensure that these are completed by year end.

**Action: Associate Director of Quality & Clinical Governance**

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

## **6.2 Corporate Risks Aligned to Clinical Governance Committee, including Deep Dives: Covid-19 and Cyber Resilience**

The Chair welcomed the Information Security Manager to the meeting, for discussion on the deep dive.

The Medical Director reported that an update on optimal clinical outcomes, and adjustments to the quality & safety risk, will come to the March Committee meeting. It was also reported that a future risk is in development around wider threats such as pandemics and other biological incidents, and this will also come to the March Committee meeting.

The Associate Director of Quality & Clinical Governance provided an update on moving the corporate risk register forward, which will include consideration on capturing operational risks in order to escalate these to Board level. An update was also provided on the role of the Risk & Opportunities Group in terms of new risks and risks to be removed and the new approach to deep dives, which was also discussed at the last Audit & Risk Committee meeting. It was advised that a risk management framework has been developed, which will also support a culture of risk and will be promoted through the Risk & Opportunities Group.

The Committee took a “**reasonable**” **level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

The Director of Public Health reported that the Covid-19 risk has achieved the risk target and that there has been a period of stability with reviewing this risk for a number of months. The main points from the paper were highlighted. It was also noted that other NHS Scotland Health Boards may follow a similar direction for de-escalating the Covid-19 risk.

The Committee took **assurance** on the Deep Dive and **agreed** on the recommendation to close the Covid-19 Pandemic risk on the Corporate Risk Register and transfer oversight to the Public Health Assurance Committee.

The Medical Director advised that the Cyber Resilience Deep Dive articulates the actions being undertaken to mitigate the risk of the organisation being overcome by targeted and sustained cyber-attacks, which could impact the ability to deliver a full health service. It was noted that there are aspects that are outwith NHS Fife’s control, such as cloud services, which are hosted by other Health Boards and

National Services Scotland (NSS), and it was advised that improvement work with them is being undertaken.

The Information Security Manager provided an update on the work being undertaken to protect NHS Fife from cyber-attacks, as detailed in the paper. It was advised that the work is reported through the Information Governance & Security Group, who report directly into the Committee and the Digital & Information Board.

Questions followed, and it was reported that there are challenges in terms of recruitment and retention into digital roles. It was also reported that the reduced likelihood of the impact of the risk is through having good business continuity and disaster recovery options.

The Area Partnership Forum Representative requested that a staff-side representative be added to the policy group and that was agreed to be explored.

**Action: Associate Director of Digital & Information**

The Committee took **assurance** from the Cyber Resilience Deep Dive.

### **6.3 Clinical Governance Oversight Group Assurance Summary from October & December 2023 Meetings**

The Associate Director of Quality & Clinical Governance advised that the assurance summaries are presented to the Committee, following an audit recommendation. It was advised that the mortality report in hospital acquired Covid-19 cases will come to the March Committee meeting. It was also advised that the independent review of audiology will be brought to the Committee in due course.

The Associate Director of Quality & Clinical Governance agreed to consider strengthening the assurance aspects of the report, particularly around how assured the Clinical Governance Oversight Group are around actions, planned improvements and timescales.

**Action: Associate Director of Quality & Clinical Governance**

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

### **6.4 Review of Draft Annual Workplan 2024/25**

The Medical Director and Associate Director of Quality & Clinical Governance agreed to consider the points raised in an email from the Chair in relation to specific items on the workplan.

**Action: Medical Director/ Associate Director of Quality & Clinical Governance**

The Committee considered and **approved** the proposed workplan for 2024/25; and **approved** the approach to ensure that the workplan remains current.

### **6.5 Delivery of Annual Workplan 2023/24**

The Health Improvement Scotland Report and learning review, and the future risk, which is in development around wider threats such as pandemics and other biological incidents, agreed to be added to the workplan for March 2024.

**Action: Board Committee Support Officer**

The Committee took **assurance** from the tracked workplan.

## **7 STRATEGY / PLANNING**

### **7.1 Population Health & Wellbeing Strategy Mid-Year Review**

The Associate Director of Planning & Performance joined the meeting for this item and advised that the report details the progress on the implementation of the organisational strategy, and the key points from the report was provided. An overview was also provided on the planned next steps.

A comment was made around minimising and avoiding repetitive work for staff in reporting of data, and it was advised that timelines for the Mid-Year Report differ from the Annual Delivery Plan, and that work is planned through the Programme Board to align timescales and various reporting schedules, including reporting to the Scottish Government. Suggestion was made to have a workplan. The importance of the Mid-Year report being presented to the Committee was highlighted.

The Committee took **assurance** from the mid-year report and the first six months of work to implement the NHS Fife Population Health & Wellbeing Strategy.

### **7.2 Medical Appraisal and Revalidation Framework 2024-27**

The Medical Director explained that the aim of the Medical Appraisal and Revalidation Framework is to set out our plans to deliver high level appraisal and continue to train appraisers, which was noted as challenging, particularly within secondary care. It was also advised that the framework will ensure that every single member of permanent and employed medical staff in Fife have access to the annual appraisal. It was noted that this does not include junior doctors, as they are assessed through their training programme, however, they will still be re-validated.

An overview on the key points from the framework was provided, and it was confirmed that the framework has been through the Medical Appraisal Revalidation Group.

Following questions, an explanation was provided around the process for doctors being re-validated and it was advised that multi-sourced feedback is provided from NHS Education for Scotland (NES). The approach for supporting doctors to revalidate was also explained.

The Committee took **assurance** from the Medical Appraisal and Revalidation Framework 2024-27.

## **8 QUALITY/PERFORMANCE**

### **8.1 Integrated Performance and Quality Report (IPQR)**

The Director of Nursing provided an update on the performance for in-patient falls and the improvement work that is ongoing, including shared learning and the educational aspects. An update was also provided on performance for infection control.

The performance for pressure ulcers was discussed, with it being noted that performance was significantly higher in October 2023 and that a review is being carried out. It was advised that levels have now returned to normal, and the work that is being carried out to improve the performance for pressure ulcers was fully explained. Further detail, for assurance, was requested around pressure ulcers, in terms of providing additional information in the IPQR with breakdown of grades of pressure ulcer damage similar to the falls charts to support understanding of the severity of harm. The Director of Nursing agreed to take this forward.

**Action: Director of Nursing**

It was reported that work continues to improve our closure of actions in relation to adverse events, and that actions are specific, measurable, achievable, relevant and timebound (SMART).

The Committee took **assurance** and examined and considered the NHS Fife performance as summarised in the IPQR.

## **8.2 Healthcare Associated Infection Report (HAIRT)**

The Director of Nursing spoke to the report and advised that there are no areas of concern to highlight to the Committee.

The Director of Nursing agreed to provide further information to the Chair around the detail on Covid-19 mortality.

**Action: Director of Nursing**

Following questions, it was advised that the performance target for CDI is on track, and that the numbers for C-Diff are very small. It was also reported that LanQIP is being used to record hand hygiene, and that infection control audits are carried out.

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

## **9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT**

### **9.1 Patient Story**

The Director of Nursing presented a patient story, which was focused on the complexities of the cancer care journey.

Following discussion, it was advised that the approach of staff can positively support cancer patients' feelings throughout their journey. It was also confirmed that the oncology team receive clinical supervision, and that the spiritual care team work closely with staff who are delivering cancer care.

The Committee took **assurance** from the presentation and the experience for both staff and patients on the cancer care journey.

### **9.2 Patient Experience & Feedback Report**

The Director of Nursing highlighted the complexity scoring tool, which is currently being launched. An overview on performance was provided, as detailed in the

paper, The patient experience flashcard was also highlighted, which is provided as an appendix, and a request was made for the flashcard to cover the same reporting period. It was advised that work is underway to address aspects of the category of complaints, including staff attitude and disagreement treatment. A comment was made in relation to capturing the detail around complaints escalated to the Scottish Public Services Ombudsman (SPSO) including the detail regarding their status, themes and progress against recommendations and actions. One of the outcomes from the new complexity scoring tool will include that monitoring.

It was advised that a brief summary from the SPSO is provided within the Patient Experience & Feedback Quarterly Reports, with the next quarterly report to be presented to the Committee in March 2024.

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

## **10. ANNUAL REPORTS / OTHER REPORTS**

### **10.1 Medical Appraisal and Revalidation Annual Report 2022/23**

The Medical Director explained that the number of doctors who had an appraisal under secondary care is affected by the turnover of staff within that group, and that a large number were not eligible for appraisal. The Medical Director agreed to provide narrative around performance for revalidation, in the next report.

**Action: Medical Director**

Following a question, an explanation was provided on the doctors who did not revalidate, when eligible to do so, and is detailed in the report.

It was advised that the report was also presented to the Staff Governance Committee, where there had been good discussion on its conclusions.

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

### **10.2 Participation & Engagement Annual Report 2022/23**

The Director of Nursing advised that the report is presented to provide assurance on the public engagement and consultation work undertaken in 2022/23. It was further advised that a Public Participation & Community Engagement Strategy is being developed by Corporate Communications and will include the outcomes and plans from the Health Improvement Scotland (HIS) self-assessment.

The Committee took **assurance** from the report and **noted** future steps.

### **10.3 Research & Development Progress Report & Strategy Review 2023-25**

The Committee **noted** the report, and it was **agreed** to bring this item back to the Committee in March 2024, for assurance, under the active/emerging section. A request was made for questions or comments to be sent in advance to the Medical Director.

**Action: Members/Medical Director/Board Committee Support Officer**

### **10.4 Research, Innovation and Knowledge Annual Report 2022/23**

The Committee **noted** the report, and it was **agreed** to bring this item back to the Committee in March 2024, for assurance, under the active/emerging section. A request was made for questions or comments to be sent in advance to the Medical Director.

**Action: Members/Medical Director/Board Committee Support Officer**

## **11. LINKED COMMITTEE MINUTES**

The Committee **noted** the linked committee minutes and that there were no escalations to the Committee other than Health and Safety Subcommittee covered on the agenda today.

- 11.1 Area Clinical Forum held on 7 December 2023 (unconfirmed)
- 11.2 Area Medical Committee held on 10 October 2023 (unconfirmed)
- 11.3 Area Radiation Protection Committee held on 14 November 2023 (unconfirmed)
- 11.4 Cancer Governance & Strategy Group held on 2 November 2023 (unconfirmed)
- 11.5 Clinical Governance Oversight Group held on 24 October 2023 (confirmed) & 12 December 2023 (unconfirmed)
- 11.6 Digital & Information Board held on 19 October 2023 (unconfirmed)
- 11.7 Fife IJB Quality & Communities Committee held on 2 November 2023 (unconfirmed)
- 11.8 Health & Safety Subcommittee held on 8 December 2023 (unconfirmed)
- 11.9 Infection Control Committee held on 6 December 2023 (unconfirmed)
- 11.10 Information Governance & Security Steering Group held on 10 October 2023 (unconfirmed)
- 11.11 Research, Innovation & Knowledge Oversight Group held on 11 December 2023 (unconfirmed)
- 11.12 Resilience Forum held on 10 October 2023 (confirmed)

## **12. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **12.1 To the Board in the IPQR Summary**

There were no performance related issues to escalate to the Board.

### **12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters to escalate to the Board.

## **13. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** – Friday 1 March 2024 from 10am – 1pm via MS Teams



## Fife NHS Board

### Confirmed

## MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 16 JANUARY 2024 AT 9.30AM VIA MS TEAMS

### Alistair Morris Chair

#### Present:

Alistair Morris, Non-Executive Director (Chair)	Margo McGurk, Director of Finance & Strategy
Alastair Grant, Non-Executive Director	Dr Chris McKenna, Medical Director
John Kemp, Non-Executive Director	Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health	Janette Keenan, Director of Nursing
Lynne Parsons, Employee Director	

#### In Attendance:

Ben Hannan, Director of Pharmacy & Medicines  
Claire Dobson, Director of Acute Services  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Neil McCormick, Director of Property & Asset Management  
Maxine Michie, Deputy Director of Finance  
Nicky Connor, Director of Health & Social Care  
Jocelyn Lyall, Chief Internal Auditor (*Item 6.2 only*)  
Susan Fraser, Associate Director of Planning and Performance (*Item 7.2 only*)  
Kerrie Donald, Executive Assistant (*Minutes*)

### Chair's Opening Remarks

Members were advised that the meeting will be recorded via MS Teams for the purposes of the minute.

#### 1. Apologies for Absence

Apologies were noted from member Aileen Lawrie, Area Clinical Forum Representative.

#### 2. Declaration of Members' Interests

There were no members' interests to declare.

#### 3. Minute of the last Meeting held on 14 November 2023

The Committee formally **approved** the minute of the last meeting.

#### 4. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

#### 5. QUALITY / PERFORMANCE

##### 5.1 Reform, Transform, Perform Framework

The Chief Executive presented on the emerging 'Reform, Transform, Perform' Framework to the Committee, which is being developed to support our response to the local and national financial challenges and outlook facing NHS Scotland.

The Chief Executive highlighted that the Executive Team and colleagues across NHS Fife have a wide set of skills and expertise to support a multi-professional approach to establishing our response and recovery plan. It was noted that a communication to all NHS Fife staff from the Chief Executive would be circulated to set out the extent of the financial challenge and next steps for NHS Fife.

The Chair thanked the Chief Executive for the presentation, noting his support for the pro-active approach being taken. The Chair further noted that the Chief Executive's message to NHS staff should also be communicated to MPs and MSPs.

There was full and lengthy discussion about the financial challenges to be addressed, common across all NHS territorial boards in Scotland. A Grant and J Kemp, Non-Executive Directors, acknowledged the difficult financial challenges facing NHS Fife, however praised the decision to use the current skills and expertise within NHS Fife to build and improve on the situation.

The Chief Executive highlighted that the Director of Pharmacy & Medicines would be working alongside senior NHS Fife staff to create a plan on how NHS Fife will move forward with this new Framework. In the discussion, a number of Executive Directors acknowledged the significant challenge for NHS Fife, but provided assurance that the organisation's values and commitment to delivery quality and safe care will always remain at the core of any approach.

The Committee took **assurance** from the approach outlined in the presentation.

##### 5.2 Integrated Performance & Quality Report

The Director of Acute Services confirmed that the Flow Navigation Centre has now transitioned to the Acute Services Division from the Health and Social Care Partnership, with work ongoing to review methods through which flow and navigation can reduce demand at the front door, ensuring patients are seen at the right place, the right time and by the right person.

New outpatient referrals remain a challenge, with a small number of patients who have been waiting over two years; however, it is hoped this backlog will be cleared as soon as possible.

It was reported that challenges continue with 31 and 62 day cancer targets, noting a dip in performance on the 31 day target, with 10 breaches attributed to lack of surgical and

theatre capacity. Cancer 62 day targets have improved in performance, though demand and complexity remain a challenge.

The Director of Health & Social Care provided an overview of the Delayed Discharge section of the report, noting an increase in terms of the 5% target. This, however, remains within controlled limits. It was reported that a multidisciplinary approach continues, with predicted date of discharge and continued support with performance and flow of discharge. Challenges across the system have risen with closures of care homes and community hospitals due to Winter pressures.

The Chair praised the team for their continued efforts to work effectively against a background of constant demand and pressure within Acute and Health and Social Care.

The Committee took **assurance** from the report, discussing, examining and considering the NHS Fife performance as summarised in the IPQR.

### 5.3 Financial Performance Report at 30 November 2023

The Deputy Director of Finance provided an in-depth review of the current financial position, noting that, at the end of November 2023, NHS Fife are reporting an adverse variant of £19m.

Following a query from A Grant, Non-Executive Director, the Director of Finance & Strategy confirmed National Services Scotland (NSS) negotiate agency contract costs to ensure all NHS Boards are paying the same rate for framework agency staff.

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

### 5.4 Funding for Critical Posts

The Chief Executive presented the paper, highlighting the request to support three new posts within the Paediatric Middle Grade Workforce, Clinical Risk Nurse/Midwife and Orthopaedic Advanced Nurse Practitioner, which present a significant clinical risk for NHS Fife if not supported. A final post, a proposed Whistleblowing Co-ordinator, is also reported to the Committee for awareness, however funding to progress with this is not requested at this time.

Following a query from J Kemp, Non-Executive Director, the Chief Executive advised that whilst permission from Scottish Government for funding of the new posts is not required, an open and transparent discussion regarding the cost pressures of the posts would be had with Scottish Government and would be reflected within the financial plan for 2024/25.

The Committee **approved** the following posts: Paediatric Middle Grade Workforce, Clinical Risk Nurse/Midwife and Orthopaedic Advanced Nurse Practitioner.

The Committee **acknowledged** the desirability of the additional post, the Whistleblowing Co-ordinator, but noted that funding is not available at this time.

## 5.5 Decarbonisation of NHS Fife Fleet

The Director of Property & Asset Management presented the paper, noting the proposed plan for compliance with the 2025 and 2030 target dates for the use of electronic vehicles for NHS fleet.

Following a query from A Grant, Non-Executive Director, it was confirmed all NHS fleet vehicles must be fully electric, not hybrid, by the target dates. The Director of Property & Asset Management further confirmed NHS Fife has applied for infrastructure funds from Transport Scotland and Switched on Fleet.

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

## 6. GOVERNANCE MATTERS

### 6.1 Corporate Risks Aligned to Finance, Performance & Resources Committee, including Deep Dive: Prioritisation & Management of Capital Funding

The Director of Finance & Strategy presented the paper, noting a proposal to increase the risk score in relation to the current and future financial position for the next Committee, once discussed and approved with the Executive Team.

**Action: Director of Finance & Strategy**

It was reported that the Risk and Opportunities Group are working to further improve the deep dive process, highlighting that factors such as the creation of new risks, materially deteriorating risks or escalation of risks would trigger a deep dive.

The Chair thanked the Director of Finance & Strategy for the update and highlighted the importance of having valuable deep dive sessions.

The Director of Property & Asset Management provided an overview of the deep dive risk for this session, noting that whilst limited capital funding is available for 2024/25, measures are in place to ensure capital funding is used effectively.

Following a query from J Kemp, Non-Executive Director, it was agreed a corporate risk should be developed to reflect how services can be sustained without additional capital funding. The Director of Finance & Strategy agreed to develop the risk and present to the Executive Directors' Group before coming to the next Committee.

**Action: Director of Finance & Strategy**

The Committee took **assurance** from the report, noting that all actions, within the control of the organisation, are being taken to mitigate these risks.

### 6.2 Internal Control Evaluation Report 2023/24

The Chief Internal Auditor joined the meeting and provided an in-depth review of the report, noting the financial challenges that have been discussed at today's meeting are reflected within the report. The Committee noted the conclusions of the mid-year review of internal controls.

The Chair thanked the Chief Internal Auditor for discussing the report and noted the report would provide encouragement to teams across the organisation.

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

### **6.3 Review of Draft Annual Workplan 2024/25**

The Director of Finance & Strategy presented the draft annual workplan for 2024/25 noting the plan will continually be updated to reflect the ongoing work with the development of the Reform, Transform, Perform Framework.

The Committee **approved** the draft workplan.

### **6.4 Delivery of Annual Workplan 2023/24**

The Committee **approved** the tracked workplan.

## **7. STRATEGY / PLANNING**

### **7.1 Fife Capital Investment Group Reports 2023/24**

The Deputy Director of Finance presented the report, highlighting work is ongoing to ensure all capital equipment is received and receipted before the end of the financial year.

The Committee took **assurance** from the Fife Capital Investment Group Report

### **7.2 Population Health & Wellbeing Strategy – 2023/24 Mid-Year Review**

The Associate Director of Planning and Performance provided an overview of the paper, noting the progress made on the associated actions and the plans for the remainder of 2023/24. The paper further reports the planned approach for the development of an annual report and strategy delivery plan for 2024/25, which will be presented to the NHS Fife Board in May 2024.

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

### **7.3 Annual Delivery Plan 2024/25 & Medium Term Financial Plan 2024-27**

The Director of Finance & Strategy presented the paper, indicating the timeline for submitting the Annual Delivery Plan and Medium Term Financial Plan.

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

## **8. ANNUAL REPORTS / OTHER REPORTS**

### **8.1 Annual Procurement Report 2022/23**

The Director of Finance & Strategy presented the report, noting the requirement to publish the report under Procurement legislation. The Director of Finance & Strategy praised the Procurement team for their significant efforts over the last 18 months, highlighting that the enhanced capability within the team has significantly improved Procurement activity across the organisation.

The Committee **endorsed** the report for submission to NHS Fife Board for approval.

## **9. LINKED COMMITTEE / GROUP MINUTES**

The Committee **noted** the linked committee minutes:

- 9.1 Fife Capital Investment Group held on 8 November 2023 (unconfirmed)
- 9.2 IJB Finance, Performance & Scrutiny Committee held on 10 November 2023 (unconfirmed)
- 9.3 Primary Medical Services Sub-Committee held on 5 December 2023 (unconfirmed)
- 9.4 Procurement Governance Board held on 1 December 2023 (unconfirmed)
- 9.5 Pharmacy Practices Committee held on 27 October 2023 (unconfirmed)

## **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **10.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

### **10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

The Committee agreed the discussion on the financial situation for NHS Fife should be escalated to the NHS Fife Board for awareness.

## **11. ANY OTHER BUSINESS**

There was no other business.

## **12. DATE OF NEXT MEETING**

The next meeting will be held on **Tuesday 12 March 2024** from 9.30am – 12pm via MS Teams.

## **Fife NHS Board**

Confirmed

### **MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 15 JANUARY 2024 AT 10AM VIA MS TEAMS**

#### **Present:**

Alistair Morris, Non-Executive Member (Chair)  
Arlene Wood, Non-Executive Member  
Lynne Parsons, Employee Director  
Janette Keenan, Director of Nursing  
Margo McGurk, Director of Finance & Strategy  
Dr Chris McKenna, Medical Director  
Carol Potter, Chief Executive  
Dr Joy Tomlinson, Director of Public Health

#### **In Attendance:**

Nicky Connor, Director of Health & Social Care  
Susan Fraser, Associate Director of Planning & Performance  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Neil McCormick, Director of Property & Asset Management  
Fay Richmond, Executive Officer to the Chair & Chief Executive  
Hazel Thomson, Board Committee Support Officer (Minutes)

#### **Chair's Opening Remarks**

The Chair welcomed everyone to the meeting and extended a welcome to Fiona Forrest, Deputy Director of Pharmacy, who is deputising for Ben Hannan at today's meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

#### **1. Apologies for Absence**

Apologies were received from routine attendee Ben Hannan, Director of Pharmacy & Medicines.

#### **2. Declaration of Members' Interests**

There was no declaration of members' interests.

#### **3. Minutes of Previous Meeting held on 6 November 2023**

In terms of the previous minute, item 7.1 – IPQR, paragraph 5, clarification was provided that this comment was in relation to the activity projection. The minute to be updated before submitting to the Board.

**Action: Board Committee Support Officer**

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

#### **4. Matters Arising / Action List**

The Director of Health & Social Care provided a verbal update on action no. 1 around the early intervention work carried out in schools in relation to Child & Adolescent Mental Health Services (CAHMS). It was reported that there is input into all schools across Fife and that there is a representative at all educational led child wellbeing meetings. An overview was provided on the pilot programme in relation to offering support to schools, and it was advised that the early intervention service have been providing education in schools, and an update was provided on the work that is being undertaken. In addition, it was reported that training is being provided for mental health ambassadors within schools.

It was advised that the High-Risk Pain Medicines - Patient Safety Programme action is duplicated on the action list. This would be corrected for the next iteration.

**Action: Board Committee Support Officer**

The Committee **noted** the updates and the closed items on the Action List.

#### **5. GOVERNANCE MATTERS**

##### **5.1 Internal Controls Evaluation (ICE) Report 2022/23**

The Director of Finance & Strategy advised that there were no significant issues within the ICE report to feedback to the Committee, and that the increasing risk around the financial position has been highlighted. It was further advised that an updated report, to include the year-end work, will come back to the Committee as part of the annual accounting sign-off process.

Following a comment, it was advised that further work will be undertaken in relation to the scrutiny of the financial plan and Annual Delivery Plan, which will enable sight of the full context and shared level of understanding of the challenges ahead, and that this will be carried out in parallel with risks.

It was questioned if further detail will be added to the report, in terms of the Committee's risk reduction approach, and the Director of Finance & Strategy agreed to feedback to the team.

**Action: Director of Finance & Strategy**

The Committee is asked to take **assurance** from the report.

##### **5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee**

The Director of Public Health advised that the deep dive on health inequalities will be presented under agenda item 8.1.

An overview on the content of the paper was provided, and it was reported that there is no change to the risk rating. It was advised that an update is also provided from the Audit & Risk Committee Development Session held in October 2023 on the review of



the effectiveness of the new Corporate Risk Register process. It was also noted that there is a commitment from the Risk & Opportunities Group to continue to review, revise and refine the risk management approach.

Following a question, progress on the roll-out of the risk dashboard was provided, and the Director of Finance & Strategy agreed to confirm the timeline for roll-out to Committees.

**Action: Director of Finance & Strategy**

Following questions, it was advised that the health & inequalities deep dive paper sets out the rationale for recommending a change to the target risk level for health & inequalities. The Director of Health & Social Care agreed to review the timeline for the primary care services risk, before the next Committee meeting in March 2024.

**Action: Director of Health & Social Care**

A request was made for the report to be more explicit in terms of the consequence of finance and performance.

The Committee took a “**reasonable**” **level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

### **5.3 Review of Draft Annual Workplan 2024/25**

The Director of Public Health presented the draft annual workplan for 2024/25 and noted that consideration of corporate risks has been made explicit within the workplan, which was a recommendation from the Risk & Opportunities Group. It was also noted that suggestions for Development Sessions have been included, and the Chair highlighted the importance of Development Sessions for the Public Health & Wellbeing Committee, given its relative newness in the Board governance structure.

Discussion took place around the Committee’s role in terms of broader public health topics, and the importance of ensuring that these are focussed for the Committee. It was noted that there is a challenge in balancing efficiency and ensuring good governance and due diligence. It was also noted that areas of escalation or emerging issues would be brought to the Committee.

The Committee **considered** and **approved** the proposed workplan for 2024/2025; and **approved** the approach to ensure that the workplan remains current.

### **5.4 Delivery of Annual Workplan 2023/24**

The Committee took **assurance** from the tracked workplan.

## **6. STRATEGY / PLANNING**

### **6.1 Population Health & Wellbeing Strategy Mid-Year Review**

The Associate Director of Planning & Performance advised that the report details the progress of the implementation of the strategy and covers how the strategy is being delivered and monitored through the Programme Management Office, the management

of risk through the Corporate Risk Register and the work that is ongoing around quality indicators.

A proposal was made to change the statement from 'ensuring universal access to immunisations, including influenza and Covid-19', to 'ensuring equitable access to routine seasonal and selective immunisation programmes throughout the life course'. This was **agreed** by the Committee.

The key points from the report were provided, and an overview was also provided on the planned next steps. It was noted that supporting impact and indicators will be included in the next iteration of the report.

A question was raised on meeting timelines, and it was reported that the next review will detail what has been completed and what needs to continue, and that this will be made explicit in the Annual Report planned for May.

The Committee took **assurance** from the Mid-Year Report and the first 6 months of work to implement the NHS Fife Population Health and Wellbeing Strategy.

## 6.2 Post Diagnostic Support for Dementia

The Director of Health & Social Care advised that, as part of the Scottish Government Transition and Recover agenda for mental health services, everyone diagnosed with dementia should receive 12 months of post diagnostic support, and that funding has been made available to support that delivery.

It was reported that there have been challenges with delivery, and an overview of the improvement actions was provided, as detailed in the paper. An overview on the pillar model was also provided, and it was advised that it is expected by the end of August 2024 waiting lists will have reduced further. The associated risks were highlighted, and it was advised that they require to be quantified once funding is known.

The impact of suspending the service during the Covid-19 pandemic was questioned, and the learning that was taken from this. The challenges were outlined, including difficulties with engaging on MS Teams for some people, and it was advised that support was in place, albeit the 12 months programme was not delivered during this time. It was also advised that there have been enhancements to the carers' support package. In addition, it was reported that actions have been taken around improving the quality of data, to support the improvement of performance.

Following questions, the differences between Alzheimers Scotland and in-house support in terms of efficiency or effectiveness was explained, and it was advised that there is a clinical triage pathway between services. It was also explained that there are benefits to both group work and individual consultation.

It was noted that NHS Fife was the second top Board in the national report for post diagnostic support, and it was queried if this position has been sustained.

The Committee took **assurance** on the actions being taken to improve access to post diagnostic support. The Committee also **agreed** to be provided with a report in 6 months' time to give assurance on progress.

### 6.3 Mental Health Strategy Implementation

The Director of Health & Social Care advised that the update and implementation of the strategy provides assurance that the refreshed draft mission, vision, values and priorities are aligned to the Population Health & Wellbeing Strategy, the Health & Social Care Strategic Plan, and national outcomes. It was also advised that the strategy covers mental health delivery across all of our local authority areas.

It was reported the strategy is in draft, and that further work will be carried out in terms of performance standards and metrics, and that the final strategy will be brought back to the Committee, once the strategy is approved by the Integration Joint Board (IJB).

Following a comment, the Director of Health & Strategy agreed to feedback to the team in terms of what can be done to make the strategy vibrant and stand out.

Confirmation was provided that the direction of travel for community-based services will be included within the delivery plans.

The Committee took **assurance** on the progress being made towards the development of a new Mental Health and Wellbeing Strategy and Delivery Plan for Fife.

## 7. QUALITY / PERFORMANCE

### 7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on performance for Child & Adolescent Mental Health Services (CAHMS) and Psychological Therapies (PT), and improvement actions. It was reported that there is an improvement trajectory for CAHMS, and that the trajectory for PT remains variable on a month-to-month basis, however, improvement actions are in place. An explanation was provided on the early intervention work within schools for CAHMS.

A request was made to report on the wider mental health aspects, and it was advised that work is being undertaken in relation to the mental health strategy and reviewing the national performance indicators, and agreement was made to bring this back to the Committee.

**Action: Director of Health & Social Care**

An update was provided on smoking cessation, and the lag in data being published, was explained. The smoking cessation service within Antenatal was described and it was noted that this is a unique service and will be evaluated.

The Director of Health & Social Care also provided an update on performance for vaccinations and advised that a lot of work has been carried out to improve uptake, and it is expected that there will be an improvement on performance, once the data from December 2023 is available. It was noted that uptake has been low across all NHS Scotland Boards for frontline health care workers.

The Director of Public Health advised that there was no new published data for immunisation: 6-in-1 and MMR2, and that an update will be included in the next iteration of the report.

The Committee took **assurance**, discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

## 7.2 Dental Services & Oral Health Improvement

The Director of Public Health spoke to the paper and highlighted the wider changes that have recently taken place, including the introduction of the new Dental contract in November 2023 and the challenges resulting in reduced activity levels within independent dental practices. An overview was also provided on the key points within the paper. It was advised that the public health dental service is working incredibly hard to ensure that dental services are sustainable.

Following a question about the potential benefit from repeating the inspection programme for children more frequently, it was advised that only a representative sample is provided in the national dental inspection programme, and that there would be limited benefit in doing so as there is clear understanding about the actions which are needed. There would also be challenges in terms of capacity to roll this out to all children. Assurance was provided on next steps and engagement with education services in terms of oral health for children.

It was questioned if there is national work around patients registering and the uptake in health checks and treatments. In response, it was advised that the information that private practices hold is limited, and we do not have access to it. It was also advised that people who are registered may still choose not to attend for preventive care, and that the numbers registered may not be completely up to date as names are kept on the list for two years.

The Committee took **assurance** from the report, that NHS Fife is following due process within the limited powers available.

## 7.3 Eating Well & Having a Healthy Weight and Staying Physically Active

The Director of Public Health advised that eating well, having a healthy weight and staying physically active was recognised as a national public health priority in 2018. An overview on the content of the report was provided. It was noted that financial pressures in the public sector may influence a reduction in health facilities in Fife.

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

## 8. INEQUALITIES

### 8.1 Health & Inequalities Deep Dive

The Director of Public Health advised that paper provides an update on progress to address health & inequalities. Also included within the paper is an update on the actions to mitigate the impact of health & inequalities, and an overview was provided on several management actions that have been progressed locally. It was also advised that as

previously highlighted there have been challenges with finalising the metrics, which has delayed fully implementing the evaluation framework within the Population Health and Wellbeing Strategy which would also contribute to monitoring this risk.

An overview was provided on the deep dive, at appendix 1, and recommendation was made to adjust the target risk rating.

Suggestion was made to have a development session around the root causes for the inequality elements, with it being noted that this links into the eating well, having a health weight and staying physically active priorities.

Discussion took place on enhancing the Integrated Performance & Quality Report in terms of measures for the root causes which are specific to NHS Fife.

The Committee took **assurance** that we are robustly overseeing and managing the risk of health & inequalities and **agreed** the current and target risk level ratings.

## 8.2 Participation & Engagement Annual Report

The Director of Nursing advised that the report is presented to provide assurance on the public engagement and consultation work undertaken in 2022/23. It was further advised that a Public Participation & Community Engagement Strategy is being developed by Corporate Communications and will include the outcomes and plans from the Health Improvement Scotland (HIS) self-assessment.

It was confirmed that engagement will be measured through joined up working, including with the Inequalities Team and Health & Social Care Partnership.

The Committee took **assurance** from this report and noted future steps.

## 9. ANNUAL REPORTS / OTHER REPORTS

### 9.1 Annual Climate Emergency and Sustainability Annual Report 2022/23

The Director of Property & Asset Management presented the report and provided a detailed overview on the table within, which sets out the amount of greenhouse gas which is produced annually by NHS Fife. It was advised that gradual and consistent reductions in building energy use are being carried out, and that our reduction in energy has largely been around reducing electricity. It was also noted that waste reduction can be significantly reduced at a low cost.

Comment was made around the UK Government's compulsory change from internal combustion to electric vehicles, and the possibility of targets being reviewed, and resource requirement.

The Committee took **assurance** and **considered** the content in terms of finalising the Draft Annual Climate Emergency and Sustainability Report 2022/23.

## 10. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

10.1 Equality and Human Rights Strategy Group held on 10 November 2023 (confirmed)

It was advised that the matter for escalation regarding discrimination and racism in the workplace was discussed in detail at the previous week's Staff Governance Committee.

10.2 Public Health Assurance Committee held on 18 October 2023 (confirmed) & 6 December 2023

**11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

**11.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

**11.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters to escalate to NHS Fife Board.

**12. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** - Monday 4 March 2024 from 10am – 12pm via MS Teams.

## Fife NHS Board

### Confirmed

## MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 11 JANUARY 2024 AT 10.00 AM VIA MS TEAMS

### Present:

Colin Grieve, Non-Executive Member (*Deputising as Chair for Sinead Braiden*)  
Kirstie MacDonald, Non-Executive Member and Whistleblowing Champion  
Lynne Parsons, Employee Director  
Carol Potter, Chief Executive  
Wilma Brown, Interim Co-Chair, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF)  
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

### In attendance:

Isla Bumba, Equality & Human Rights Lead (*for agenda Item 5.4 only*)  
Nicky Connor, Director of Health & Social Care  
Claire Dobson, Director of Acute Services  
Susan Fraser, Associate Director of Planning & Performance (*for agenda Item 6.1 only*)  
Janette Keenan, Director of Nursing  
Jocelyn Lyall, Chief Internal Auditor (*for agenda Item 9.2 only*)  
Neil McCormick, Director of Property & Asset Management (*for agenda Item 7.1 only*)  
Dr Chris McKenna, Medical Director  
Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
David Miller, Director of Workforce  
Jackie Millen, Workforce Development & Engagement Officer (*for agenda Item 10.2 only*)  
Sandra Raynor, Head of Workforce Resourcing & Relations  
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing  
Lakshmi Anderson, Executive Assistant to the Director of Workforce (*Minutes*)

### Chair's Opening Remarks

The Chair welcomed everyone to the meeting and thanked all staff, including the Committee, for their hard work over the Festive period, during a very busy time.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the minutes.

#### 1. Apologies for Absence

Apologies for absence were received from members Sinead Braiden (Chair) and routine attendee Margo McGurk, Director of Finance & Strategy. It was noted that

Mansoor Mahmood, Non-Executive Member, had recently resigned from the Board. The Chair wished Mansoor Mahmood well in his future endeavours and thanked him for his contribution during his term as a member of the Committee.

## 2. Declaration of Members' Interests

There were no declarations of interest made by members.

## 3. Minutes of the Previous Meeting held on Thursday 9 November 2023

The minutes of the meeting held on Thursday 9 November 2023 were **agreed** as an accurate record, subject to one minor change in respect of Item 5.2 on Page 3.

## 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 Staff Governance Committee

The Director of Workforce highlighted the three risks aligned to the Committee as at 21 December 2023, referenced in Appendix 1 of the paper, whilst also noting the associated mitigations in place. The new risk related to the Implementation of the Health and Care (Staffing) (Scotland) Act 2019 had been approved at the last Board meeting. It was advised that whilst 'Pharmacy Workforce' had been earmarked as the subject matter for the next Deep Dive, this may change based on further discussions to be had around sickness absence to be discussed during the IPQR item.

In response to a question from the Chair on how Deep Dives are determined, the Chief Executive advised that operational governance mechanisms such as the Executive Directors Group and the Risks & Opportunities Group, are used as routes to determine the most appropriate Deep Dive, further informed by the knowledge and intelligence within operational teams.

In response to a query from the Chair, the Director of Workforce agreed that it would be beneficial for the Committee to have sight of the online Risk Summary Dashboard reporting tool previously demonstrated at EDG and the Audit & Risk Committee. The Head of Workforce Planning & Staff Wellbeing commented that this could potentially be included in a future Committee Development Session.

**Action: Head of Workforce Planning & Staff Wellbeing**

The Committee took a reasonable level of **assurance** from the report, that all actions within the control of the organisation are being taken to mitigate the risks highlighted in the report as far as it is possible to do so. The Committee also **noted** the intended developments on the content and process associated with Deep Dive Reviews and Risk Summary Dashboard.



## 5.2 Delivery of Annual Workplan 2023/2024

The Director of Workforce spoke to the paper, which provided a progress update on the Committee's delivery of its programme of work for 2023/2024.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Workplan for 2023/2024 since its last presentation to the Committee on 9 November 2023.

## 5.3 Proposed Annual Workplan 2024/2025

The Director of Workforce presented the Proposed Annual Workplan for the new financial year 2024/2025, clarifying that this would need to be further reviewed and updated on an ongoing basis, as the progression of a number of workstreams would be dependent on the resources available and emerging issues.

The Committee took **assurance** from the report and **considered** and **endorsed** the content of the proposed Staff Governance Committee Annual Workplan for 2024/2025.

## 5.4 Diverse Ethnicity Staff Survey Report

The Equality & Diversity Lead joined the meeting for consideration of this agenda item.

The Director of Nursing spoke to the report, advising that the survey that had been conducted last year had been presented to EDG, prompting discussions and focus on the actions that needed to be taken in response to the feedback obtained.

The Equality & Diversity Lead then shared a detailed presentation on the results of the survey, which highlighted key themes, trends and suggestions for progressing actions. The Committee acknowledged the interesting and informative content of the presentation.

Responding to a query from W Brown, Interim Co-Chair, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF), the Equality & Diversity Lead confirmed that the Survey had received 75 responses, which, although a small number compared to the NHS Fife workforce, was illustrative of a good starting point.

L Parsons, Employee Director, queried whether Confidential Contacts and Chaplaincy services could be utilised to support staff in reporting incidents of discrimination and also if there were opportunities that could be explored to explicitly communicate with patients and family members about expected behaviours when interacting with staff.

W Brown, Interim Co-Chair, H&SCP LPF, commented favourably on the report and suggestions offered to address alleged discriminatory behaviour, including communications outlining expected behaviours as well as the utilisation of alerts to identify persons who consistently displayed discriminatory behaviour to staff. It was queried whether the survey offered geographical insight into where respondents had lived for majority of their lives and if this might perhaps influence

whether staff were likely to voice concerns, or indeed more likely to need additional support to build confidence to speak up.

The Equality & Diversity Lead responded that the survey did not identify this information. The importance of staff-led support initiatives such as the Peer Support Network and the Diverse Ethnicity Network (DEN) was acknowledged.

K MacDonald, Non-Executive Member and Whistleblowing Champion, sought clarification on whether incidents reported would be recorded and visible, and additionally how awareness is being raised among staff on the support available to highlight concerns, particularly when such actions might be contrary to their cultural norms. It was also queried as to whether appropriate induction materials were available to assist new recruits. The Equality & Diversity Lead advised that staff were encouraged to log incidents so that these could be tracked and that it was her understanding that the induction programme for international recruits included an appropriate focus on cultural awareness.

A Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF), expressed concern on elements of the survey feedback, which indicated that ethnic minority staff might be afraid of reporting incidents of discrimination for fear of reprisal, and stressed that due consideration needs to be given to what can be done to allay these concerns. Whilst it was acknowledged that the utilisation of alerts might be a good idea to identify discriminatory behaviour, it was noted that the information governance (IG) aspects around this would need to be robust.

The Chief Executive thanked the Equality & Diversity Lead for an excellent presentation and cautioned that any process associated with the utilisation of alerts would need to be carefully reviewed from a legal and IG perspective, particularly if it was proposed that this utilised patient record systems. The Medical Director expressed concern on the utilisation of alerts and advised that whilst this suggestion could be evaluated further from an IG perspective, it was a matter that fell under his purview as Caldicott Guardian and is not one for decision at this Committee.

The Head of Workforce Planning & Staff Wellbeing informed the Committee that actions around the issues identified from the survey, including training, communication and pastoral care, were being progressed by the newly formed Equality Sub-Group.

Offering an update on the career progression support offered to international recruits, the Director of Nursing advised that four international recruits had signed up for the Windrush Leadership Programme sponsored by the Nursing & Midwifery Council (NMC). In addition, the Practice & Professional Development (PPD) team are evaluating how current leadership programmes could be adapted to support international recruits.

The Committee **discussed** the report and took assurance from the matters covered in the discussion.

## 6. STRATEGY / PLANNING

### 6.1 Population Health and Wellbeing Strategy Mid-Year Report

The Associate Director of Planning & Performance presented the first Mid-Year report, which provides a progress update on the implementation of the Population Health & Wellbeing Strategy for the period April to September 2023 and outlines plans for the period October to March 2024. Reflecting the changing landscape of the NHS, the report also outlines proposed changes to the wording in the 'what we will do' actions in the Mid-Year report, agreed in consultation with relevant stakeholders. It was clarified that the wording changes do not affect Strategy Priority (SP) 3 deliverables, which relate to staff experience and wellbeing.

The Committee was advised that the Annual Report, (which is expected to be produced in May 2024), will include a refreshed set of deliverables based on organisational priorities and the commitments made within the Annual Delivery Plan. The Annual Report will also describe medium- to long-term changes and how these may impact services.

L Parsons, Employee Director, commented that the report was well laid out and clearly incorporates the organisation's values and principles whilst reflecting the work that is ongoing to meet strategic priorities. W Brown, Interim Co-Chair, H&SCP LPF, queried if there were any metrics available on public engagement in relation to SP 1 and also if anything further could be done to increase staff uptake of health & wellbeing services. In response, the Associate Director of Planning & Performance advised that there has been considerable engagement with the public and staff and an endeavour will be made to include engagement metrics in the next report.

The Chief Executive commented that whilst this was not a performance report, there might be an opportunity to balance out the qualitative descriptions contained within the report with evidence.

K MacDonald, Non-Executive Member and the Whistleblowing Champion, commented favourably on the assurance provided by the report and requested that the annual report includes an achievement of key outcomes so that the impact of services provided can be monitored. The Associate Director of Planning & Performance advised that impact indicators would be included in the Annual Report.

In response to a comment on the actions being undertaken to increase the uptake of staff Health and Wellbeing offers, the Head of Workforce Planning & Staff Wellbeing advised that consideration was being given to conducting a Staff Health & Wellbeing survey this year, in addition to refreshing the Health & Wellbeing pages on StaffLink, which would assist in evaluating the use of services currently being offered.

The Committee took **assurance** from the report and **discussed** and **agreed** the changes in the 'what we will do' actions in the mid-year report.

## 7. NHS FIFE PROJECTS / PROGRAMMES

### 7.1 Reinforced Autoclaved Aerated Concrete (RAAC)

The Director of Property & Asset Management joined the meeting to provide a detailed explanation of the report. It was advised that of the 26 blocks within NHS Fife Estate that have been passed to the National Programme for further assessment, 21 have been identified as having a high or medium risk of containing RAAC and these 21 have been surveyed to date. One block has been removed from the Programme due to being derelict and unused. Following surveys, 16 blocks have been identified as having no RAAC discovered, whilst five have RAAC discovered within. Five blocks have not as yet been surveyed as the National Programme is prioritising high and medium likelihood risk areas before moving to low risk areas.

The five blocks where RAAC has been discovered have been categorised into those with no immediate cause for concern (three blocks) and blocks where further investigation is required (two blocks). Discussions are ongoing nationally as to how these investigations can be done consistently across Scotland. Risk assessments have been undertaken in the three blocks where further investigation is required, as identified by the Health & Safety Manager and this has resulted in several mitigating actions being put in place. Following further review of the Estate, three additional blocks have been recommended for inclusion in the National Survey Programme. A list of all buildings being surveyed across the NHS Estate in Scotland has been published on the NHS National Service Scotland website.

In response to a question from the Chair as to who would carry out reinspection of risk areas, the Director of Property & Asset Management advised that it would either be the external surveyor that had conducted the original surveys or alternatively members of the team would be trained internally.

The Chair also queried the plans in place for the inspection of the temporary mitigating actions that had been implemented. The Director of Property & Asset Management advised that it was expected that the mitigating actions would be reviewed when the external surveyor returned to complete the survey of additionally identified areas and at this time points for action in the existing report as well as low risk areas identified would also be evaluated.

The Committee took **assurance** from the report and the mitigating actions in place to ensure the safety of staff and building users.

## 8. QUALITY / PERFORMANCE

### 8.1 Integrated Performance & Quality Report (IPQR)

The Director of Workforce spoke to the report, which gave details on performance around Sickness Absence, Personal Development Performance Review (PDPR) and Vacancy rates. It was reported that sickness absence has increased from 6.93% in September to 7.39% in October. For the same period, short-term

absence has decreased from 3.24% to 3.08% and long-term absence has increased from 3.69% to 4.30%. The Director of Workforce commented that more needs to be done in the space of identifying the causes of sickness absence and increasing staff uptake of the organisation's Health & Wellbeing offering and support.

It was noted that PDPR compliance has increased slightly by 0.5% in November.

There was no change reported in Medical & Dental WTE (whole time equivalent) vacancies from the June 2023 figure of 30.2. Nursing & Midwifery WTE vacancies significantly decreased for this reporting quarter, dropping from 507.7 WTE to 282.1 WTE. AHP (Allied Health Professionals) WTE vacancies have decreased to their lowest level since March 2022. There are a number of workstreams to progress work in this area, which are dependent on available resources.

Responding to a query from W Brown, Interim Co-Chair, H&SCP LPF, on the lessons that had been learned from the Rapid Recruitment initiative in June 2023, the Director of Workforce advised that the availability of adequate resources, a more joined-up overall approach and mitigations in place to combat any delays would be key to successfully executing any similar future programmes. It was advised that a survey had also been conducted to collate feedback from lessons learned.

Recognising the impact of the above metrics on staff and patient wellbeing, L Parsons, Employee Director, highlighted the importance of exploring additional actions to support these areas.

The Director of Workforce confirmed that a paper outlining actions to effect improvements in the IPQR metrics would be brought back to the Committee, following consultation with relevant stakeholders.

**Action: Director of Workforce**

The Committee took **assurance** from the report and **considered** NHS Fife's performance, as summarised in the IPQR.

## **9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD**

### **9.1 Draft Staff Health and Wellbeing Action Plan 2023-2025**

The Head of Workforce Planning & Staff Wellbeing advised that the Action Plan had been developed in line with the timescale of the three-year Workforce Plan and the Staff Health & Wellbeing Framework and with input from the Staff Health & Wellbeing Group, Occupational Health, Psychology, Health Promotion and the Healthy Working Lives Team. It sets out a balanced approach on how ambitions will be achieved, taking into account current resources and pathways. It was emphasised that the future focus will require to be on evaluation and metrics, to ensure the best use of available resources.

The Committee took **assurance** from the report and **endorsed** the Draft Staff Health & Wellbeing Action Plan for publication.

## 9.2 Internal Control Evaluation Report

The Chair welcomed the Chief Internal Auditor to the meeting and invited her to speak to the agenda paper. It was highlighted that the report includes a full review of the five governance areas and is aimed at providing an early warning of any issues that may impact on the governance statement and which need to be addressed before year end. In consideration of the increasingly challenging environment, it was reiterated that whilst operational improvements remain important, the focus needs to be on genuinely strategic solutions and transformation. The report highlighted ongoing good work in areas such as updates to the Committee on the Annual Delivery Plan, which allow for monitoring of workforce aspects and demonstrate an organisation wide strategic focus. Additionally, improvements were noted in the areas of iMatter, Agenda for Change Appraisals and the completion of Core Skills Training; however, it was also acknowledged that there is a lot of work to be done to improve engagement. An important message in the report is the work being done to address and improve sickness absence.

It was advised that the Internal Audit Report that provides an opinion on the process to develop the Workforce Plan in compliance with legislation, the content of the plan itself, the arrangements for monitoring and assurance and any future required developments on Workforce Planning is due to be issued within the next week. Once management responses to the recommendations have been received, it will be shared with the Committee. The importance of developing and monitoring Workforce Plans to find strategic solutions to ever increasing workforce pressures was reiterated.

Within the area of risk it was highlighted that risk scores and the achievement of the target scores within realistic timeframes need to be constantly monitored. Additionally, it must be ensured that risks reflect the current controls and the controls mitigate workforce risks as far as possible.

Whilst not highlighted as a risk, the Committee was informed of the recommendation relating to the Staff Governance Standard to ensure that any Scottish Government feedback on areas the Board needs to focus on is actioned and the relevant assurance is provided to the Committee.

The Director of Workforce offered his appreciation for the level of scrutiny detailed within the report and affirmed the commitment to any actions recommended.

The Committee took **assurance** from the report and **noted** the content of the Internal Control Evaluation report.

## 10. ANNUAL REPORTS / OTHER REPORTS

### 10.1 Medical Appraisal & Revalidation Annual Report 2022/2023

The Chair invited the Medical Director to speak to the report, which described NHS Fife's performance in relation to Medical Appraisal and Revalidation.

It was advised that whilst the Board continues to respond well to its statutory obligations in this area, the recruitment of appraisers within secondary care remains a challenge.

Referring to the appraisal rate of 55.88% among Secondary Care Specialty & Specialist (SAS) doctors detailed in the report, the Medical Director clarified that owing to the fluid nature of the workforce, this figure included a number of new employees and should therefore not be considered as non-compliance.

The Committee took **assurance** from the report and **noted** the contents of the Medical Appraisal and Revalidation Annual Report 2022/2023 and the Medical Appraisal and Revalidation Strategic Framework.

## 10.2 iMatter Report 2023

The Chair welcomed Jackie Millen, Workforce Development & Engagement Officer, to the Committee and invited her to speak to the report. It was highlighted that whilst the report reflected an increase in all three Key Performance Indicators (KPIs), the questionnaire rate (66%) and action plan engagement rate (67%) were the highest achieved among all 14 NHS Scotland Territorial Boards. It was also advised that the NHS Fife iMatter team had been approached by other Boards to share resources developed locally to support their respective 2024-2025 campaigns.

Key achievements noted in the national report included acknowledgement of the Board's iMatter eLearning programme (now offered on a national level) and iMatter Manager Action Planning Information sessions, amongst others. In the Survey Report, the question related to recommending NHS Fife as a good place to work reflected an increase of 2 points as compared to 2022-2023, whilst the question related to recommending an employee's team as a good one to be part of, reported an increase of 1 point over the same period.

To promote continuous improvement, a questionnaire had been issued to a sample of iMatter teams to gather information on the experience of the previous year and improvements that could be implemented in the campaign moving forward. Early indications from survey responses pointed to the need for additional support in the Action Planning stage. It was advised that more Directorate Administrators would be recruited in all areas to promote more local access support for managers and survey participants. If this was successful, Directorate Administrators would be encouraged to hold campaigns within their respective areas during the Manager Team Confirmation and Questionnaire stages of the process, to foster ownership among teams, whilst also releasing resources within the iMatter Team, which could be used to offer support with the Action Planning stage of the campaign.

Nominees from the Committee were requested for participation in the video sessions being planned to launch the 2024-2025 iMatter campaign.

The Director of Workforce acknowledged the hard work undertaken by all stakeholders in making the 2023-2024 campaign a success and committed his support to the 2024-2025 campaign.

The Committee took **assurance** from the report and **noted** the improved outcomes from the 2023/2024 iMatter programme.

## **11. LINKED COMMITTEE MINUTES**

The Committee **noted** the following linked Committee Minutes:

### **11.1 Area Partnership Forum held on 22 November 2023 (unconfirmed)**

The Chair questioned whether item 5.3 in the Area Partnership Forum Minutes (Agenda for Change Reduced Working Week Update) should be captured as an emerging risk. The Director of Workforce confirmed that this would be captured as a Workforce Planning risk and escalated as appropriate.

**Action: Director of Workforce**

### **11.2 Acute Services Division and Corporate Directorate Local Partnership Forum held on 9 November 2023 (unconfirmed)**

### **11.3 Health and Social Care Partnership Local Partnership Forum held on 26 July 2023 (confirmed)**

### **11.4 Strategic Workforce Planning Group held on 28 November 2023 (unconfirmed)**

### **11.5 Health and Safety Sub Committee held on 8 September 2023 (unconfirmed)**

### **11.6 Equality & Human Rights Strategy Group held on 10 November 2023 (confirmed)**

## **12. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **12.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

### **12.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters for escalation to the NHS Fife Board.

## **13. ANY OTHER BUSINESS**

There was no other business.

## **14. DATE OF NEXT MEETING**

Wednesday 6 March 2024 at 10.00 am, via MS Teams.



# **Fife Integrated Performance & Quality Report**

**Position (where applicable) at December 2023  
Produced in January 2024**

# Introduction

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

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

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

The IPQR comprises the following sections:

- a. Corporate Risk Summary**  
Summarising key Corporate Risks and status.
- b. Indicatory Summary**  
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Projected & Actual Activity**  
Comparing projected Scheduled Care activity to actuals.
- 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) 2023/24, 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 January 2024

Prepared by:  
**SUSAN FRASER**  
Associate Director of Planning & Performance

## a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	6	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
<b>Total</b>	<b>19</b>	<b>13</b>	<b>6</b>	<b>0</b>	<b>0</b>		



### Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

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

Assessment of corporate risk performance and improvement trajectory remains in place.

## b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC		Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	-	Month	Nov-23	57	○	▲	▼	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Nov-23	33.3%	●	▲	▼	
	HSMR	N/A	-	Year Ending	Jun-23	0.96	●	—	—	
	Inpatient Falls	6.95	(L)	Month	Nov-23	6.17	○	▲	▲	
	Inpatient Falls with Harm	1.44	(L)	Month	Nov-23	1.77	○	▲	▼	
	Pressure Ulcers	0.89	(L)	Month	Nov-23	1.28	○	▲	▼	
	SAB - HAI/HCAI	18.8	(N)	Month	Nov-23	13.4	○	▼	▲	● QE Jun-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Nov-23	0.0	○	▲	▲	● QE Jun-23
	ECB - HAI/HCAI	33.0	(N)	Month	Nov-23	36.9	○	▲	▼	● QE Jun-23
	S1 Complaints Closed in Month on Time	80%		Month	Nov-23	75.0%	●	▲	▲	● 2021/22
	S2 Complaints Closed in Month on Time	33%		Month	Nov-23	10.0%	○	▼	▲	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Nov-23	26.1%	●	▲	▲		
Operational Performance	IVF Treatment Waiting Times	90%		Month	Sep-23	100.0%	●	◀▶	◀▶	
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Dec-23	70.2%	○	▼	▲	● Nov-23
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Dec-23	63.5%	○	▼	▲	● Nov-23
	Patient TTG % <= 12 Weeks	100%		Month	Nov-23	39.1%	●	▼	▼	● Sep-23
	New Outpatients % <= 12 Weeks	95%		Month	Nov-23	41.3%	●	▼	▼	● Sep-23
	Diagnostics % <= 6 Weeks	100%		Month	Nov-23	48.2%	●	▼	▼	● Sep-23
	Cancer 31-Day DTT	95%		Month	Nov-23	95.0%	○	▲	▼	● QE Sep-23
	Cancer 62-Day RTT	95%		Month	Nov-23	61.2%	○	▼	▼	● QE Sep-23
	Freedom of Information Requests	85%		Month	Dec-23	84.4%	●	▼	▼	
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Dec-23	11.4%	●	▲	▲	● Nov-23
	Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Dec-23	7.1%	○	▲	▼	● Nov-23
Antenatal Access	80%		Quarter	Sep-23	92.1%	●	▼	▼	● CY 2022	
Finance	Revenue Resource Limit Performance	(£23m)	-	Month	Dec-23	(£21.659m)	●	—	—	
	Capital Resource Limit Performance	£11.952m	-	Month	Dec-23	£5.870m	●	—	—	
Staff Governance	Sickness Absence	4.00%		Month	Nov-23	7.64%	○	▼	▼	● YE Sep-23
	Personal Development Plan & Review (PDPR)	80%	(L)	Month	Dec-23	42.1%	●	▲	▲	
	Vacancies - Medical & Dental	N/A		Quarter	Sep-23	9.4%	●	▲	▼	
	Vacancies - Nursing & Midwifery	N/A		Quarter	Sep-23	6.5%	●	▲	▼	
	Vacancies - AHPs	N/A		Quarter	Sep-23	8.0%	●	▲	▲	
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Aug-23	77	●	—	—	● YT Mar-23
	CAMHS Waiting Times	90%		Month	Nov-23	60.8%	○	▼	▼	● QE Sep-23
	Psychological Therapies Waiting Times	90%		Month	Nov-23	64.0%	○	▼	▼	● QE Sep-23
	Drugs & Alcohol Waiting Times	90%		Month	Sep-23	89.3%	●	▲	▼	● QE Sep-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Dec-23	79.2%	●	▲	—	
	COVID Vaccination (Winter, Age 65+)	85%		Month	Dec-23	78.6%	●	▲	—	
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Sep-23	94.2%	○	▲	▼	● QE Sep-23
	Immunisation: MMR2 at 5 Years	92%		Quarter	Sep-23	88.8%	○	▼	▲	● QE Sep-23

### Performance Key

<span style="background-color: green; width: 15px; height: 10px; display: inline-block;"></span>	on schedule to meet Standard/Delivery trajectory
<span style="background-color: yellow; width: 15px; height: 10px; display: inline-block;"></span>	behind (but within 5% of) the Standard/Delivery trajectory
<span style="background-color: red; width: 15px; height: 10px; display: inline-block;"></span>	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 & Actual Activity and Long Waits

		Quarter End	Quarter End	Month End			Quarter End	Quarter End
		Jun-23	Sep-23	Oct-23	Nov-23	Dec-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected			75.8%	77.0%	78.5%		
	Actual			66.8%	66.6%	63.5%		
	Variance			-9.0%	-10.4%	-15.0%		
Elective Activity Diagnostics	Projected	15,363	15,363	5,121	5,121	5,121	15,363	15,363
	Actual	14,393	15,588	5,412	5,387			
	Variance	-970	225	291	266			
Elective Activity New Outpatients	Projected	22,309	22,337	7,421	7,432	7,421	22,274	22,308
	Actual	21,225	21,580	7,090	7,985			
	Variance	-1,084	-757	-331	553			
Elective Activity TTG	Projected	3,416	3,433	1,162	1,162	1,163	3,487	3,492
	Actual	3,403	3,289	1,109	1,307			
	Variance	-13	-144	-53	145			
Long Waits Diagnostics > 26 weeks	Projected	109	63	42	26	10	10	0
	Actual	171	165	160	150			
	Variance	62	102	118	124			
Long Waits New Outpatients > 104 weeks	Projected	0	74	120	166	212	212	352
	Actual	1	2	2	2			
	Variance	1	-72	-118	-164			
Long Waits New Outpatients > 78 weeks	Projected	150	339	509	679	849	849	1358
	Actual	85	255	301	336			
	Variance	-65	-84	-208	-343			
Long Waits TTG > 104 weeks	Projected	16	67	102	136	173	173	351
	Actual	20	17	25	40			
	Variance	4	-50	-77	-96			
Long Waits TTG > 78 weeks	Projected	159	305	388	465	547	547	893
	Actual	84	133	154	186			
	Variance	-75	-172	-234	-279			
Arthroplasty 4 joint sessions	Projected	25.0%	25.0%				25.0%	25.0%
	Actual	10.0%						
	Variance	-15.0%						
Same Day Procedures Knee Arthroplasty	Projected	1.9%	1.9%				1.9%	1.9%
	Actual							
	Variance	-1.9%						
Same Day Procedures Hip Arthroplasty	Projected	4.3%	4.3%				4.3%	4.3%
	Actual							
	Variance	-4.3%						
Cancer Waiting Times 31-Day	Projected	93.8%	94.1%				94.3%	94.5%
	Actual	96.5%						
	Variance	2.7%						
Cancer Waiting Times 62-Day	Projected	81.9%	82.8%				85.0%	85.4%
	Actual	77.5%						
	Variance	-4.4%						
CAMHS 18 Weeks RTT	Projected			70.0%	70.0%	60.0%		
	Actual			67.9%	78.6%			
	Variance			-2.1%	8.6%			
CAMHS Waiting List <= 18 weeks	Projected	216	228	232	257	235	235	200
	Actual	224	197	184	187			
	Variance	8	-31	-48	-70			
CAMHS Waiting List > 18 weeks	Projected	116	98	77	86	42	42	0
	Actual	70	91	87	49			
	Variance	-46	-7	10	-37			
Psychological Therapies 18 Weeks RTT	Projected			69.3%	68.2%	71.0%		
	Actual			54.3%	56.5%			
	Variance			-15.0%	-11.7%			
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888
	Actual	1460	1480	1404	1412			
	Variance	572	592	516	524			
Psychological Therapies Waiting List > 18 weeks	Projected	1660	1569	1609	1596	1680	1680	1604
	Actual	1173	1219	1184	1086			
	Variance	-487	-350	-425	-510			
Psychological Therapies Waiting List > 52 weeks	Projected	219	165	147	129	111	111	57
	Actual	273	251	278	276			
	Variance	54	86	131	147			

## d. Assessment

### CLINICAL GOVERNANCE



To improve the quality of health and care services

6



Moderate

		Target	Current
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#### Major & Extreme Adverse Events

50% of Action from Major and Extreme Adverse Events to be closed within time

50%

33.3%

There were 20 actions relating to LAER/SAER closed on time in November 2023, from a total of 60, which equates to a performance of 33.3%: an increase on the 28.6% seen in October.

There were 57 Major/Extreme adverse events reported in November out of a total of 1,502 incidents.

69.2% of all incidents were reported as 'no harm'. Over the past 12 months, Pressure Ulcer developing on ward has been the most reported Major/Extreme incident followed by Patient Fall.

On average, 49 actions have been closed per month in 2023 compared to 37 over the same period in 2022.

There were 347 actions open at the end of November, with 87 (25.1%) being within time.

#### HSMR

1.00

0.96

(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

Data for 2022 and 2023 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2023 showing a ratio below the Scottish average

#### Inpatient Falls

Reduce **All Falls** (inpatient) rate by 15% in FY 2023/24 compared to baseline (YE Sep-21)

6.95

6.17

Reduce **Falls with Harm** (inpatient) rate by 10% in FY 2023/24 compared to baseline (YE Sep-21)

1.44

1.77

#### All Falls:

The number of inpatient falls in total was 174 in November 2023, down from 219 the month prior. This equates to a rate of 6.17 falls per 1,000 Occupied Bed Days (OBD). Performance is therefore achieving the target of < 6.95.

The number of falls within Acute Services was 72 in November. This is 41 less than in October and equates to a lower rate of 5.35 per 1,000 OBD (compared to 7.88 in September).

The number of falls within HSCP was 102 in November, 4 less than October although this equates to a higher rate of 6.91 per 1,000 OBD (compared to 6.87 in October).

The majority of falls in the last 3 months (73.7%) were classified as 'No Harm' whilst 20.2% were classified as 'Minor Harm' and 2% were classified as 'Moderate Harm'. Falls classified as 'Major/Extreme Harm' accounted for 4% of the totals falls (compared to 2.5% in the preceding 3 months).

#### Falls with Harm:

The number of inpatient Falls with Harm was 50 in September, 6 less than the month prior, and this equates to a rate of 1.77 falls per 1,000 OBD: thus, performance for November is outwith the target of < 1.44 and is above the 24-month average but remains within control limits.

#### Pressure Ulcers

Reduce pressure ulcer rate by 20% in FY 2023/24 compared to the rate in FY 2022/23

0.89

1.28

The total number of pressure ulcers in November 2023 was 36, a reduction of 16% on October. This equates to a rate of 1.28 per 1,000 Occupied Bed Days (OBD). Performance has improved, though remains beyond the target of < 0.89: however, it remains within control limits.

The number of pressure ulcers in Acute Services was 29 in November, a decrease of 6 on the previous month (24-month average is 24 and rate is 2.15).

The number of pressure ulcers in HSCP was 7 in November, a decrease of 1 on the previous month (24-month average is 7 and rate is 0.47).

Most pressure ulcers continue to be in Acute Services with 85 recorded between Sep-Nov 2023 compared with 18 in HSCP.

		Target	Current
<b>SAB (MRSA/MSSA)</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i>	<b>18.8</b>	<b>13.4</b>
<p>The SAB infection rate increased from 3.5 in September 2023 to 13.4 in November, this is -6.7 on the same month in 2022.</p> <p>Of the 46 HAI/HCAI reported in the last 12 months, 9 have been categorised as 'VAD'; 9 have been categorised as 'Other' or 'Not Known' and 9 have been categorised as 'Device Other Than VAD'.</p> <p>The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending June 2023, showed that NHS Fife (with a quarterly infection rate of 18.3) lay below national rate.</p> <p>For noting, the cumulative total of infections Dec 22 – Nov23 at 46 is lower than during the same time period in 2021 and 2022 at 53.</p>			
<b>C Diff</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i>	<b>6.5</b>	<b>0</b>
<p>The C Diff infection rate decreased to 0 in November. This is the first time in the last 24 months.</p> <p>For noting, the cumulative total of infections Dec 22 – Nov23 at 36 is higher than during the same time period in 2021 and 2022 at 27.</p> <p>The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending June 2023, showed that NHS Fife was in the top-range of all Mainland Health Boards at 18.0 and this was above the Scottish average of 16.1.</p>			
<b>ECB</b>	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024</i>	<b>33.0</b>	<b>36.9</b>
<p>The number of HCAI infections decreased from 14 in October 2023 to 11 in November and the rate of infection decreased from 44.6 to 36.9 HAI/HCAI per 100,000 Occupied Bed Days (OBD).</p> <p>Urinary Catheter related infections have been responsible for 29 of the 111 infections in the last year (26.1%) and remains a key focus for improvement work although the 'Not Known' category accounts for 24 infections (21.6%).</p> <p>The majority of ECB infections occur in the community, and hepatobiliary and renal are the most common sources of infection.</p> <p>For noting, the cumulative total of infections Dec 22 – Nov23 at 111 is lower than during the same time period in 2021 and 2022 at 125.</p> <p>The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending June 2023, showed that NHS Fife (with a quarterly infection rate of 29.3) lay in the mid-range of Mainland Health Boards (as has been the case for the last 6 quarters) and was below the Scottish average of 37.6</p>			
<b>Complaints – Stage 2</b>	<i>At least 33% of Stage 2 complaints will be completed within 20 working days by March 2024</i>	<b>10%</b>	<b>10%</b>
<p>There were 17 stage 2 complaints received in November, with 100% acknowledged within timescales, with 40 closed. Of those closed 10% were within timescales.</p> <p>With 29 greater than 40 days after due date, 22 of which were closed greater than 80 days after due date. 23 complaints were due to be closed in the month, 6 (26.1%) of which were closed on time.</p> <p>67.4% of live complaints have been open for more than 40 days with 38.4% open for more than 80 days and 7% open for more than 160 days.</p> <p>24.4% of live complaints are awaiting statements with 37.2% awaiting approval of final response.</p>			

## OPERATIONAL PERFORMANCE



To improve the quality of health and care services

6



Moderate

		Target	Current
<b>4-Hour Emergency Access</b>	<p><b>National Standard:</b> 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</p> <p><b>Local target</b> by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer</p>	95.0%	70.2%
<b>A&amp;E (all sites)</b>			
<p>Performance in December decreased to 70.2% which is below the 95% national target; below the 24-month average of 73.9%; below the performance seen in November (74.1%); but within control limits and higher than year previous (63.2% in December 2022).</p> <p>Unplanned attendances decreased further from 6972 in November to 6925 in December (12.2% reduction since Aug-23) and average per day reduced to 223 (-9 compared to month previous; -3 compared to year previous). Planned attendances saw a decrease from 482 in November to 384 in December.</p> <p>There were 447 8-hour breaches recorded in December (18% more than was reported in November but 52% less than the year previous); and 79 12-hour breaches (&lt;1% more than November but 79% less than year previous). Breaches overall increased by 14% compared to November. In terms of Breach reasons, 'Wait for first assessment' increased by 2.5% (as a share of total breaches) and 'Wait for a bed' decreased by 2.1%.</p>			
<b>ED (VHK only)</b>			
<p>Performance in December was 63.5% compared to 66.6% in November and this is below the current local trajectory of 75%. Unplanned attendances increased from 5407 in November to 5653 in December (+246 compared to month previous; -14 compared to year previous).</p> <p>Planned attendances in December were 157 (-37 compared to November).</p> <p>The most recent publication from Public Health Scotland, for month of November 2023, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards.</p>			
<b>Patient TTG (Waiting)</b>	<p>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</p>	100%	39.1%
<p>Monthly performance decreased from 40.5% in October to 39.1% in November.</p> <p>Waiting list numbers for waits of 'over 12 weeks' continue to trend upwards rising by 145 to 4819 in November. Waits 'over 26 weeks' &amp; 'over 52 weeks' also continue to trend upwards. The majority of over 52 weeks lie within Orthopaedic (300) and Urology (215).</p> <p>Waits 'over 104 weeks' increased to 40, however this remains well below projected figures. These are split General Surgery 6, Orthopaedic 15, Plastic Surgery 2, Urology 9 and Gynaecology 8.</p> <p>The overall waiting list increased by &lt;1.0% from September to October.</p>			
<b>New Outpatients</b>	<p>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</p>	95%	41.3%
<p>Monthly performance decreased for the 8th Month in a row, reducing from 42.7% in October to 41.3% in November 2023. Waits for over 12, 26, 52 and 78 weeks all saw increases: 'over 78 weeks' increased by 11.6% to 336, though this remains below the projected figures. Waits 'over 104 weeks' remained at 2 (Gastroenterology &amp; General Surgery).</p> <p>ENT 'over 52 weeks' saw the largest increase of 25.4% from 524 to 657.</p> <p>The largest number of over 78 weeks waits are in Gastroenterology (116) &amp; Neurology (170)</p> <p>The overall waiting list decreased by 0.5% from October to 31,117 (31281) patients.</p>			



		Target	Current
<b>Diagnostics</b>	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	<b>100%</b>	<b>48.2%</b>
<p>Monthly performance decreased for the 3rd month in a row from 50% in October to 48.2% in November. Endoscopy saw an increase in performance (from 49% to 57.4% - the highest figure since December 2021). Imaging saw a decrease in performance (from 50% to 47.4%).</p> <p>In terms of waiting list numbers, Imaging has decreased to 8283. MRI saw numbers decrease from 1535 in October to 1488 in November. CT saw a decrease to 845 the lowest figure since Oct 22 the sixth successive month of decrease; Ultrasound saw a slight increase to 5950. Endoscopy waiting list increased slightly to 662 in November from 628 in October. The diagnostic waiting list overall decreased from 8968 in October 8945 in November.</p>			
<b>Cancer 31-Day DTT</b>	<i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	<b>95%</b>	<b>95%</b>
<p>Monthly performance in November 2023 increased from 91.8% in October to 95% which is at target. The number of eligible referrals increased from 122 in October to 119 in November, this is 9 less than the same month in 2022.</p> <p>There were 6 breaches in November 2023, all attributable to Urology (4 for 'Prostate', 1 for 'Other', 1 for Bladder). The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sept 2023, showed that NHS Fife was in the low-range of all Mainland Health Boards.</p>			
<b>Cancer 62-Day RTT</b>	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	<b>95%</b>	<b>61.2%</b>
<p>Monthly performance in November 2023 decreased from 86.6% in October to 61.2% in November, the lowest since December 2021.</p> <p>The number of eligible referrals increased from 82 in October to 85 in November, this is 3 more than the same month in 2022.</p> <p>There were 33 breaches in November 2023 with 19 of these (57.5%) attributable to Prostate. The other breaches were 5 'Lung', 2 'Colorectal', 1 'Melanoma', 1 'Upper GI', 2 'Ovarian'</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending Sept 2023, showed that NHS Fife was in the low-range of all Mainland Health Boards.</p>			
<b>Delayed Discharges</b>	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	<b>5.0%</b>	<b>7.1%</b>
<p>The percentage of Bed Days lost to 'Standard' delays decreased to 7.1% between November and December 2023. This is above the 5% target and above the 24-month average of 6.4% but remains within control limits.</p> <p>The number of Bed Days lost to 'Standard' delays in December decreased by 100 compared with the month previous (-4.7%).</p> <p>The number of Bed Days lost to 'Code 9' delays in November increased by 5 compared with the month previous (&lt;1%).</p> <p>Comparing year-on-year, the overall numbers in delay at census point were less for Dec-23 (98) than for Dec-22 (108).</p> <p>Community saw 50% less 'Code 9' delays than the year previous (similar numbers of 'Standard' delays); and MH/LD saw 7 more 'Standard' delays (+100%) and 7 more 'Code 9' delays (+70%).</p> <p>The most recent monthly publication from Public Health Scotland, for data up to end of November 2023, showed that NHS Fife remains in the mid-range for Standard Delays at Census by Local Authority of Residence.</p>			

## FINANCE



To deliver value and sustainability

6



Forecast Current

**Revenue Expenditure** *Work within the revenue resource limits set by the SG Health & Social Care Directorates* **(£23m)** **(£21.659)**

A £21.659m revenue overspend is reported at the end of December for Health Board retained services and reflects as previously reported the Scottish Government additional funding relating to NRAC parity and New Medicine Funding which has been allocated to support achieving financial balance.

There is no change to the main drivers of the overspend previously reported although we have seen a slight reduction in supplementary staffing expenditure across both medical and nursing staff groups. However, spend on supplementary staffing, external SLAs, ongoing Covid Legacy costs and the cost of surge continue to provide financial challenge particularly within the Acute Services Division. Moreover, Inflation and the cost-of-living pressures remain higher than the levels identified in the Financial Plan, and we continue to be challenged to deliver the in year savings programme. We are currently working with Scottish Government colleagues and have requested additional support and benchmarking data from their Finance Delivery Unit on several high expenditure areas.

Current projections continue to indicate a forecast outturn of £23m which is significantly more than our current approved financial plan position of £10.9m overspend. Following our Q1 and Q2 reviews with Scottish Government, they have requested we continue to identify more actions between now and the financial year end to improve our forecast outturn and move towards break even.

**Capital Expenditure** *Work within the capital resource limits set by the SG Health & Social Care Directorate* **£11.952m** **£5.870m**

The Capital Forecast for December 2023 reflects our core capital allocation of £7.764m as advised by Scottish Government plus anticipated allocations for several specific projects as discussed at FCIG reflecting a total capital expenditure plan of £11.952. A relatively low level of capital expenditure has been incurred for the period which is not unusual at this stage in the financial year. The majority of capital expenditure generally occurs in the final quarter of the financial year.

**Additional Finance detail will be provided in a separate SBAR submitted by Finance Directorate**

## 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%

7.64%

Sickness absence has increased from 7.39% in October to 7.64% in November 2023, this is 0.33% higher than the equivalent month in 2022. Short-term absence has increased from 3.08% in October to 3.56% in November 2023. There has been a decrease in long term absence from 4.30% In October to 4.08% in November 2023.

Most sickness absence episodes and hours lost related to mental health related reasons for absence, (amounting to 28.13%), however, this has reduced by 1% from the previous month.

One Directorate, Community Care, has an absence rate above 10% and the Emergency Care Directorate has a rate of 8%+.

There are increases in absence rate for the following Directorates: Corporate, Emergency Care, WCCS, Community Care, Complex & Critical Care, Primary & Preventative Care.

### PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

42.1%

Compliance has decreased slightly to 42.1% in December, a decrease of 0.5% from month prior and +8.8% on the same month in 2022.

This is the first decrease since January 2023.

Compliance was highest in HSCP, (Primary & Preventative) at 54.5% whilst in Acute Services Planned Care was the only service which saw an increase to 33%.

The number of reviews held in December fell to 203 (from 295), this represents an increase of 10% since December 2022.

Performance remains at approximately half of the national standard of 80%, and has remained relatively static for the last 3 months.

Reduce the number of vacancies in the following professions:

### Vacancies

Medical & Dental (M&D)

9.4%

Nursing & Midwifery (N&M)

6.5%

Allied Health Professionals (AHPs)

8.0%

Medical & Dental WTE vacancies saw no change from the June figure of 30.2. The largest % of vacancies falls within a single area of General Psychiatry at 8.9%.

Nursing & Midwifery WTE vacancies has seen a significant decrease for this reporting quarter dropping from 507.7 WTE to 282.1 WTE. 53% of vacancies are for qualified staff Band 5 - Band 7.

AHP WTE vacancies have decreased to their lowest level since March 2022 (61.1 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

## PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



High

		Target	Current
<b>Smoking Cessation</b>	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	<b>197</b> (Aug-23)	<b>77</b> (Aug-23)
<p>There were 13 successful quits in August 2023, which is 26 short of the monthly target and 4 less than was achieved in August 2022. Achievement against trajectory is 39.1%, which is 1.4% less than was achieved in July 23.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2023 (Q4), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 64.5% against a Scottish average of 69.4%.</p> <p>For all quit attempts, the quit success rate in specialist services is significantly higher than for other services.</p>			
<b>CAMHS Waiting Times</b>	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	<b>90%</b>	<b>60.8%</b>
<p>Monthly performance decreased from 74.3% in October 2023 to 60.8% in November.</p> <p>For the first time in since November 2022 young people are having to wait more than 35 weeks for treatment (2, both booked December 23) whilst the number of those waiting between 19-35 weeks decreased from 87 in October to 49 in November.</p> <p>The percentage of those waiting less than 18 weeks increased from 67.9% in October to 78.6% in November.</p> <p>The number of referrals received in November was 289, a 40.9% increase from October, the highest figure since March 2023.</p> <p>The overall waiting list saw a decrease (271 in October compared with 238 in November).</p>			
<b>Psychological Therapies</b>	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	<b>90%</b>	<b>64.0%</b>
<p>The number of patients who waited less than 18 weeks was 478, from a total of 747 who were treated in October 2023. Monthly performance therefore decreased from 66.8% in October 2023 to 64.0% in November. This is below target and out with control limits.</p> <p>The number of those waiting over 52 weeks decreased from 278 in October to 276 in November though this is 28.7% less than in November 2022.</p> <p>The number of those waiting 36-52 weeks decreased to 25 (-16) and the number of those waiting 19-35 weeks decreased to 559 (-80).</p> <p>The overall waiting list decreased from 2588 to 2498 (-90).</p> <p>Between October and November 2023, referrals for all ages increased by 28.2% (from 804 to 1031 - the highest figure since March 2022).</p> <p>NHS Fife was in the lower-range of Health Boards as of the last quarterly PHS publication in December (for the quarter ending September 2023) and was below the Scottish average (67.4% compared to 79.4%).</p>			
<b>Immunisation: Influenza and COVID</b>	<i>Achieve 85% uptake for both Winter vaccinations (Influenza and Covid-19) for 65+ population by end of Dec-23</i>	<b>85%</b>	<b>FV 79.2%</b> <b>CV 78.6%</b>
<p><b>Flu Vaccine</b></p> <p>Uptake for Influenza vaccination for ages 65+ was 79.2% by the end of December. Vaccination numbers continue to increase but are starting to level off. For ages 75+ uptake is even higher at 84.0%.</p> <p>The priority group with the highest uptake (only slightly higher than the age 75+ group) continues to be Care Home residents at 84.2%. Uptake for all Health Care Workers was 36.8%.</p> <p>Uptake for all priority groups was 51.2% for December which is lower than Scottish average of 53.3%.</p> <p>Uptake for Children overall was 42.4% with the highest uptake being the Primary School cohort at 64.9%.</p> <p><b>COVID Vaccine</b></p> <p>Uptake for Covid-19 vaccination for ages 65+ was 78.6% by the end of December and vaccination numbers continue to increase but are starting to level off. For ages 75+ uptake is even higher at 83.9%.</p> <p>Similar to Influenza vaccination, the priority group with the highest uptake continues to be Care Home residents at 84.4%.</p> <p>Uptake for Frontline Health Care Workers is 29.3%.</p> <p>Uptake for all priority groups was 56.5% for December which is equal to the Scottish average.</p>			

		Target	Current
<b>Immunisation: 6-in-1</b>	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	<b>95%</b>	<b>93.8%</b>
<p>The latest published data (for quarter ending September 2023) shows that NHS Fife uptake for 6-in-1 at 12 months of age had increased slightly from 93.8% in the last quarter to 94.2% in the most recent quarter, which is below target and only slightly below the average of 94.8% (based on last 18 quarters).</p> <p>Rotavirus saw an increase of 1.7 percentage points on the previous quarter; and MenB saw an increase of 1.3 percentage points.</p> <p>NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 95.9%.</p>			
<b>Immunisation: MMR2</b>	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	<b>92%</b>	<b>89.8%</b>
<p>The latest published data (for quarter ending September 2023) shows that NHS Fife uptake for MMR at 5 years of age had decreased from 89.8% in the previous quarter to 88.8% in the most recent quarter, which is slightly above the average of 88.7% (based on last 18 quarters) and to the same levels seen in QE Sep-22.</p> <p>Hib/MenC saw a decrease of 2.2 percentage points on the previous quarter; and MMR1 saw a decrease of 1.7 percentage points.</p> <p>NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 98.3%.</p>			

## e. Performance Exception Reports

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### Staff Governance

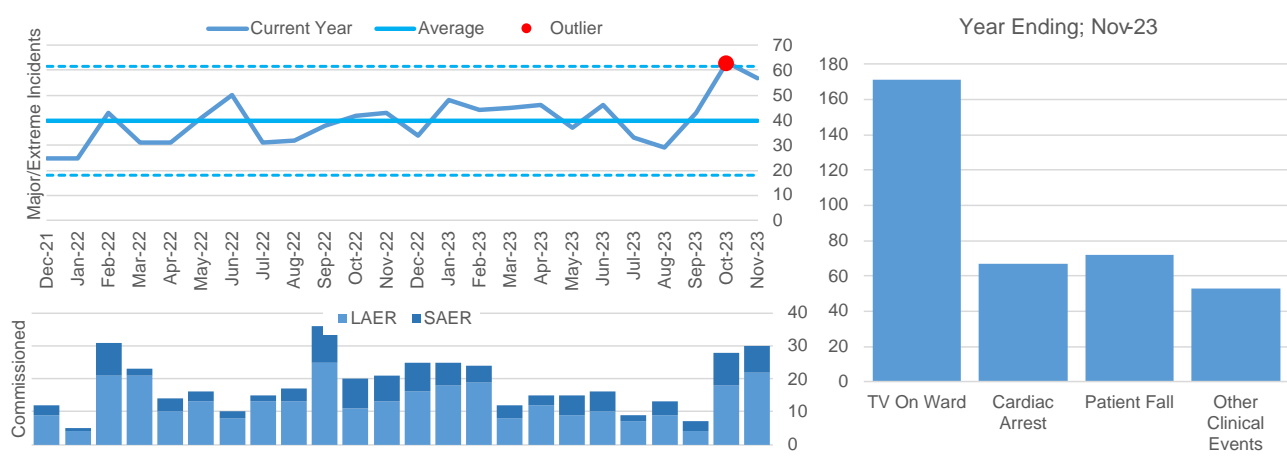
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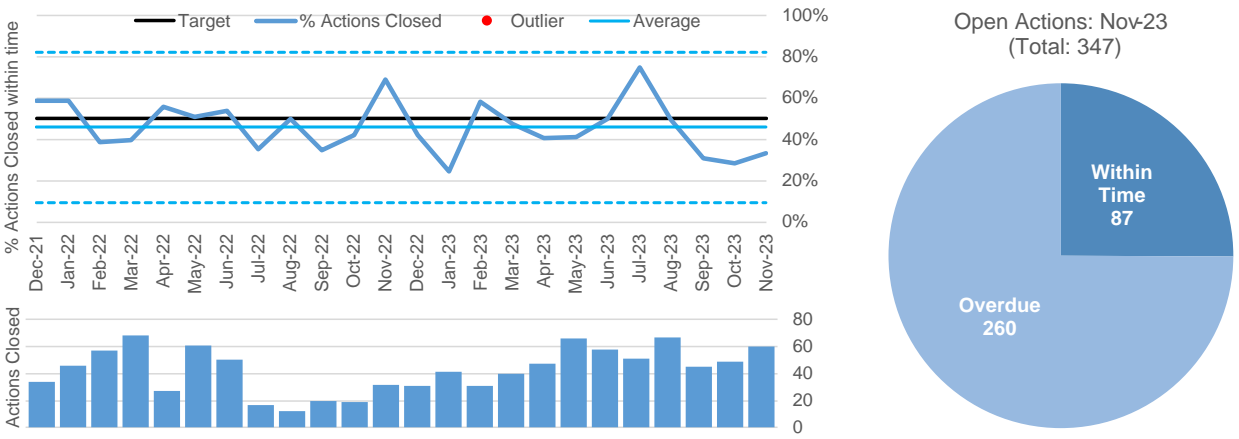
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# CLINICAL GOVERNANCE

<b>Adverse Events</b>	<b>Number 57</b>
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<b>Actions from Significant and Local Adverse Event Reviews</b>	<b>Closure Rate 33.3%</b>
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Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Delivery of Clinical Governance Strategic Framework - Adverse Events</b>					<b>Mar-24</b>
<b>Key Milestones</b>	Publication of updated Adverse Events Policy				Apr-23
	Adverse Events Management Resource Pack uploaded to Blink				Dec-23
	Deliver bespoke training session, where requested, to complement the e-learning package for review teams				Aug-23
	Facilitate short life working group to identify changes required to Datix action module				Mar-24
	Review and refresh of Datix Action Module to support improvement to the theming of action types to enhance identification and inform on themes of learning				Apr-24
	Implementation of updated Adverse Events policy and related procedures				Jan-24

## 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.*

***(n.b. data is published quarterly so below is a repeat of the information reported in last month's IPQR)***

**Performance  
0.96**

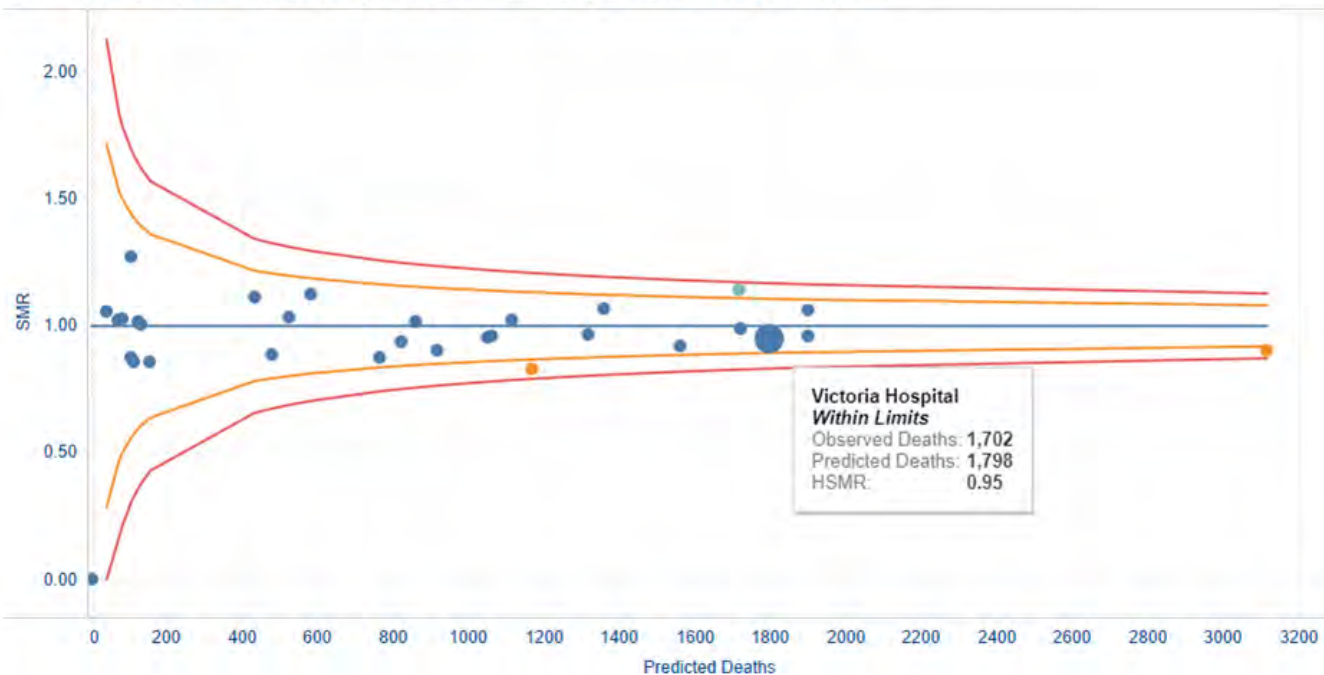
### Reporting Period: July 2022 to June 2023

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

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

#### HSMR by Scotland: July 2022 to June 2023

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



### Commentary

Data for 2022 and 2023 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2023 showing a ratio below the Scottish average



# CLINICAL GOVERNANCE

## Inpatient Falls

### All Falls

Reduce All Falls rate across Acute & HSCP by 15%  
 Target Rate (by end March 2024) = 6.95 per 1,000 Occupied Bed Days (OBD)

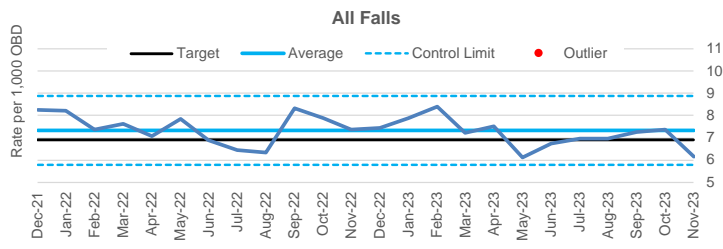
**Performance 6.17**

### Falls with Harm

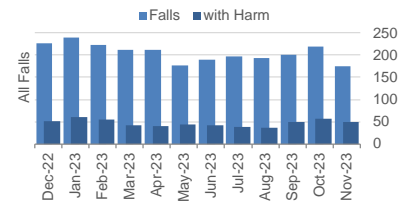
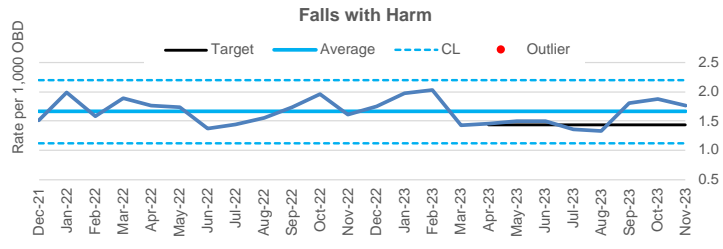
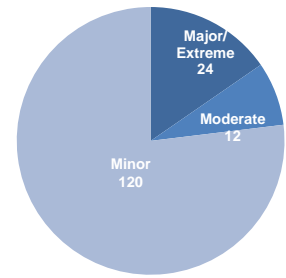
Reduce Falls with Harm rate across Acute & HSCP by 10% Target Rate (by end March 2024) = 1.44 per 1,000 Occupied Bed Days (OBD)

**Performance 1.77**

### Local Performance



Falls with Harm; QE Nov-23



### All Falls Performance by Service Area

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
NHS Fife	7.44	7.88	8.39	7.24	7.50	6.12	6.75	6.99	6.97	7.26	7.36	6.17
Acute	7.20	8.22	9.73	6.52	8.90	5.70	6.76	6.25	7.59	8.57	7.88	5.35
HSCP	7.65	7.58	7.28	7.82	6.33	6.48	6.89	7.68	6.62	6.08	6.87	6.91

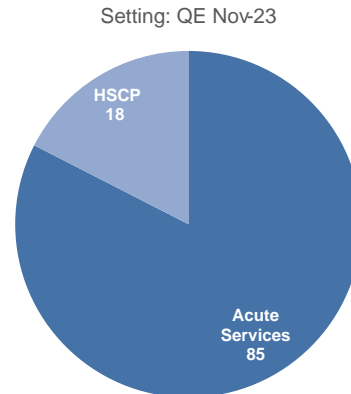
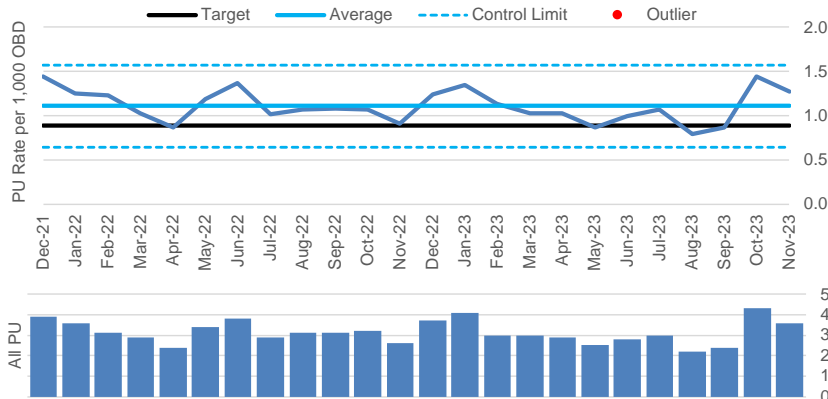
Key Deliverable		End Date			
Off track	At risk	On track	Complete	Suspended	Proposed
Reduce Falls across all hospital inpatient setting					Mar-24
Key Milestones	Review and confirm falls link practitioners for each ward area on every hospital site.				Mar-24
	Ensure that falls related data is discussed and displayed in the ward to strengthen awareness across multi-disciplinary team.				Mar-24
	Rollout revised Falls toolkit including related policies e.g.: Boarding, Supervision, Bed rail.				Feb-24
	Support shared learning from incidents and share good practice				Dec-23
	Align all NHS work with the newly updated SPSP National Inpatient Falls driver diagrams				Feb-24
	Develop a national Falls education module within TURAS system				Mar-24
	Rollout new patient information leaflet and endeavour to audit the impact and benefit for patients				Apr-24
	Consider a Falls Co-ordinator Role to support the rollout of the revised toolkit and the Link Practitioners				Mar-24

## Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting  
Target Rate (by end March 2024) = 0.89 per 1,000 OBD

**Performance  
1.28**

### Local Performance



### Performance by Service Area

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
NHS Fife	23.00	30.00	22.00	21.00	21.00	15.00	22.00	17.00	13.00	16.00	27.00	18.00
Acute	1.24	1.35	1.13	1.02	1.03	0.87	1.00	1.07	0.80	0.87	1.44	1.28
HSCP	2.00	1.00	2.00	1.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00	4.00

### Key Deliverable

### End Date

Off track

At risk

On track

Complete

Suspended

Proposed

**Reduce Pressure Ulcers (PU) developed on case load across all health care settings**

**Mar-24**

**Key Milestones**

Acute TVNT - Provide training to over 1000 staff

Mar-24

Acute TVNT - Re-launch the service (updating service spec, training resources, TVN link programme)

Jul-23

Embed the use of the CAIR resource

Mar-24

Embed the revised HIS Pressure Ulcer Standards (October 2020)

Mar-24

Review of services and options for new service design

Mar-24

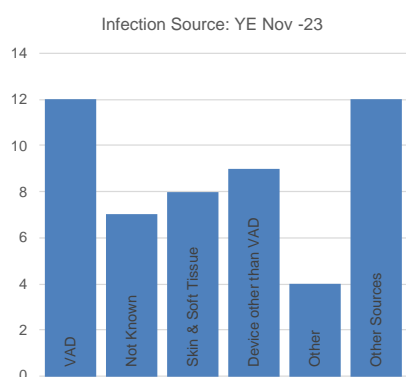
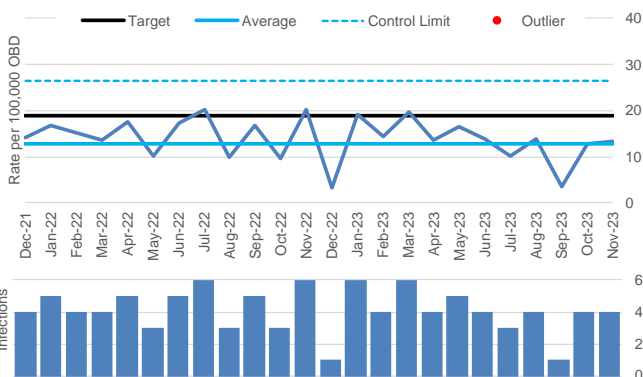
# CLINICAL GOVERNANCE

## HAI/HCAI

**SAB**  
Reduce Hospital Infection Rate by 10% (baseline 2018/19) by the end of 2022/23

**Performance**  
**13.4**

### Local Performance



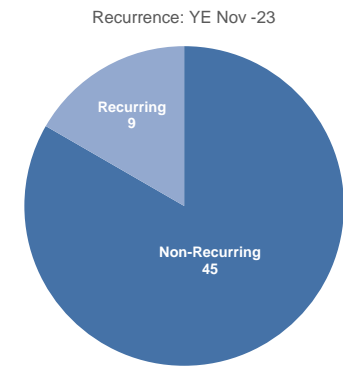
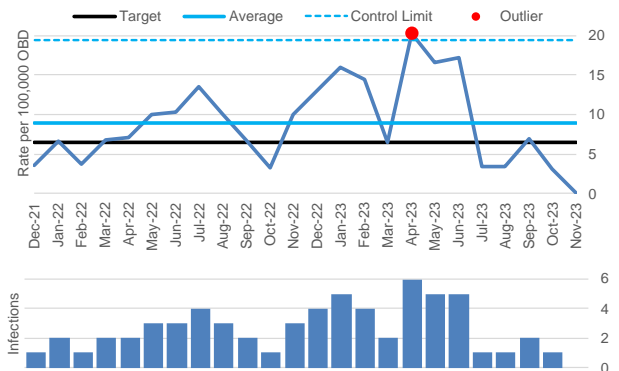
### National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23				2023/24	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun		
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	10.9	17.9	14.6		
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	19.2	19.1	18.3		

**C Diff**  
Reduce Hospital Infection Rate by 10% (baseline 2018/19) by the end of 2022/23

**Performance**  
**0.0**

### Local Performance



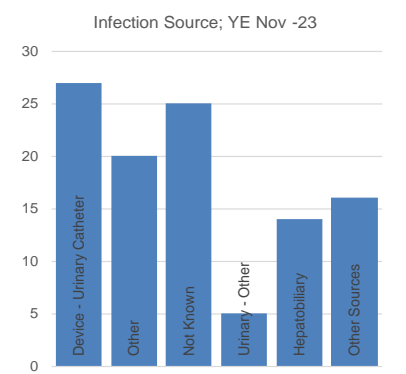
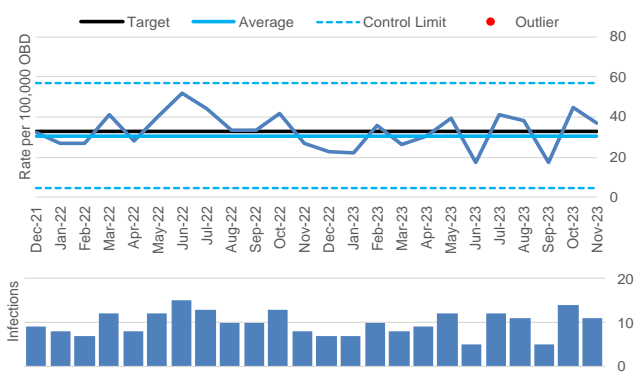
### National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23				2023/24	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun		
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	8.7	13.4	18		
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	13.6	13.4	16.1		

**ECB**  
Reduce Hospital Infection Rate by 25% (baseline 2018/19) by the end of 2022/23

**Performance**  
**36.9**

### Local Performance



### National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23				2023/24	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun		
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9	30.4	27.9	29.3		
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2	34.5	37.3	37.6		

# CLINICAL GOVERNANCE

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Implement IPC Workforce Strategy 2022-24</b>					<b>Sep-24</b>
<b>Key Milestones</b>	Complete a GAP analysis of the NHS Fife IPCT with regards to recommendations for local Boards				Apr-23
	Awaiting updates to national deliverables which are currently delayed. Recommendations 1, 9, 10,12, 14 and 15				Mar-24
	Engage with other key stakeholders outlined in the strategic plan (HPT and AMR) to begin discussions to determine roles and remits				Nov-23
	Oversight Board shall include an options appraisal of models of support for Primary Care and strategic plan developed. Including a subgroup, with collaboration with all key stakeholders (GP and Dental)				Mar-24
	Delivery date of September 2023 - SG to lead on discussions to improve quality and coverage of national - level workforce data for a functional IPC programme at the national and facility level				Mar-24
	Business case for additional resources and funding to be developed for consideration and Board approval				Mar-24
	Final implementation paper to be presented to February 2024 ICC				Feb-24
<b>Implement IPC Interim Strategy 2023-25</b>					<b>Apr-25</b>
<b>Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.</b>					<b>Apr-24</b>
<b>Key Milestones</b>	Aim for the pilot of the eCatheter insertion and maintenance bundle to have been completed and plan for role out to other areas in NHS Fife				Mar-24
	Complete QI project with D&I to improve data capture of ePVC				Mar-24
	Support roll-out of eCatheter insertion and maintenance bundles				Mar-24

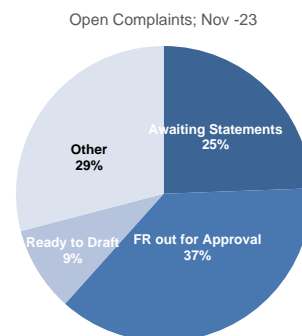
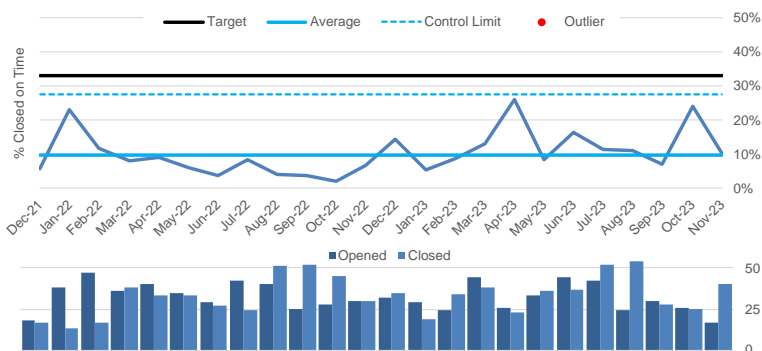
# CLINICAL GOVERNANCE

## Complaints | Stage 2

At least 33% of Stage 2 complaints are completed within 20 working days by March 2024

**Performance**  
**10%**

### Local Performance



### Performance by Service Area

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
<b>NHS Fife</b>												
Opened in Month	32	29	24	44	26	33	44	42	24	30	26	17
% Acknowledged on time	96.9%	100.0%	95.8%	97.7%	96.2%	97.0%	93.2%	90.5%	100.0%	100.0%	92.3%	100.0%
Due in Month	27	32	30	28	38	29	35	43	46	19	30	23
% Closed on time	14.8%	6.3%	13.3%	14.3%	15.8%	6.9%	17.1%	16.3%	10.9%	15.8%	20.0%	26.1%
Closed in Month	35	19	34	38	23	36	37	52	54	28	25	40
% Closed on time	14.3%	5.3%	8.8%	13.2%	26.1%	8.3%	16.2%	11.5%	11.1%	7.1%	24.0%	10.0%
<b>Acute</b>												
Closed in Month	21.1%	8.0%	20.0%	10.5%	17.9%	4.8%	22.7%	21.2%	16.7%	21.4%	25.0%	16.7%
% Closed on time	26	17	23	23	16	27	23	43	36	16	18	14
<b>HSCP</b>												
Closed in Month	0	0	0	2	1	1	1	0	0	0	2	2
% Closed on time	0.0%	0.0%	0.0%	22.2%	10.0%	12.5%	8.3%	0.0%	0.0%	0.0%	14.3%	50.0%

### Key Deliverable

### End Date

Off track

At risk

On track

Complete

Suspended

Proposed

**Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets**

**Mar-24**

**Key Milestones**

PET to meet regularly with Acute and H&SCP to discuss Model Complaint Handling process improvements to assist with meeting target

**Mar-24**

Implement complexity scoring system to categorise complaints

**Mar-24**

Supportive escalation process to be implemented to highlight delays within the Model Complaint Handling Process

**Mar-24**

New weekly complaint report to be created and shared with services to provide data and highlight delays within the Model Complaint Handling Process

**Dec-23**

Testing of focused Multidisciplinary Team Meeting (MDT) within Acute to respond to complex complaints in a view to negate the requirement for statements and reduce service response time

**Mar-24**

**Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences**

**Apr-24**

**Key Milestone**

Review current Patient Experience Team's funded establishment to recruit a Bank Band 4 Patient Experience Officer 0.26 WTE

**Oct-23**

Perform workforce review of Patient Experience Team

**Mar-24**

# CLINICAL GOVERNANCE

<b>Digital Solution for reporting Live Patient Experience (Complaint) data</b>		<b>Apr-24</b>
<b>Key Milestones</b>	Meet with Information Services to discuss and develop Dashboard	<b>Apr-23</b>
	Liaise with other Health boards regarding their Dashboards	<b>May-23</b>
	Discuss and agree data to be displayed with Acute, Corporate and H&SCP	<b>Mar-24</b>
	Discuss and agree data to be displayed within Patient Experience Team screen	<b>Mar-24</b>
	Identify test area prior to roll out	<b>Dec-23</b>
	Education and training	<b>Mar-24</b>
	Test implementation of dashboard	<b>Nov-23</b>
	Communication, promotion and raise awareness of dashboard	<b>Jan-24</b>
	Roll out Dashboard within NHS Fife	<b>Jan-24</b>

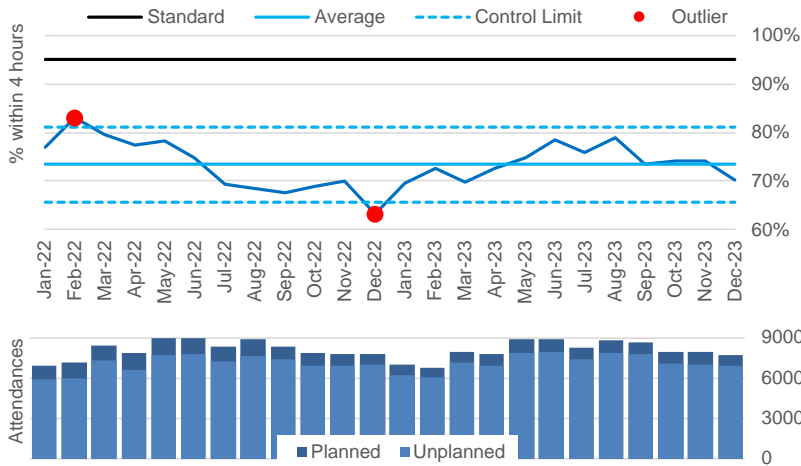
# OPERATIONAL PERFORMANCE

## 4-Hour Emergency Access

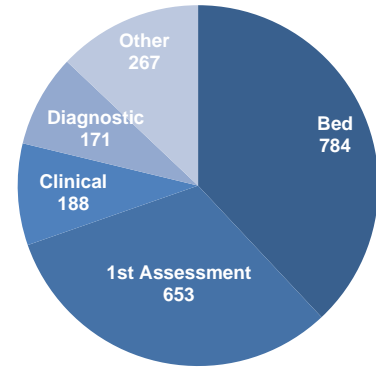
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

**Performance**  
**70.2%**

### Local Performance



Breach Reasons: Dec-23  
Total: 2063



### National Benchmarking

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
NHS Fife	63.2%	69.6%	72.6%	69.6%	72.7%	74.5%	78.4%	76.0%	78.9%	73.3%	73.9%	74.1%
Scotland	62.1%	68.7%	69.6%	68.0%	69.3%	70.8%	72.6%	72.7%	71.3%	70.0%	68.3%	67.0%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Develop and scope ambulatory models of care supporting early supported discharge and admission prevention</b>					<b>Jan-24</b>
<b>Key Milestones</b>	Relocation of Haematology Day Unit to VHK site and increase treatment capacity to provide a sustainable service meeting legislative guidelines and future-proof patient services for Haematology patients in Fife				<b>Apr-23</b>
	Outcome report and future demand/capacity planning based on results of the 22/23 Ambulatory Care SLWG				<b>Apr-23</b>
	Detail requirements by specialty and workforce requirements to support				<b>Apr-23</b>
	Scope option appraisals and submit for approval				<b>Jun-23</b>
	Approval				<b>Jan-24</b>
<b>Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach</b>					<b>Mar-24</b>
<b>Key Milestones</b>	ED Staffing model proposal to EDG				<b>Jan-24</b>
	In collaboration with HSCP, 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				<b>Mar-24</b>
	In collaboration with HSCP, 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				<b>Mar-24</b>

# OPERATIONAL PERFORMANCE

<b>Improve Same Day Emergency Care and rapid assessment pathways</b>		<b>Jun-24</b>
<b>Key Milestones</b>	Sustainable staffing model in RTU	<b>Jan-24</b>
	Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care	<b>Sep-23</b>
	Expansion of ECAS out of hours	<b>Jun-24</b>
	Increase to 7-day service OPAT	<b>Jun-24</b>
<b>Develop a workforce and delivery model that is financially sustainable</b>		<b>Dec-23</b>
<b>Key Milestones</b>	Establish a Finance and Workforce Group	<b>Jun-23</b>
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current model against role descriptions	<b>Dec-23</b>
	Develop options appraisal for submission to FNC SOG	<b>Dec-23</b>
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	<b>Mar-24</b>
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	<b>Mar-24</b>
<b>Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time</b>		<b>Dec-23</b>
<b>Key Milestones</b>	Establish a Pathways Group	<b>Jun-23</b>
	Establish a FNC Clinical Governance Group	<b>Jun-23</b>
	Improve and increase number of pathways FNC can access: Review existing pathways in and out of the Flow Navigation Centre (FNC) and identify new opportunities and areas for expansion	<b>Jul-23</b>
	Develop robust verification process to identify opportunities for pathway development/improvement	<b>Jul-23</b>
	Progress pathway development/improvement after ratification at FNC Clinical Governance Group	<b>Sep-23</b>
	Review list of identified pathways for development and present prioritisation for progression to the FNC Strategic Oversight Group (SOG) for ratification	<b>Dec-23</b>
	Develop internal communication plans to ensure people access are in the right place, at the right time	<b>Oct-23</b>
	Test, evaluate, and implement pathways using a data driven and QI approach	<b>Mar-24</b>
<b>Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC</b>		<b>Dec-23</b>
<b>Key Milestones</b>	Establish a Data and Digital Group	<b>Jan-24</b>
	Develop an improvement plan for data collection and reporting ensuring confidence and assurance in the data: Scrutinise the current methods of data collection and reporting and identify opportunities for improvement with Flow Navigation Centre and Planning and Performance teams	<b>Jul-23</b>
	Understand local and national sources for data collection	<b>Aug-23</b>
	Review business case submitted by FNC for implementation of Trak Care interface with Adastral to improve data collection	<b>Dec-23</b>
	Submit exploration conclusions and recommendations to Flow Navigation Centre (SOG for ratification)	<b>Aug-23</b>
	Work with FNC Clinical Care Governance and Assurance (CCGA) group on agreement of definitions for 'front door', 'redirection', and 'admission avoidance' to provide consistency and clarity for data	<b>Jul-23</b>
	Draft KPI's to be submitted to FNC SOG	<b>Mar-24</b>
	Develop KPI dashboard for FNC following approval	<b>Mar-24</b>



## OPERATIONAL PERFORMANCE

<b>Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients.</b>		<b>Dec-23</b>
<b>Key Milestones</b>	Work with the FNC Pathways Group to identify opportunities for scheduling in line with pathways development	<b>Mar-24</b>
	Work with the FNC to ensure they are technically able to book appointments for patients in to MIU / ED	<b>Sep-23</b>
	Work with FNC Clinical Governance group to identify digital requirements within manual process for scheduling Hot Clinics	<b>Mar-24</b>
	Embrace use of digital technology for virtual consultations through increasing the use of Near Me: Review referral processes within FNC and identify opportunities for appropriate use of Near Me	<b>Mar-24</b>
	Provide training to refresh / upskill staff in use of Near Me	<b>Mar-24</b>

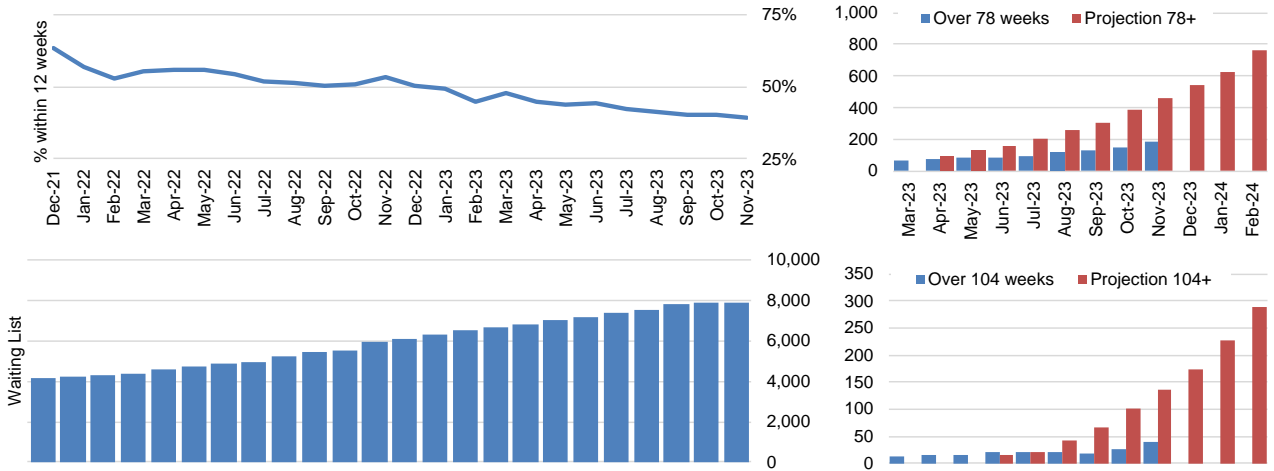
# OPERATIONAL PERFORMANCE

## Patient TTG

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

**Performance**  
**39.1%**

### Local Performance



### National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
<b>NHS Fife</b>	52.0%	69.4%	69.3%	65.0%	57.1%	55.6%	52.2%	51.3%	47.8%	45.1%	40.3%
<b>Scotland</b>	35.6%	39.8%	38.4%	35.4%	34.7%	32.0%	32.2%	31.7%	32.3%	32.2%	31.8%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
<b>Enhance Theatre efficiency</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Improve ERAS visibility and development of robust mechanisms for reporting	Mar-24
	Engagement with national drives toward standard high volume same procedure lists (Cataracts)	Mar-24
	Reduce unwarranted variation and adopt minimum standards per procedure across theatre productivity, day case activity and start and finish times	Mar-24
	Roll-out of Buddy Health digital platform in Orthopaedics for Preassessment	Feb-24
<b>Develop, Enhance and re-invigorate Regional Networks</b>		<b>Dec-23</b>
<b>Key Milestones</b>	Development of regional working with OMFS	Feb-24
	Regional Network with Tayside for Vascular	Feb-24
	Regional working with Tayside for Plastic Surgery	Feb-24
	Regional Working with Lothian for routine surgery of childhood	Mar-24
	Good links with Lothian and SE Networks for Cancer	Feb-24
	Regional working with Forth Valley for Breast Service	Mar-24
	Refresh small volume SLAs to streamline decision making	Mar-24

# OPERATIONAL PERFORMANCE

<b>Operationalise NTC</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Operationalise Lothian patients being treated in NTC	<b>Nov-23</b>
	Development of a regional network to help support image guided injection	<b>Mar-24</b>
	Identify high volume pathways for redesign	<b>Mar-24</b>
<b>Maximising Scheduled Care capacity</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Explore re-allocation QMH to reduce high volume backlog in specialties	<b>Mar-24</b>
	Deliver actions within System Flow Improvement Plan to protect planned care capacity (SSSU)	<b>Mar-24</b>
	Identify and remove barriers to optimise BADS procedures within a day case setting in QMH	<b>Mar-24</b>
	Capital investment to create procedure room in QMH Day Surgery facility	<b>Sep-23</b>
<b>Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation</b>		<b>Dec-23</b>
<b>Key Milestones</b>	Contact with NECU team	<b>Apr-23</b>
	Procure Electronic system for administrative Validation	<b>Apr-23</b>
	Agree implementation plan with Digital team	<b>Oct-23</b>
	Date set for NECU team to present to Senior Leaders in Acute Division	<b>Sep-23</b>
	Obtain NECU protocols	<b>Sep-23</b>
	Amend local systems and processes in line with NECU protocols	<b>Oct-23</b>
	Implement Digital solution	<b>Jan-24</b>
<b>Embedding potential alternatives for treatment</b>		<b>Apr-24</b>
<b>Key Milestones</b>	Meet with HSCP to look at waiting well options - using orthopaedics as test	<b>Apr-23</b>
	Test access to 'The Well ' for orthopaedics	<b>May-23</b>
	Evaluate data from initial test of Change for Orthopaedics to understand resource implications	<b>Dec-23</b>
	Develop a plan of how to scale up test of change	<b>Feb-24</b>
	Access to 'The well' for priority specialities	<b>Mar-24</b>

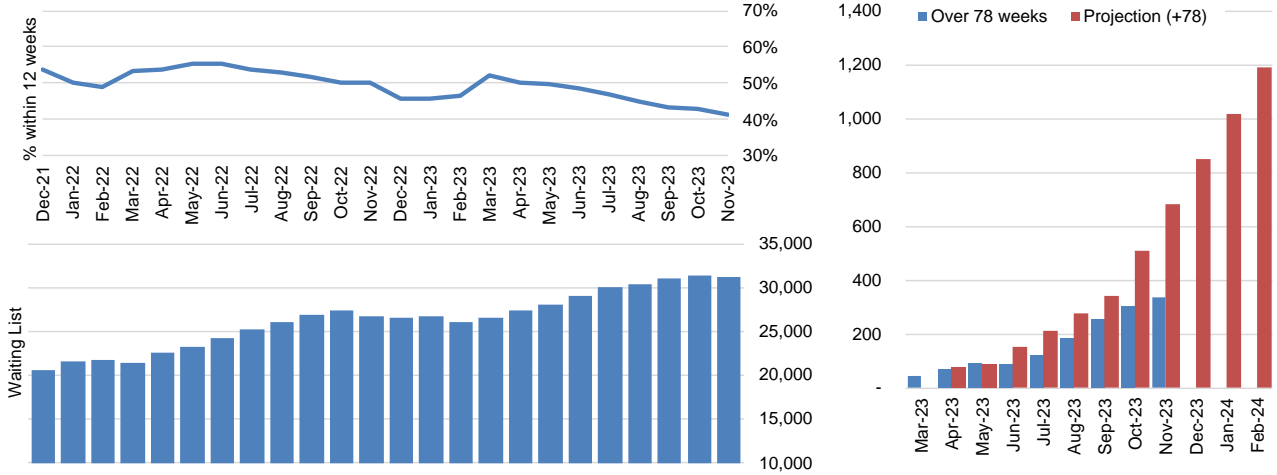
# OPERATIONAL PERFORMANCE

## New Outpatients

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

**Performance**  
**41.3%**

### Local Performance



### National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	52.6%	62.2%	57.9%	53.5%	53.4%	54.8%	51.0%	45.6%	51.5%	48.1%	43.3%
Scotland	48.5%	53.8%	48.9%	47.1%	50.1%	49.5%	47.0%	44.1%	47.1%	45.5%	42.6%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
<b>Review and redesign Outpatient capacity to maximise capacity and timely access</b>		<b>Oct-23</b>
Key Milesto	Engagement with national ENT Access QI project	Feb-24
	Review processes to optimise space and templates in line with Royal College recommendations	Oct-23
<b>Implement robust ACRT processes</b>		<b>Dec-23</b>
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Mar-24
<b>Implement robust PIR processes</b>		<b>Dec-23</b>
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Mar-24

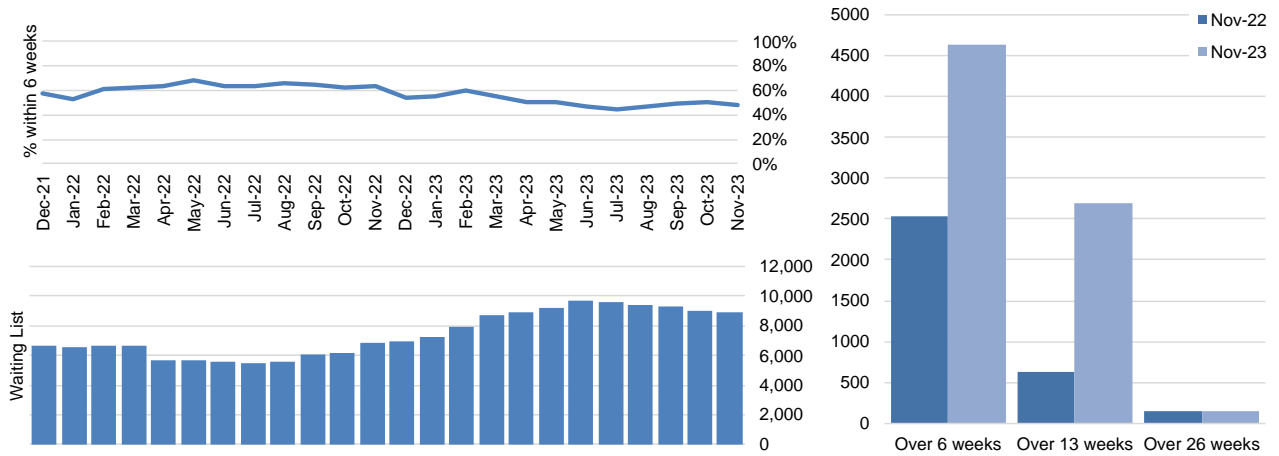
# OPERATIONAL PERFORMANCE

## Diagnostics Waiting Times

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

**Performance**  
**48.2%**

### Local Performance



### National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
<b>NHS Fife</b>	80.7%	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%	47.0%	48.9%
<b>Scotland</b>	61.4%	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%	49.9%	49.8%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Expanding Endoscopy capacity and workforce</b>					<b>Mar-24</b>
<b>Key Milestones</b>	Develop MDT Improvement Project Team to identify areas for streamlining to national drivers as well as local needs				<b>Jan-24</b>
	Testing and delivery of improved booking processes				<b>Jan-24</b>
	Implementation of Nurse Cystoscopy pathway				<b>Dec-23</b>
	Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff				<b>Dec-23</b>
	Development of existing RCDS pathways				<b>Mar-24</b>
	Review and re-vetting of Surveillance backlog				<b>Mar-24</b>
<b>To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&amp;US)</b>					<b>Mar-25</b>
<b>Key Milestones</b>	Confirm waiting times funding allocation for 2023/24				<b>Dec-23</b>
	Determine capacity gap for MR,CT,US based on WT funding for additional activity				<b>Mar-24</b>
	Access funding streams e.g. cancer waiting times funding to support the delivery of additional activity in CT				<b>Mar-24</b>
	Develop equipment and workforce plan				<b>Mar-24</b>

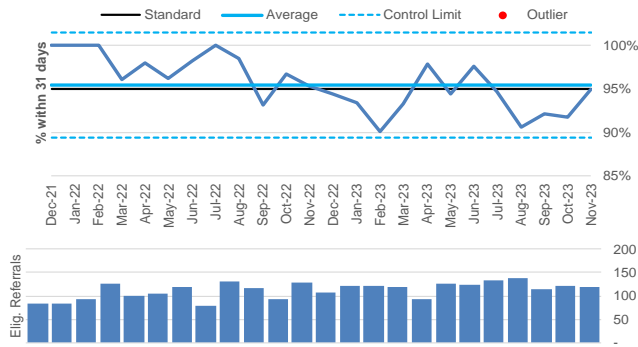
# OPERATIONAL PERFORMANCE

## Cancer

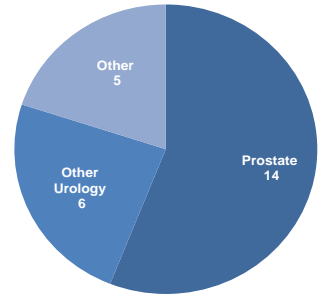
**31-Day DTT**  
*95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment*

**Performance**  
**95.0%**

### Local Performance



Breaches: QE Nov -23



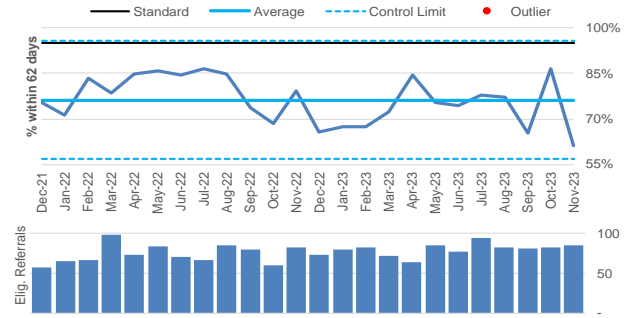
### National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	99.0%	98.9%	99.0%	98.9%	100.0%	98.4%	97.6%	96.8%	94.8%	92.7%	96.7%	92.6%
Scotland	98.6%	97.9%	98.1%	96.7%	97.1%	96.3%	95.5%	94.4%	94.1%	94.0%	95.2%	94.9%

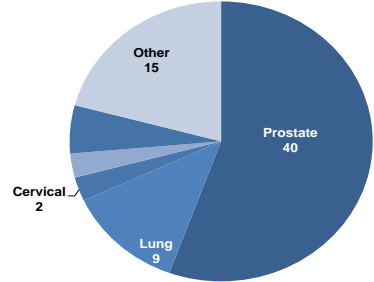
**62-Day RTT**  
*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*

**Performance**  
**61.2%**

### Local Performance



Breaches: QE Nov -23



### National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	84.5%	81.4%	80.3%	89.3%	82.3%	78.4%	84.5%	81.4%	72.6%	69.4%	78.8%	74.9%
Scotland	86.2%	83.0%	84.1%	83.1%	79.1%	76.9%	76.3%	75.1%	71.7%	69.4%	73.7%	72.0%

# OPERATIONAL PERFORMANCE

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times</b>					<b>Mar-24</b>
<b>Key Milestones</b>	Work toward implementation of the Effective Breach Analysis SOP				Mar-24
	Undertake a deep dive in relation to prostate performance and explore a nurse led model within the service				Oct-23
	To embed the Realistic Medicine Framework into Cancer Services				Mar-24
	Continue to review cancer pathways to reduce waits between steps in the pathway, including agreement of specific milestones to improve efficient escalation				Mar-24
	Review protocol and guidance for GP direct access to CT				Oct-24
	Scope the opportunity for community pharmacists to develop a referral pathway for lung and head & neck				Dec-23
	Audit GP referrals				Mar-24
	Introduce ACRT into cancer services				Mar-24
	Develop the Regrading Framework				Mar-24
	Ensure all MDT Terms of Reference are up to date				Mar-24
Improved digital tracking solution				Mar-24	
<b>To ensure routine adherence to optimal diagnostic pathways</b>					Mar-24
<b>Key Milestones</b>	Recruit to additional cancer lung posts				Dec-23
	Measure improvement				Mar-24
	Recruit to urology posts				Aug-23

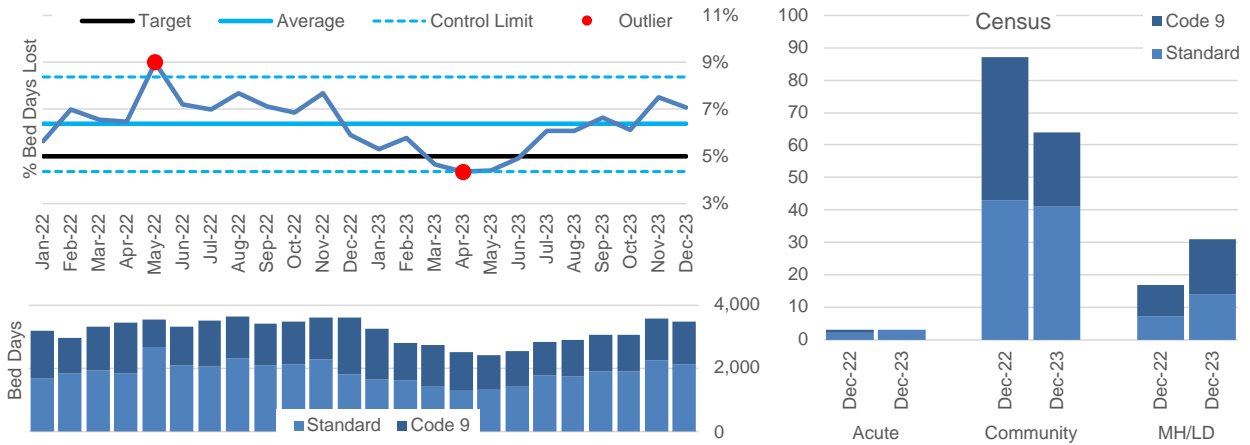
# OPERATIONAL PERFORMANCE

## Delayed Discharges (Bed Days Lost)

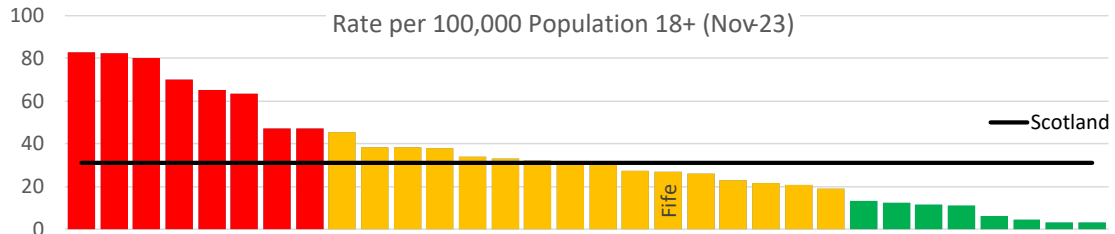
*We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied*

**Performance**  
**7.1%**

### Local Performance



### Standard Delays at Census by Local Authority of Residence



Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
<b>Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.</b>		<b>Jan-24</b>
<b>Key Milestones</b>	Develop and evaluate weekend discharge support team to improve flow across 7 days including criteria led discharge capability	<b>Jan-24</b>
	Improved use of electronic systems to improve flow including electronic bed requests	<b>Jan-24</b>
	Effective use of PDD data to pre plan occupancy of discharge lounge	<b>Jan-24</b>
<b>Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics	<b>Jan-24</b>
	Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home	<b>Apr-24</b>
	To build the capacity of the existing MCN service to include an MCN for Frailty	<b>Dec-23</b>
	To increase direct referrals from Scottish Ambulance Service to the Community Respiratory Service for exacerbations of chronic respiratory conditions to reduce unnecessary admissions to acute hospitals	<b>Apr-24</b>
	Review and redesign of Assessment and Rehabilitation Centre model	<b>Mar-24</b>



## OPERATIONAL PERFORMANCE

<b>Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix</b>		<b>Dec-23</b>
<b>Key Milestones</b>	Care at Home Assessment Practitioners, social workers and MHOs to be based within the Community Hospitals across Fife, working with the Patient Flow Co-ordinators, Physio's and OT's to identify and assess early those requiring support from Care at Home to return to their own home, ensuring PDD's are met	<b>Oct-23</b>
	Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner. This critical service will support timely hospital discharge and prevention of admission to hospital or long term care whilst meeting the current demands (Nov23) move to DWD on first driver	<b>Mar-24</b>
	Transformation of Community Nursing roles to meet the needs of the community: increase number of ANPs (role in identifying and treating frailty) and unregistered B4; fully utilising B2&3 and working closely with Care at Home to support where possible and reduce footfall	<b>Dec-23</b>
	Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach	<b>Apr-24</b>
<b>Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting</b>		<b>Dec-24</b>
<b>Key Milest</b>	Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife	<b>Dec-24</b>
<b>Home First: people of Fife will live long healthier lives at home or in a homely setting</b>		<b>Dec-24</b>
<b>Key Milestones</b>	Continue to build the SPOA model within Specialist Palliative Care Services, working with the ambulance service to prevent unnecessary admission to hospital for end of life patients	<b>Oct-23</b>
	Enhance integration and collaboration with Hospital at Home and Acute Services to ensure early supported discharge of step down referrals are facilitated in a timely manner	<b>Dec-23</b>
	Implement measurement and reporting tool for the successful implementation of the Home First vision	<b>Mar-24</b>
	Look at frequent admission patients and explore reasons for failed admission to strengthens discharge planning	<b>Dec-23</b>
	Enable Prevention and Early Intervention through creation of new pathways and single point of access to coordinate care in the community	<b>Dec-25</b>

# STAFF GOVERNANCE

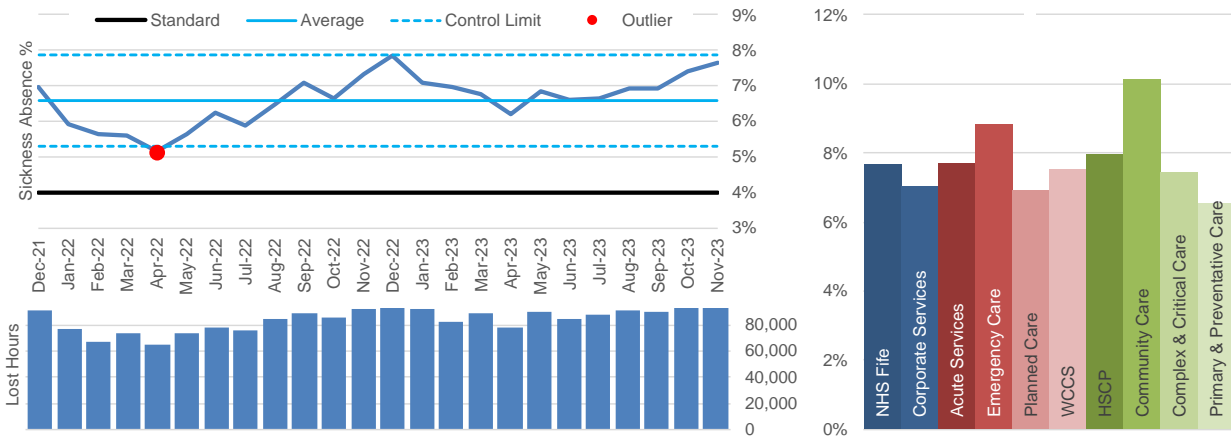
## Sickness Absence

To achieve a sickness absence rate of 4% or less

**Performance**

**7.64%**

### Local Performance (sourced from East Region Workforce Dashboard)



### National Benchmarking (sourced from SWISS)

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
<b>NHS Fife</b>	6.51%	6.68%	7.47%	6.76%	5.69%	6.51%	5.59%	6.20%	6.22%	5.40%	6.56%	6.30%
<b>Scotland</b>	6.47%	6.65%	7.37%	6.87%	5.60%	6.25%	5.55%	5.94%	5.87%	5.78%	6.32%	5.94%

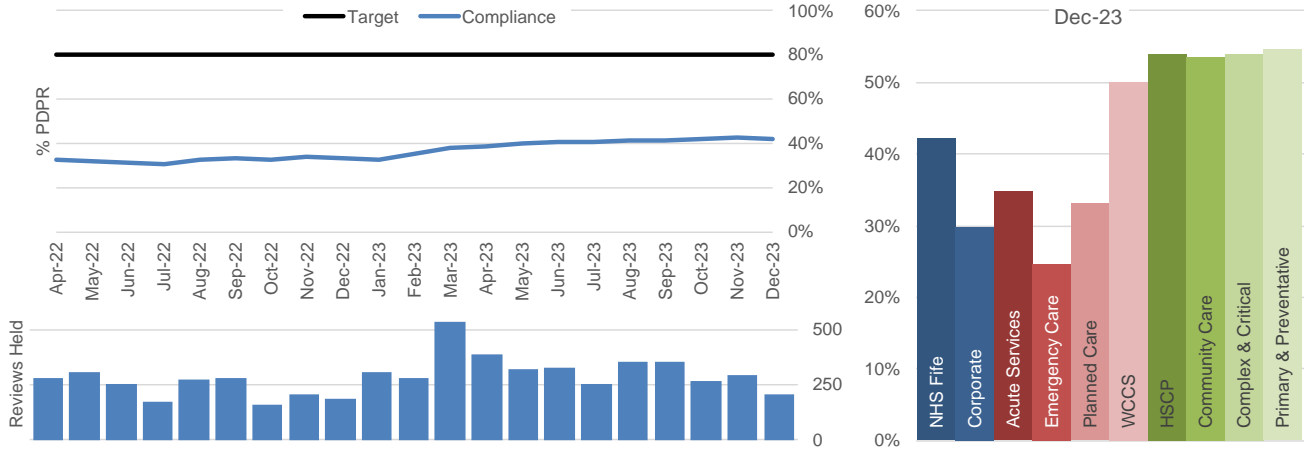
Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
<b>Delivery of Staff Health &amp; Wellbeing Framework aims for 2023 to 2025</b>		<b>Mar-25</b>
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group, NHS Fife Area Partnership Forum, NHS Fife Staff Governance Committee	Jan-24
	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities, including sustained reduction in absence levels, initially targetting 6% in 2023/24.	Mar-24
	Review of Action Plan to inform development of 24/25 aims	Mar-24
<b>Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support</b>		<b>Jan-24</b>
Key Milestones	Review and retention of bank and admin fixed term contracts	Jan-24
	Review of OH provision as part of Directorate service change proposals completed, taking account of succession planning, service resilience and diversification of service provision to support staff health and wellbeing within NHS Fife	Jan-24
	Examine the effects of diversification of service provision and implications on OH Team resources	Mar-24

## PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

**Performance**  
**42.1%**

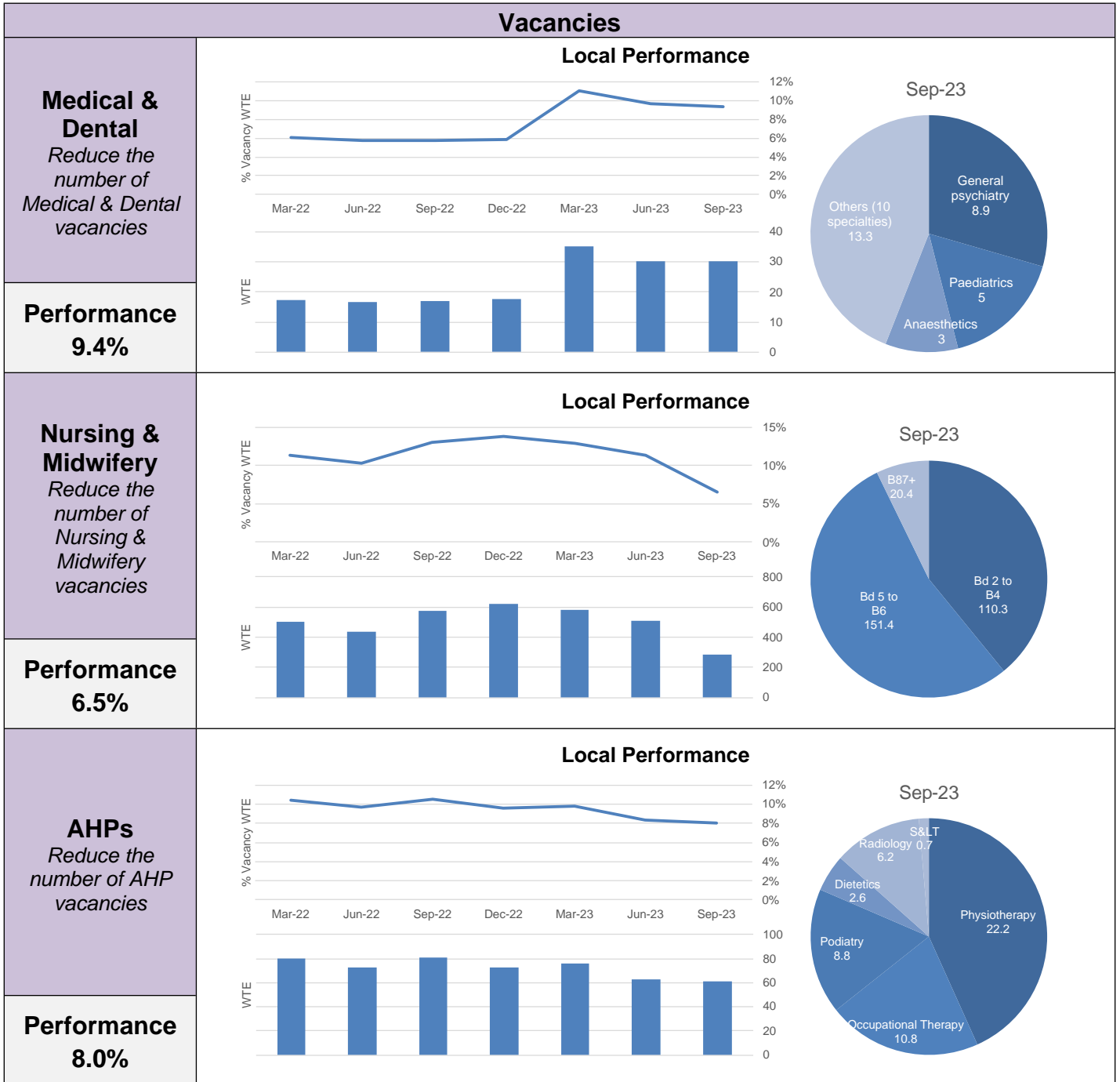
### Local Performance



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
<b>NHS Fife</b>	32.3%	35.0%	37.9%	38.3%	39.8%	40.3%	40.4%	41.2%	41.3%	42.1%	42.6%	42.1%
<b>Corp.</b>	26.3%	26.3%	25.6%	24.1%	27.6%	29.2%	29.5%	29.8%	29.7%	32.6%	32.4%	33.2%
<b>Acute</b>	34.5%	35.2%	36.6%	36.0%	36.2%	35.3%	34.0%	34.4%	33.8%	34.2%	35.5%	34.7%
<b>HSCP</b>	34.3%	40.2%	46.7%	49.1%	50.5%	51.5%	52.5%	53.6%	54.5%	54.4%	54.8%	54.0%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Create and Nurture a Culture of Person Centred Care</b>					<b>Mar-26</b>
<b>Key Milestones</b>	Development of Leadership Development framework completed				Mar-24
	Review of OD function delivery as part of Directorate service change proposals completed				Sep-23
	Stakeholder Engagement on the development of a behavioural framework completed				Dec-23
	Proposals developed for a programme to embed a behavioural framework delivered				Mar-24

# STAFF GOVERNANCE



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Attracting &amp; Recruiting Staff to deliver Population Health &amp; Wellbeing Strategy;</b>					<b>Dec-24</b>
<b>Bank Governance – Enhanced Management &amp; Staff Bank Consolidation</b>					
<b>Key Milestones</b>	Bank & Agency Programme Board established and project plan developed				<b>Apr-23</b>
	Plans delivered to exit off contract Agency use				<b>Jun-23</b>
	Escalation Process revised to reflect Agency utilisation changes				<b>Jun-23</b>
	Bank Consolidation proposals finalised and implementation commenced				<b>Mar-25</b>
	Bank Model changes fully in place and operating as Business as Usual				<b>Mar-25</b>

## STAFF GOVERNANCE

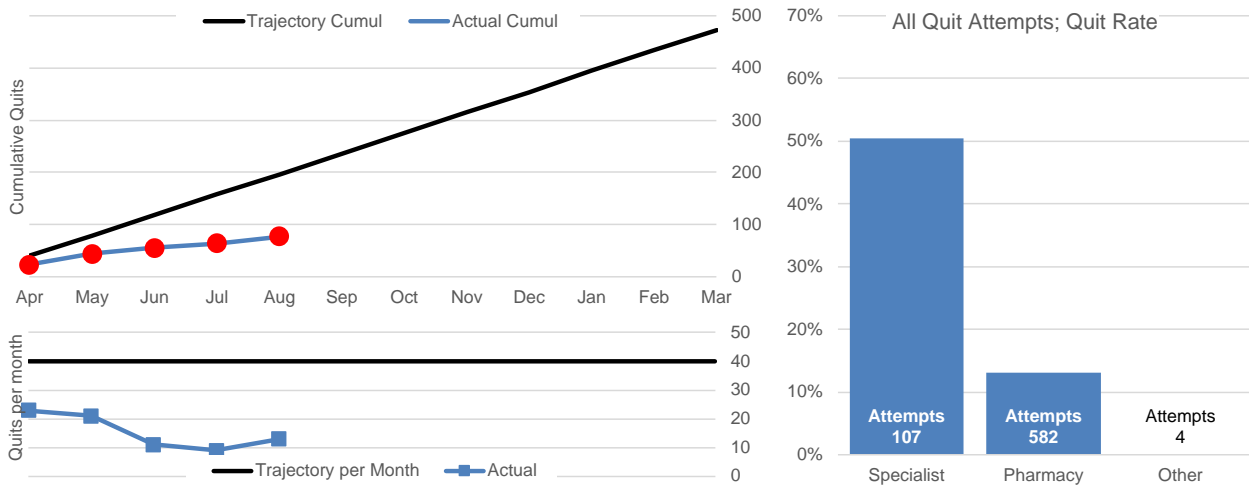
<b>Delivering Anchor Institution workforce aims - Promoting employability priorities</b>		<b>Mar-25</b>
<b>Key Milestones</b>	Identification of future Modern Apprenticeship programme numbers for 2023/24	<b>Jul-23</b>
	Representation on new national workstreams agreed	<b>Aug-23</b>
	Employability Model of delivery review completed	<b>Sep-23</b>
	Review of MA target numbers in line with key stakeholders	<b>Oct-23</b>
	Other programme aims for 2023/24 and 2024/25 identified and progressed in line with Workforce Planning priorities	<b>Mar-24</b>
<b>Attracting &amp; Recruiting Staff to deliver Population Health &amp; Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation &amp; enhanced International Recruitment service</b>		<b>Mar-27</b>
<b>Key Milestones</b>	Performance Oversight Group established to oversee Shared Services Agreement	<b>Apr-23</b>
	Internal Recruitment Performance Reporting established	<b>Sep-23</b>
	Review of International Recruitment programme to inform 24/25 ambitions	<b>Jan-24</b>
<b>Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Development of Workforce Dashboard reporting to support Bank & Agency programme	<b>Jul-23</b>
	Creation of on line Workforce information overview accessible within NHS Fife	<b>Mar-24</b>
	Review of Workforce Analytics as part of Directorate service change proposals completed	<b>Mar-24</b>
	Coordination of recruitment activity with Graduate Apprenticeship Schemes	<b>Feb-24</b>
	Develop proposals for business as usual support for the eRostering system	<b>Aug-23</b>
	Production of workforce information to support workforce planning and service delivery, including safe staffing reporting requirements	<b>Mar-24</b>
<b>Development of improved digital processes i.e. online pre-employment and management referrals programmes</b>		<b>Dec-25</b>
<b>Key Milestones</b>	Pilot for pre-employment module live within NHS Fife	<b>Jun-23</b>
	Evaluation of initial pre-employment module activity and planning for further phasing within NHS Fife	<b>Sep-23</b>
	Evaluation of next phase of pre-employment module activity and planning for further phasing within NHS Fife. Agreement of initial cohort for management referrals	<b>Dec-23</b>
	Evaluation of pre-employment module activity and of initial cohort for management referrals	<b>Mar-24</b>

**Smoking Cessation**

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

**Performance**  
**77**

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



**National Benchmarking**

		2023/24											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	23	21	11	9	13							
	Actual Cumul	23	44	55	64	77							
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
Scotland	Achieved	57.5%	55.7%	46.6%	40.5%	39.1%							
	Achieved												

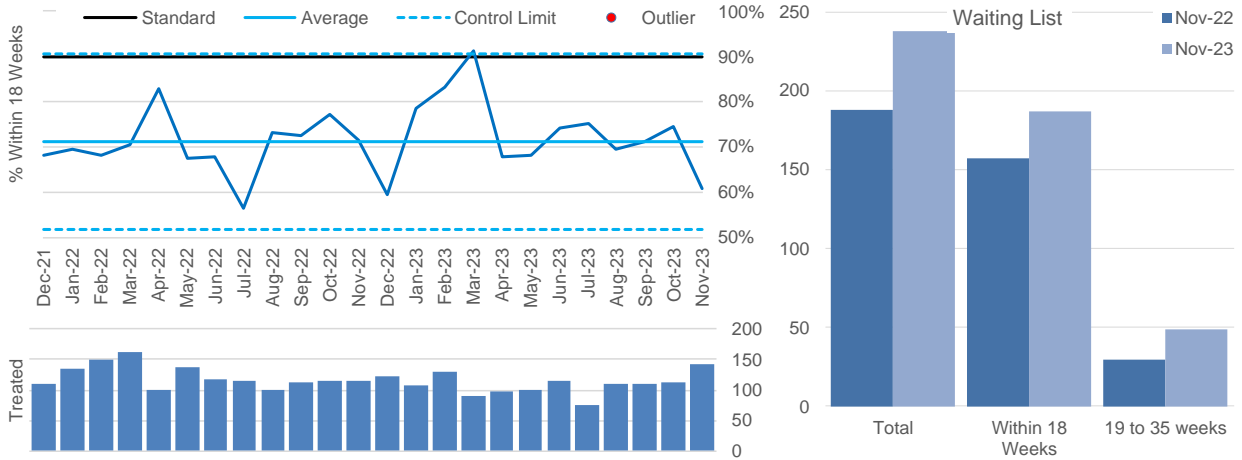
Key Deliverable		End Date			
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24</b>					<b>Mar-24</b>
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-24			
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system. Ongoing review and improvement of service provision	Mar-24			
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Mar-24			
	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-24			
	Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage	Mar-24			
	Development and review of text messaging system	Mar-24			
	Deliver financial inclusion referral pathways for pregnant women and families with young children	Mar-24			
	Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s	Mar-24			

**CAMHS 18 weeks RTT**

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

**Performance  
60.8%**

**Local Performance**



**National Benchmarking**

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	59.3%	78.5%	83.2%	91.1%	67.7%	68.0%	74.1%	75.0%	69.4%	71.2%
Scotland	75.9%	74.3%	73.8%	74.5%	71.7%	72.4%	77.0%	71.9%	75.7%	79.0%

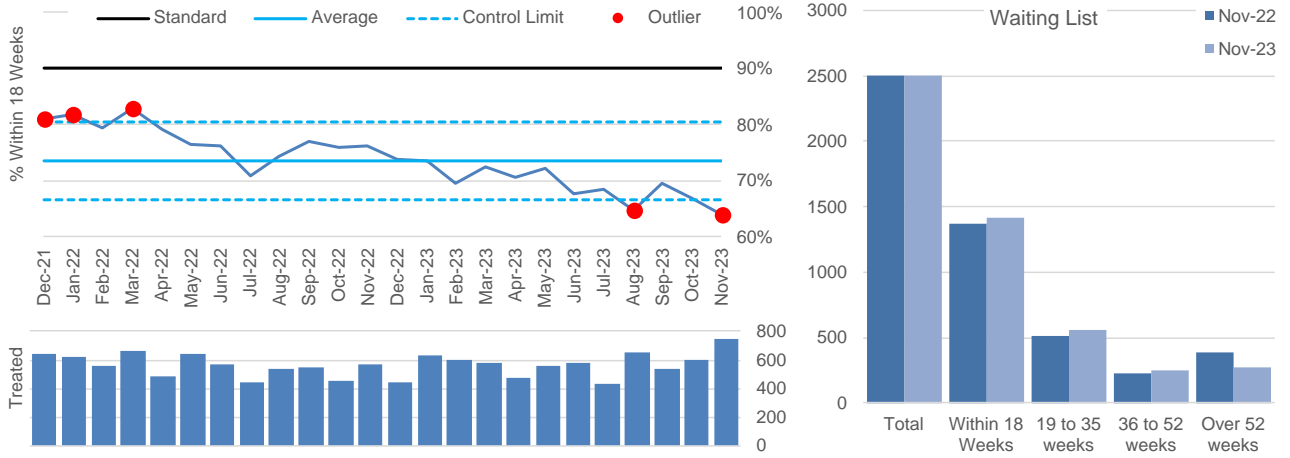
Key Deliverable		End Date			
Off track	At risk	On track	Complete	Suspended	Proposed
<b>CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18-week referral to treatment waiting times standard.</b>					<b>Mar-24</b>
Key Milestones	Implementing caseload management to ensure throughput, reduce bottlenecks and maintain capacity				Sep-23
	Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access				Mar-24
	Ongoing recruitment to ensure workforce is at full capacity				Mar-24
<b>CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.</b>					<b>Mar-24</b>
Key Milestones	Implement CAMHS improvement plan derived from gap analysis against the national service specification				Feb-24
	Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement				Mar-24
<b>Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people</b>					<b>Mar-24</b>
Key Milestones	Work will continue on reducing the ASD waiting list which will be achieved as a result of additional staffing and reallocation of staffing resources from streamlining assessment pathways				Dec-23
	Implement learning from partnership test of change alongside colleagues in education				Dec-23
	Co-produce and deliver pre and post diagnostic support to children, siblings and families				Jan-24
	Fully operationalise Triage model aligned to National ND Specification				Mar-24
	Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD				Mar-24

**Psychological Therapies 18 weeks RTT**

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

**Performance  
64.0%**

**Local Performance**



**National Benchmarking**

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%	68.4%	64.8%	69.6%
Scotland	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%	79.7%	78.8%	79.7%

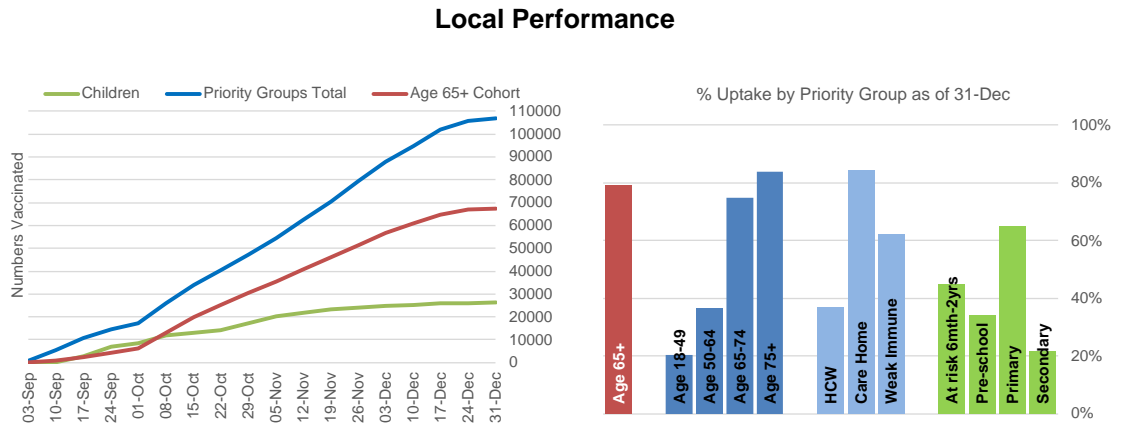
Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
<b>Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet &amp; maintain the 18 week referral to treatment waiting times standard</b>					<b>Mar-24</b>
Key Milestones	Recruitment to increase capacity				Mar-24
	Service development and redesign				Mar-24
	Training and CPD activities to increase capacity				Mar-24
	Demand-capacity monitoring across all services				Mar-24



Immunisation: FVCV

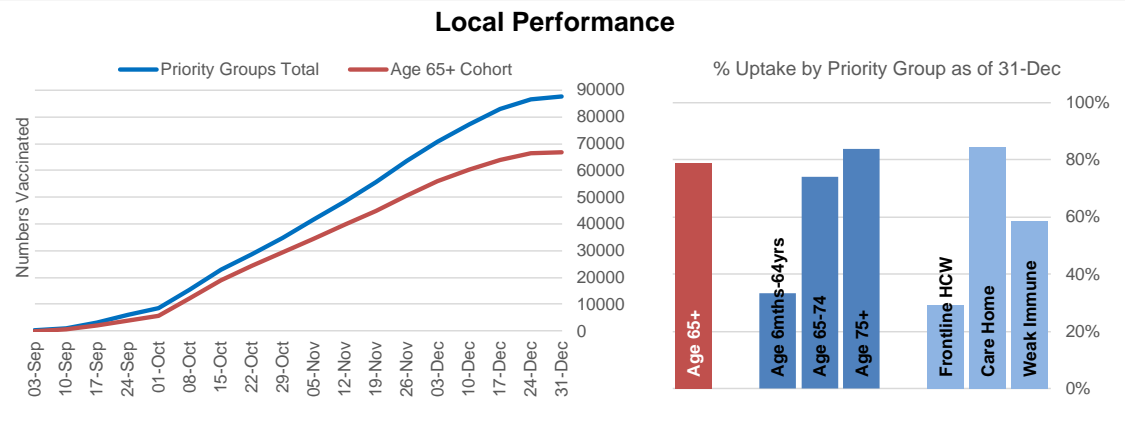
**Flu**  
Uptake of the Influenza vaccination for 65+ population of Fife to reach 85% by end of December 2023

**Performance**  
**79.2%**

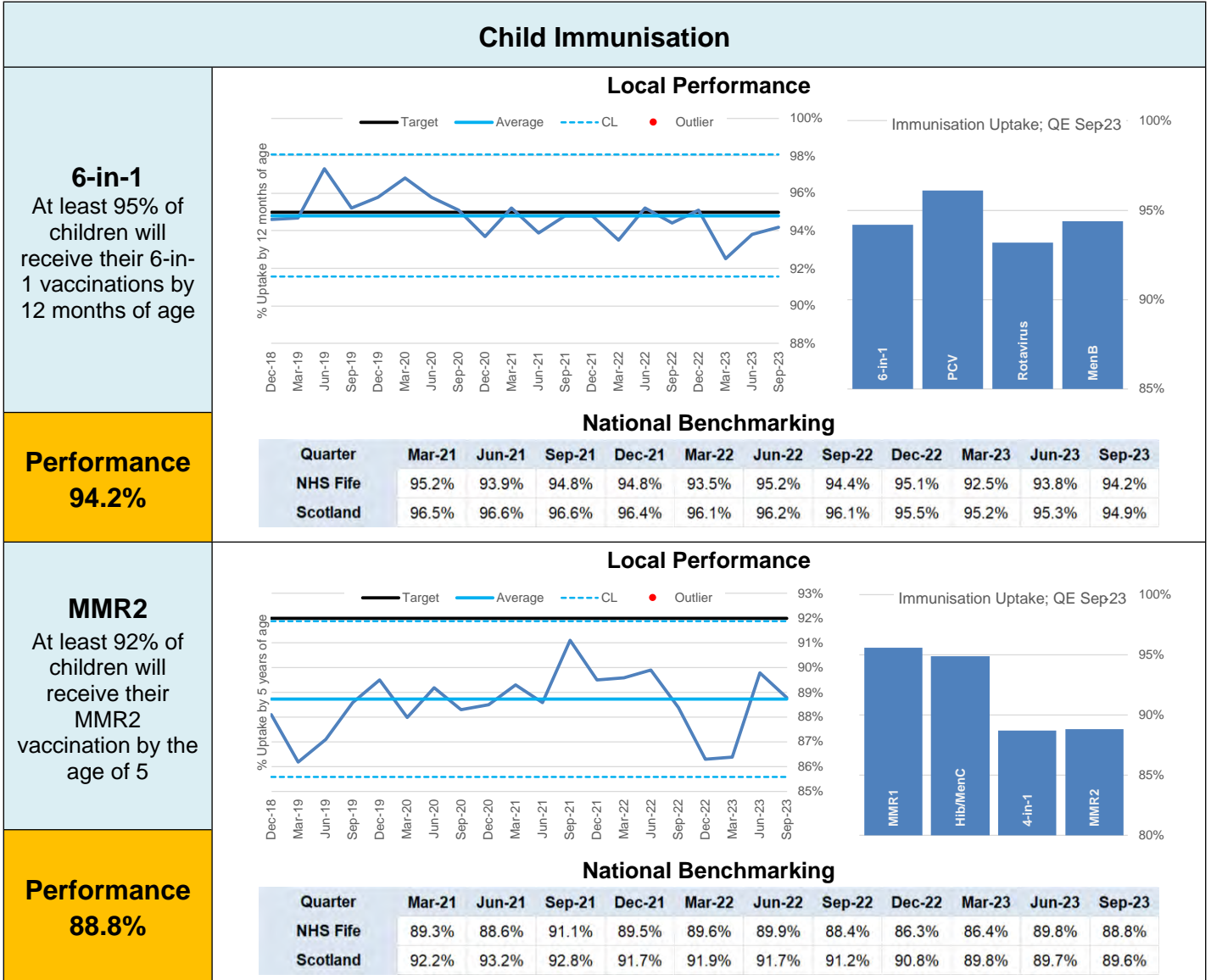


**Covid**  
Uptake of the Covid-19 vaccination for 65+ population of Fife to reach 85% by end of December 2023

**Performance**  
**78.6%**



Key Deliverables					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Winter Vaccination Programme					Mar-24



Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population		Mar-24
Key Milesto	EQIA action plan implementation	Mar-24
	Outreach model and strategy	Mar-24
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need		Mar-24
Key Milesto	Integration of Primary Care Nursing and Admin teams	Jan-24
	Workforce education strategy & training programme	Mar-24

<b>Targeted actions to improve the quality of our Immunisation services</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Children's immunisation QI group	Mar-24
	Learning from Adverse Events	Mar-24
	Implementation of 15 step review of community clinics and other quality assurance tools	Mar-24
	Development of robust clinical pathways and process of SOP review	Mar-24
<b>Develop plans to make sure CIS delivers on key operational priorities</b>		<b>Mar-24</b>
<b>Key Milestones</b>	Maternity immunisations	Mar-24
	S3 to S2 changes	Dec-24
	Preparation for children's 18 month visit	Mar-24
	Communication strategy to stakeholders	Mar-24