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**Chair - Tricia Marwick**

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

*TM*

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

*TM*

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**10:10 - 10:10** **3. APOLOGIES FOR ABSENCE - S Braiden**  
0 min

*TM*

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**10:10 - 10:10** **4. MINUTES OF PREVIOUS MEETING HELD ON 25 MAY 2021**  
0 min

*(enclosed)* *TM*

 Item 4 - Minutes 052521 FINAL.pdf (9 pages)

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**10:10 - 10:10** **5. MATTERS ARISING**  
0 min

*TM*

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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. Integrated Performance & Quality Report Executive Summary**

*(enclosed)* *CP*

 Item 6.2 - SBAR for EISPQR.pdf (4 pages)

 Item 6.2 - ESIPQR Jul 2021.pdf (12 pages)

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**10:30 - 10:35** **7. CHAIRPERSON'S REPORT**  
5 min

*TM*

## 7.1. Board Development Session - 29 June 2021

(enclosed) TM

📎 Item 7.1 - Board Development Session Note 062921.pdf (1 pages)

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## 10:35 - 10:55 20 min 8. COVID-19 PANDEMIC UPDATE

### 8.1. Covid-19 Vaccination Programme

(enclosed) SG

📎 Item 8.1 - COVID-19 Vaccination Final.pdf (5 pages)

### 8.2. Covid-19 Testing in Fife

(enclosed) JT

📎 Item 8.2 - SBAR Covid-19 Testing.pdf (28 pages)

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## 10:55 - 11:05 10 min 9. CORPORATE OBJECTIVES

(enclosed) CP

📎 Item 9 - SBAR Corporate Objectives Board 270721.pdf (12 pages)

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## 11:05 - 11:15 10 min 10. PROPOSAL TO ESTABLISH A PUBLIC HEALTH & WELLBEING BOARD STANDING COMMITTEE

(enclosed) CP

📎 Item 10 - SBAR Public Health Committee Proposal v2.pdf (3 pages)

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## 11:15 - 11:25 10 min 11. 2020/21 PROPERTY AND ASSET MANAGEMENT STRATEGY

(enclosed) NM

📎 Item 11 - PAMS SBAR 2021 NHS Board July 21.pdf (3 pages)

📎 Item 11 - Appendix 1 SAFR & PAMS Programs 20-21.pdf (1 pages)

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## 11:25 - 11:35 10 min 12. INTERNAL AUDIT OPERATIONAL PLAN 2021/22

(enclosed) MM

📎 Item 12 - Annual Plan SBAR.pdf (11 pages)

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## 11:35 - 11:40 5 min 13. STATUTORY AND OTHER COMMITTEE MINUTES

### 13.1. Audit & Risk Committee dated 17 June 2021 (unconfirmed)

(enclosed)

📎 Item 13.1 - A&R Minute Template.pdf (1 pages)

📎 Item 13.1 - Mins A&R Minutes 170621 unconfirmed.pdf (9 pages)

### **13.2. Clinical Governance Committee dated 7 July 2021 (unconfirmed)**

*(enclosed)*

- 📎 Item 13.2- CGC Minute Template V2.pdf (1 pages)
- 📎 Item 13.2 - Mins CGC dated 7 July 2021 GM unconfirmed.pdf (20 pages)

### **13.3. Finance, Performance & Resources Committee dated 13 July 2021 (unconfirmed)**

*(enclosed)*

- 📎 Item 13.3 - FPR Minute Template.pdf (1 pages)
- 📎 Item 13.3 - Mins Draft FPR July 2021 GMmm unconfirmed.pdf (13 pages)

### **13.4. Staff Governance Committee dated 1 July 2021 (unconfirmed)**

*(enclosed)*

- 📎 Item 13.4 - SGC Minute Template - July 2021.pdf (1 pages)
- 📎 Item 13.4 - Mins SGC dated 01.07.21 unconfirmed.pdf (10 pages)

### **13.5. Communities & Wellbeing Partnership dated 7 June 2021 (unconfirmed)**

*(enclosed)*

- 📎 Item 13.5 - CWP Minute Template.pdf (1 pages)
- 📎 Item 13.5 - Mins CWP 21 06 07 unconfirmed.pdf (4 pages)

### **13.6. East Region Programme Board dated 30 April 2021**

*(enclosed)*

- 📎 Item 13.6 - Mins RCAG ERPB Minutes 30 April 2021 final.pdf (8 pages)

### **13.7. Fife Health & Social Care Integration Joint Board dated 23 April 2021**

*(enclosed)*

- 📎 Item 13.7 - Mins IJB Minute 230421 Final.pdf (7 pages)

### **13.8. Fife Partnership Board dated 18 May 2021 (unconfirmed)**

*(enclosed)*

- 📎 Item 13.8 - FPB Minute Template 210518.pdf (1 pages)
- 📎 Item 13.8 - Mins Fife Partnership Board 2021-05-18 unconfirmed.pdf (2 pages)

### **13.9. Audit & Risk Committee dated 13 May 2021**

*(enclosed)*

- 📎 Item 13.9 - Mins Audit Risk 051321v2mm confirmed.pdf (8 pages)

### **13.10. Clinical Governance Committee dated 30 April 2021**

*(enclosed)*

- 📎 Item 13.10 - Mins CGC 30 April 2021 V3 confirmed.pdf (17 pages)

### **13.11. Finance, Performance & Resources Committee dated 11 May 2021**

*(enclosed)*

- 📎 Item 13.11 - Mins FPR 11 May 2021 v2mm confirmed.pdf (10 pages)

### **13.12. Staff Governance Committee dated 29 April 2021**

*(enclosed)*

**11:40 - 11:45** **14. FOR INFORMATION:**  
5 min

**14.1. Integrated Performance & Quality Report - May and June 2021**

*(enclosed)* MM

Item 14.1 - IPQR May 2021.pdf (45 pages)

Item 14.1 - IPQR Jun 2021.pdf (45 pages)

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**11:45 - 11:45** **15. ANY OTHER BUSINESS**  
0 min

**11:45 - 11:45** **16. DATE OF NEXT MEETING: Tuesday 28 September 2021 at 10.00 am in the**  
0 min **Staff Club, Victoria Hospital, Kirkcaldy (tbc)**



## **Fife NHS Board**

### **MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 25 MAY 2021 AT 10:00 AM VIA MS TEAMS**

#### **TRICIA MARWICK**

Chair

#### **Present:**

T Marwick (**Chairperson**)

C Potter, Chief Executive

M Black, Non-Executive Director

S Braiden, Non-Executive Director

W Brown, Employee Director

E Clarke, Non-Executive Director

C Cooper, Non-Executive Director

Cllr D Graham, Non-Executive Director

R Laing, Non-Executive Director

A Lawrie, Non-Executive Director

K Macdonald, Non-Executive Director  
Whistleblowing Champion

M McGurk, Director of Finance & Strategy

E Curnock, Acting Director of Public Health

A Morris, Non-Executive Director

J Owens, Director of Nursing

M Wells, Non-Executive Director

#### **In Attendance:**

N Connor, Director of Health & Social Care

C Dobson, Interim Director of Acute Services

L Douglas, Director of Workforce

S Fraser, Associate Director of Planning & Performance

B Hannan, Chief Pharmacist

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

N Stevenson, Communications Officer

P King, Corporate Services Manager (Minutes)

## **1. Chairperson's Welcome and Opening Remarks**

The Chair welcomed everyone to the Board, in particular Esther Curnock, acting Director of Public Health, and Ben Hannan, Chief Pharmacist, who is deputising for Scott Garden. The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

The Chair began her opening remarks by recording grateful thanks, on behalf of the Board, to all staff of NHS Fife and its partners, for their continued efforts during the Covid-19 Pandemic.

The Chair also recorded thanks to Dona Milne, Director of Public Health, who has now left her post at NHS Fife to take up post as the Director of Public Health at NHS Lothian.

Congratulations were given to NHS Fife's Maternity Service, which has been reaccredited with a Gold Award by UNICEF as part of their Baby Friendly Initiative, becoming the first Health Board in Scotland to do so. The Maternity Service will retain gold award status until at least July 2023.

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

There were no declarations of interest made by members.

## **3. Apologies for Absence**

Apologies for absence were received from Dr Chris McKenna, Medical Director.

## **4. Minute of the last Meeting held on 31 March 2021**

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

## **5. Matters Arising**

There were no matters arising.

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

### **6.1. Chief Executive Update**

Carol Potter referred to the cluster of cases of the new variant of Covid-19 that had been identified in the Kirkcaldy area and emphasised the importance of the public continuing to follow the public health advice to minimise the risk of infection. Work is underway through the Public Health team, working alongside partners and the national incident management team, to address this particular situation, noting that additional testing had been set up and vaccination uptake remained a priority.

For awareness, it was noted that the Executive Directors continued to meet informally on a weekly basis, with formal meetings taking place fortnightly to drive forward the programme on operational priorities. Discussions are also taking place around the longer term strategy and aspirations following the most recent Board Development Session. An Anchor Institution Programme Board has been established and the Vice Chair is working with the Chief Executive and Programme Board to champion that work in Fife. Updates will be submitted via the governance committees and thence onto the Board.

Attention was drawn to the significant current demand on the Emergency Department and the resultant effect on the patient experience, which was testing the resilience of staff in the department and across the wider health services.

Carol Potter acknowledged the contribution from Dona Milne, outgoing Director of Public Health, who had supported the Board and Executive Team with strong leadership throughout the Covid-19 Pandemic and she wished her every success going forward. She took the opportunity to welcome to NHS Fife Dr Joy Tomlinson, new Director of Public Health, who takes up post on 31 May 2021.

Carol Potter also wished to thank staff for their continued efforts and ongoing commitment to do what they can for the people of Fife.

The Board **noted** the update provided.

## **6.2 Integrated Performance & Quality Report (IPQR) Executive Summary**

Carol Potter introduced the Executive Summary produced in May 2021, which was previously submitted and considered through the three governance committees in April/May. Executive leads and Committee Chairs highlighted areas of significance within the IPQR, in particular:

### **Clinical Governance**

An update on performance was provided in relation to improvement work within the falls programme, pressure ulcer care, infection rates in respect of Staphylococcus Aureus Bacteraemia (SAB), C.difficile and work around E. Coli Bacteraemia (ECB), noting that other Boards were looking to NHS Fife for its work on Urinary Tract Infections. The management of complaints remained challenging and a review taking account of the complexity of complaints was being undertaken. A detailed report would be submitted to the Clinical Governance Committee in July. In addition to the issues highlighted by the Committee, it was noted that the Clinical Governance Committee had thanked staff for their continued commitment and hard work throughout this period and had been assured that the workplan for the committee would be kept under review to ensure priority work areas are progressed.

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

NHS Fife Acute Division – Performance shown is for February 2021 and reflects ongoing pressure as a result of the second wave of the Covid-19 Pandemic, particularly around the key targets of 4-Hour Emergency Access, Patient Treatment Times Guarantee (TTG) and New Outpatients. Performance in certain areas had improved owing to a reduction in overall bed breaches and an improvement in hospital capacity. Diagnostics performance deteriorated due to prioritising inpatient and urgent work and a recovery plan has been developed. Performance related to Cancer 62-day Referral to Treatment was challenging, with specific delays to breast surgery due to staffing issues (now resolved with a locum secured). Members were assured that clinical prioritisation for all waits / pathways remained of utmost importance, to ensure people with a suspicion of cancer or in need of urgent care are seen as a priority.

As noted above by the Chief Executive, Claire Dobson highlighted that it was a busy and challenging time at present, with high attendances through the Emergency

Department and a high number of admissions into hospital. Quality, safety, and the patient experience remained a priority for the Acute Services Division and she recorded thanks to staff and also to the people of Fife for their patience as we work through a particularly busy time.

In response to a query, Carol Potter confirmed that, under the auspices of the previous Chief Executive, work had started to look at NHS Fife's arrangement with NHS Tayside and NHS Lothian, with a view to having regular performance monitoring with counterparts in these other Health Boards given the significant amount of resource and flow of people from Fife to these Health Boards for treatment. This work had been paused as a result of the pandemic but will be progressed via Claire Dobson and an update brought back in due course.

Health & Social Partnership (H&SCP) – close working continued with colleagues in Acute Services to support the journeys and pathways of care for the people of Fife. There had been an increase in the number of patients in delay due to challenges around capacity and flow and several actions had been taken to support the process, including looking at alternative pathways of care within the community. A full update will be provided to the Finance, Performance & Resources Committee in due course. The H&SCP has further invested in Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies services, both in terms of different service models (such as access to online therapies which is supporting quicker access) and additional posts addressing referral to treatment times and supporting people who need to access services. Work is underway with Scottish Government to model trajectories to support improvement in this area. The second wave of Covid-19 required the smoking cessation service to be remodelled in line with national guidelines. There has been an increase in people contacting the service, which was now being remobilised in line with safety measures in place through national guidance and restrictions throughout the remobilisation.

Financial Position – The financial position to the end of February 2021 continued to be challenging in terms of balancing both core and Covid-19 spend across the year, mainly due to the level of uncertainty in relation to some aspects of Covid-19 spend. The February 2021 position reported an underspend of £4.2m and the forecast to the year end is an underspend of £2.1m. However, work is still ongoing to bring the position to as close to break-even as possible. The underspend has arisen largely as a result of the pause of activity beyond that originally anticipated in Quarter 4 and a lower than planned level of critical care bed provision. Members were reminded that Scottish Government has allocated the full costs associated with the impact of Covid-19.

The capital position remained on track, with all plans progressing, and it was expected to deliver full spend against the total allocation of £13.6m.

The Chair of the Finance, Performance & Resources Committee took the opportunity to thank Claire Dobson and Nicky Connor for their updates today on the challenges being faced and noted that she was reassured to hear about the work underway. On behalf of the Committee, she thanked the finance team for their work during this challenging year and commended the efforts being made to try and achieve a break-even position.



## **Staff Governance**

An update was provided in relation to the sickness absence rate, noting performance continued to fluctuate. However, rates had improved for 11 out of 12 months in comparison to the same period last year, with an overall reduction in the year to date. The Chair of the Staff Governance Committee noted that the general trend, direction, and level of sickness absence had been commendable during this difficult year and she conveyed thanks to everyone involved in that effort. She also acknowledged the work of the Director of Workforce, her team, and staff side colleagues, as feedback about their input to staff has been invaluable throughout the pandemic.

The Board **examined and considered** the NHS Fife performance in the Indicator Summary table on page 4, with particular reference to the measures identified in section 2.3.

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

The Chair highlighted that, following the recent election, Humza Yousaf MSP had been appointed as Cabinet Secretary for Health and Social Care. She and the Board looked forward to working with Mr Yousaf and his junior Ministers. The Chair recorded thanks to Jeane Freeman, the previous Health Secretary, for her support of NHS Fife, in particular in relation to the creation of the new Orthopaedic Centre. It was noted that the NHS Board Chairs had continued to meet throughout the period of the election, to ensure that all Boards' response to the pandemic continued.

### **7.1 Board Development Session – 27 April**

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

## **8. COVID-19 PANDEMIC UPDATE**

### **8.1. Covid-19 Vaccination Progress Update**

Ben Hannan referred to the paper, which provided an update on developments, priority areas, programme planning and additional information that had become available to NHS Fife in relation to the vaccine programme. Attention was drawn to the number of vaccinations that had already been given as at 24 May 2021: 219,000 first doses had been administered, and 137,000 second doses (completing the course) had been delivered to patients.

NHS Fife continued to follow the Scottish and UK Government direction on prioritisation of the cohorts in line with the Joint Committee on Vaccination and Immunisation (JCVI), with teams in clinics currently focused on vaccinating those that had a first dose in March with their second vaccination. It was noted that there was no local concern about vaccine supply to provide second doses to those already vaccinated. Letters of appointment for cohort 11 (aged 30 – 39) would be issued from 31 May 2021 and a 'self-registration' portal had been launched for the final priority cohort 12 (aged 18 – 29) to allow this cohort to register on line rather than receive an appointment by letter. Any citizen that had been missed by the national scheduling

tool or reflected in the 'Did Not Attend (DNA)' rates not yet vaccinated was being actively followed up.

The paper outlined the position around vaccine approval and the precautionary approach being advised by JCVI for a vaccine other than AstraZeneca to be offered to healthy people under 40 years of age. The paper also set out the position for the three main workstreams under logistics, scheduling, and workforce.

A number of questions were asked around the allocation of venues and deciding factors for their locations; DNA rates; the use of mobile units in certain areas; and the situation in respect of people shielding and those close household contacts being invited to make contact for early vaccination, each of which were responded to. The Chair advised that Ben Hannan and team had been very helpful when suggestions had been made about the location of Fife vaccination clinics and she agreed that the cost of public transport for some people travelling to a vaccination centre could be something that needed to be looked at closer in the future. If anyone faces difficulty getting to a vaccination centre, they should make that clear to the national helpline, which will take that into account and see what can be done to help them receive their vaccine.

The Chair thanked Ben Hannan and team for all the work being undertaken in relation to the vaccination programme.

The Board **discussed** the paper, closely scrutinising plans and assumptions made in the development Covid-19 vaccination plans, and approved the measures detailed within.

## 9. ANNUAL REVIEW OF THE CODE OF CORPORATE GOVERNANCE

Dr Gillian MacIntosh presented the updated Code of Corporate Governance, which incorporated recent reviews by each Board committee of their individual Terms of Reference to ensure the current text reflected present structures, terminology, and job titles. It also proposed a number of minor clarifying changes to the Standing Financial Instructions, bringing the Code up-to-date and reflective of current practice. It was highlighted that the Strategic Framework graphic within the document will be updated as part of the overall strategy work and the Code of Corporate Governance may need to be resubmitted to the Board outwith the annual cycle to reflect any changes. The document had been reviewed in detail by the Audit & Risk Committee at its last meeting and recommended for approval to the Board.

The Board **approved** the updated Code of Corporate Governance as per its annual review cycle.

## 10. BOARD ASSURANCE FRAMEWORK

Margo McGurk referred to the update report on the Board Assurance Framework, which summarised the key points from the most recent reports to the committees. The BAF currently has seven components and each of the BAF risks is aligned to an appropriate standing committee, which scrutinises the risk at its respective meeting. The main changes in relation to the Financial Sustainability and Strategic Planning BAFs were noted.

It was highlighted that the focus over the next six months will be to further review and strengthen the Board's risk management arrangements, particularly the processes through which assurance is provided that these are operating effectively.

It was proposed that the topic of strategy development, the way forward and the subsequent risk level associated with that be considered at a future Board Development Session and this would be timetabled in advance of being submitted to the governance committees and Board for approval.

**Action: M McGurk**

The Finance, Performance & Resources Committee had considered and discussed the change to the risk level for the financial sustainability BAF and was supportive of this change, recognising that the BAF is a dynamic document and the risk could return back to high if necessary.

The Board **approved** the Board Assurance Framework.

## **11. JOINT REMOBILISATION PLAN 2021/22**

Margo McGurk presented the third Joint Remobilisation Plan (RMP3) for Health and Care Services delivered by NHS Fife and Fife Health & Social Care Partnership for the period 2021/22. The Plan had been initially submitted to Scottish Government on 26 February, with feedback and sign off received on 2 April 2021. Following its formal approval, the Board could now consider the final document in Public session.

It was recognised that each of the governance committees had considered the relevant sections of the plan in full at private meetings at various stages of the development of the current draft, and also the Board had considered earlier versions both in private session and at recent Development Sessions. The detailed scrutiny and discussion from the Board had been crucial to the development of the current draft, reflecting key priorities and addressing challenges as NHS Fife begins to recover from the pandemic period. The document described how clinical services supported by corporate and non-clinical services will be recommenced safely in 2021/22, moving from the Covid-19 pandemic in 2020/21 when emergency planning measures were in place. This Plan will be considered as the Annual Operational Plan for 2021/22.

Margo McGurk took Members through the Plan, drawing attention to five key points:

Section 3.1, outlines the key planning assumptions areas, all of which had been the focus of attention over the past 12 months;

Section 4.1, sets out a short summary of the new Strategic Planning and Resource Allocation Process (SPRA), which is helpful in influencing the investment priorities for 2021/22 financial plan and, at its core, tries to align the operational workforce and financial planning to generate an overall approach for the organisation;

Section 5, is a detailed section on how NHS Fife will continue to support and improve staff wellbeing as we emerge from the pandemic. Margo McGurk thanked staff for their efforts, recognising this has been a long process, and significant focus will continue to support staff in their health and wellbeing;

Section 7.5, gives an honest reflection looking back over 2020/21 to draw out what went well during the year and, from that, what more needs more focus. A key point is supporting staff resilience for the medium and longer term; and Section 14, provides summary information on the financial plan, which had been submitted to Scottish Government under separate cover. It explains the significant financial challenge in 2021/22, specifically to deliver the full level of savings to achieve a break-even position and discussions are underway with Scottish Government in relation to that matter. An update will be provided in due course.

On behalf of the Board, the Chair thanked Margo McGurk and the team for putting together the Plan, recognising the large amount of work undertaken to prepare such a detailed and thorough report.

The Board **noted** and **agreed** the content of the Joint Fife Remobilisation Plan for 2021/22 and the actions contained within it and thanked Susan Fraser, Margo McGurk and all those involved in its production.

## **12. STATUTORY AND OTHER COMMITTEE MINTUES**

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

- 12.1. Audit & Risk Committee dated 13 May 2021 (unconfirmed)
- 12.2. Clinical Governance Committee dated 30 April 2021 (unconfirmed)
- 12.3. Finance, Performance & Resources Committee dated 11 May 2021 (unconfirmed)
- 12.4. Staff Governance Committee dated 29 April 2021 (unconfirmed)
- 12.5. East Region Programme Board dated 5 February 2021
- 12.6. Fife Health & Social Care Integration Joint Board dated 19 February 2021 and 26 March 2021

### **Approved Minutes**

- 12.7. Audit & Risk Committee dated 18 March 2021
- 12.8. Clinical Governance Committee dated 11 March 2021
- 12.9. Finance, Performance & Resources Committee dated 16 March 2021
- 12.10. Staff Governance Committee dated 4 March and Reconvened Meeting dated 9 March 2021

## **13. FOR INFORMATION**

The Board **noted** the items below:

### **13.1. Integrated Performance & Quality Report – March and April 2021**

## **14. ANY OTHER BUSINESS**

None.

## **15. DATE OF NEXT MEETING:** Tuesday 27 July 2021 at 10:00 am, venue to be confirmed.

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

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>27 July 2021</b>
<b>Title:</b>	<b>Executive Summary Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Performance</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:**

- Discussion

**This report relates to the:**

- Performance Management
- RMP3

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This report informs the NHS Fife Board of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of April 2021.

Activity performance in FY 2021/22 is being assessed against RMP3 (the 1-year re-mobilisation plan for this year). This focuses on the actual number of diagnostics and new outpatient appointments completed, and the number of patients treated under the patient Treatment Time Guarantee (TTG), against forecasts provided in RMP3. A summary of monthly activity covering more areas than required by the SG is provided in the table on Page 4 of the report.

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

## 2.2 Background

The Executive Summary Integrated Performance & Quality Report (ESIPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced bi-monthly and is based on the previous month's Integrated Performance & Quality Report (IPQR) which was presented at the last round of Standing Committees (Clinical Governance, Staff Governance and Finance, Performance & Resources).

The ESIPQR incorporates any issues and comments which the Standing Committees feel requires to be escalated to the NHS Fife Board.

## 2.3 Assessment

### Clinical Governance

The Clinical Governance aspects of the report cover Adverse Events, HSMR, Falls, Pressure Ulcers, Infection Control (SAB, ECB, C Diff, Caesarean Section SSI) and Complaints.

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Just above Scottish average
Falls <sup>1</sup>	Monthly	5.97 per 1,000 TOBD	Not achieving
Falls With Harm <sup>1</sup>	Monthly	2.16 per 1,000 TOBD	Achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI <sup>2</sup>	Quarterly	2.5%	Achieving
SAB (HAI/HCAI)	Monthly	19.5 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	36.6 per 100,000 TOBD	Achieving
C Diff (HAI/HCAI)	Monthly	6.7 per 100,000 TOBD	Achieving
Complaints (S1)	Monthly	80%	Achieving
Complaints (S2) <sup>3</sup>	Monthly	65% (50% by Oct 2021)	Not achieving

<sup>1</sup> The previous targets for Falls expired in December 2020. Following discussion with the Associate Director of Nursing (Acute), revised targets based on performance in FY 2020/21 have been set for FY 2021/22.

<sup>2</sup> Formal data collection continues to be 'paused' (as per instruction from Scottish Government), but we are able to report on local data up to the end of December 2020

<sup>3</sup> Due mainly to the ongoing pandemic, performance worsened during FY 2020/21. Following discussion with the Nursing Director, a revised target of achieving 50% by October 2021 and 65% by March 2022 has been agreed.

### Staff Governance

The Staff Governance aspect of the report covers Sickness Absence.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	3.89% for 2020/21 (4.00% is the LDP Standard)	5.07% in April 2021 (worse than the planned improvement trajectory for 2021/22 at this stage, and

			excludes COVID-related absence)
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### Finance, Performance & Resources

The FPR aspects of the report cover Operational Performance (in Acute Services/Corporate Services and the Health & Social Care Partnership) and Finance. All measures apart from the two associated with Dementia PDS have performance targets and/or standards.

#### Operational Performance

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early <sup>1</sup>	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
ABI (Priority Settings) <sup>2</sup>	Quarterly	80%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving

#### Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	(£13.822m)	Not achieving
Capital Expenditure	Monthly	£25.319m	Achieving

<sup>1</sup> Formal data collection was 'paused' (as per instruction from Scottish Government) during the latter part of 2020, but has recently restarted and we hope to be able to report on local data up to the end of March 2021 in the next update

<sup>2</sup> NHS Fife fractionally missed the target for 2019/20, but this was due to the delivery of interventions in an A&E setting being paused during the pandemic – data collection for 2020/21 continues to be impacted, and there has been no guidance on expected achievement from the Scottish Government

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

NHS Fife is continually focused on mitigating the impact of the pandemic on patient waiting times.



### **2.3.2 Workforce**

Not applicable.

### **2.3.3 Financial**

Financial performance is summarised in the report and is provided in far greater detail in the monthly IPQR.

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

Not applicable.

### **2.3.5 Equality and Diversity, including health inequalities**

Not applicable.

### **2.3.6 Other impact**

None.

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

The Standing Committees are fully involved in reviewing the IPQR which forms the basis of the ESIPQR, and there is a method by which any issues can be escalated to the NHS Fife Board.

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

The ESIPQR was drafted by the PPT and ratified by the Associate Director of Planning & Performance. It was then authorised for presentation at the NHS Fife Board Meeting.

## **2.4 Recommendation**

The NHS Fife Board is requested to:

- **Discussion** – Examine and consider NHS Fife’s performance and achieved remobilisation activity to date and to consider any issues escalated via the Standing Committees

## **3 List of appendices**

None

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# **Fife Integrated Performance & Quality Report**

## **Executive Summary**

for the Report Produced in June 2021

# 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 LDP Standards and local Key Performance Indicators (KPI).

The ESIPQR comprises of the following sections:

## I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Remobilisation Activity Summary
- e. Committee Issues and Comments
- f. Assessment, by Governance Committee

The baseline for the report is the previous month's Integrated Performance and Quality Report (IPQR), which was considered and scrutinised at the most recent meetings of the Standing Committees:

- Staff Governance 1<sup>st</sup> July 2021
- Clinical Governance 7<sup>th</sup> July 2021
- Finance, Performance & Resources 13<sup>th</sup> July 2021

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

# I. Executive Summary

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

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

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

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

## a. LDP Standards & Key Performance Indicators

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The current performance status of the 29 indicators within this report is 10 (34%) classified as **GREEN**, 4 (14%) **AMBER** and 15 (52%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- Falls With Harm – falls rate below the new (reduced) target for FY 2021/22
- ECB – infection rate continued to be significantly under the FY 2021/22 target following a low number of infections in the 3-month period from February to April
- Cancer 31-day DTT – continued to exceed the 95% Standard, for the 9<sup>th</sup> month in succession

## b. National Benchmarking

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National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 7 (25%) within upper quartile, 15 (50%) in mid-range and 7 (25%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

c. Indicator Summary			Performance								Benchmarking			
			meets / exceeds the required Standard / on schedule to meet its annual Target								●	Upper Quartile		
			behind (but within 5% of) the Standard / Delivery Trajectory								●	Mid Range		
			more than 5% behind the Standard / Delivery Trajectory								●	Lower Quartile		
Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current		Trend	Reporting Period	Fife	Scotland	
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Apr-20	26	Mar-21	32	Apr-21	23	↑	N/A			
	HSMR	N/A	Year Ending	Dec-19	1.02	Sep-20	1.01	Dec-20	1.01	↔	YE Dec-20	1.01	●	1.00
	Inpatient Falls	7.68	Month	Apr-20	7.50	Mar-21	8.01	Apr-21	7.82	↑	N/A			
	Inpatient Falls with Harm	1.65	Month	Apr-20	1.56	Mar-21	1.68	Apr-21	1.26	↑	N/A			
	Pressure Ulcers	0.42	Month	Apr-20	1.02	Mar-21	1.22	Apr-21	1.30	↓	N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓	QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Apr-20	10.6	Mar-21	16.5	Apr-21	16.8	↓	QE Dec-20	20.6	●	18.8
	SAB - Community	N/A	Quarter Ending	Apr-20	15.9	Mar-21	13.0	Apr-21	11.0	↑	QE Dec-20	12.8	●	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Apr-20	9.3	Mar-21	10.2	Apr-21	14.2	↓	QE Dec-20	7.7	●	16.1
	C Diff - Community	N/A	Quarter Ending	Apr-20	1.1	Mar-21	7.6	Apr-21	6.6	↑	QE Dec-20	2.1	●	4.3
	ECB - HAI/HCAI	33.0	Quarter Ending	Apr-20	33.0	Mar-21	21.6	Apr-21	16.8	↑	QE Dec-20	50.3	●	40.9
	ECB - Community	N/A	Quarter Ending	Apr-20	26.1	Mar-21	33.7	Apr-21	25.3	↑	QE Dec-20	27.0	●	37.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Apr-20	68.8%	Mar-21	87.1%	Apr-21	80.3%	↓	2019/20	71.5%	●	79.9%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Apr-20	22.9%	Mar-21	25.0%	Apr-21	21.6%	↓	2019/20	35.7%	●	51.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Apr-20	100.0%	Mar-21	100.0%	Apr-21	100.0%	↔	N/A			
	4-Hour Emergency Access	95%	Month	Apr-20	96.8%	Mar-21	90.8%	Apr-21	91.9%	↑	Apr-21	91.9%	●	88.7%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Apr-20	57.3%	Mar-21	49.7%	Apr-21	54.1%	↑	Mar-21	51.7%	●	34.7%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Apr-20	74.8%	Mar-21	53.4%	Apr-21	56.4%	↑	Mar-21	52.6%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Apr-20	46.3%	Mar-21	80.6%	Apr-21	85.3%	↑	Mar-21	80.7%	●	61.4%
	18 Weeks RTT	90%	Month	Apr-20	90.1%	Mar-21	72.4%	Apr-21	69.2%	↓	QE Mar-21	73.2%	●	75.9%
	Cancer 31-Day DTT	95%	Month	Apr-20	94.5%	Mar-21	100.0%	Apr-21	97.8%	↓	QE Dec-20	99.0%	●	98.6%
	Cancer 62-Day RTT	95%	Month	Apr-20	67.5%	Mar-21	80.3%	Apr-21	78.1%	↓	QE Dec-20	84.5%	●	86.2%
	Detect Cancer Early	29%	Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓	2018, 2019	26.1%	●	25.6%
	Freedom of Information Requests	85%	Quarter Ending	Apr-20	81.0%	Mar-21	95.1%	Apr-21	95.4%	↑	N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Apr-20	5.6%	Mar-21	5.9%	Apr-21	8.2%	↓	QE Dec-20	5.5%	●	4.8%
	Delayed Discharge (# Standard Delays)	N/A	Month	Apr-20	24	Mar-21	48	Apr-21	78	↓	Apr-21	20.88	●	13.49
	Antenatal Access	80%	Month	Feb-20	84.4%	Jan-21	87.2%	Feb-21	78.8%	↓	FY 2019/20	89.0%	●	88.3%
	Smoking Cessation	473	YTD	Feb-20	95.4%	Jan-21	52.1%	Feb-21	53.3%	↑	FY 2019/20	92.8%	●	97.2%
	CAMHS Waiting Times	90%	Month	Apr-20	67.0%	Mar-21	73.0%	Apr-21	68.4%	↓	QE Mar-21	76.0%	●	65.1%
	Psychological Therapies Waiting Times	90%	Month	Apr-20	74.2%	Mar-21	84.3%	Apr-21	78.2%	↓	QE Mar-21	82.0%	●	80.4%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑	FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Feb-20	96.2%	Jan-21	92.4%	Feb-21	93.9%	↑	QE Dec-20	94.3%	●	95.7%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	92.7%	2021/21	98.4%	↑	2018/19	93.7%	●	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.2%	2020/21	48.9%	↓	2018/19	60.9%	●	43.4%
Finance	Revenue Expenditure	-£13.8	Month	May-20	N/A	Apr-21	N/A	May-21	-£7.2	N/A	N/A			
	Capital Expenditure	£25.3	Month	May-20	N/A	Apr-21	N/A	May-21	£1.2	N/A	N/A			
Staff Governance	Sickness Absence	3.89%	Month	Apr-20	4.95%	Mar-21	4.43%	Apr-21	5.07%	↓	YE Mar-21	4.77%	●	4.67%

## d. NHS Fife Remobilisation Summary – Position at end of May 2021

Higher than Projected | Lower than Projected

		Month End			Quarter End	Quarter End	Quarter End	
		Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	862	950	989	2,801	2,828	3,033	3,355
	Actual	955	1,081		2,036			
	Variance	93	131					
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	4,537	4,946	5,133	14,616	15,804	19,003	20,361
	Actual	5,944	6,080		12,024			
	Variance	1,407	1,134					
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	579	611	611	1,801	1,833	1,833	1,833
	Actual	436	495		931			
	Variance	-143	-116					
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	3,450	3,650	3,750	10,850	11,250	11,250	11,250
	Actual	4,216	4,303		8,519			
	Variance	766	653					
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	5,350	5,780	5,980	17,110	19,110	18,370	18,490
	Actual	6,209	7,039		13,248			
	Variance	859	1,259					
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	2,790	2,650	2,600	8,040	8,320	8,680	8,830
	Actual	3,229	3,531		6,760			
	Variance	439	881					
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	780	820	850	2,450	2,610	2,610	2,610
	Actual	965	949		1,914			
	Variance	185	129					
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	130	140	145	415	435	435	435
	Actual	93	107		200			
	Variance	-37	-33					
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	91	131	84	306	291	346	298
	Actual	136	143		279			
	Variance	45	12					
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	465	477	427	1,369	1,422	1,905	1,780
	Actual	578	555		1,133			
	Variance	113	78					

		Month End			Month End	Month End	Month End	
		Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) <sup>1</sup>	Projected	43	41	37	37	36	42	43
	Actual	78	88					
	Variance	35	47					

<sup>1</sup> The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month

## e. Committee Issues and Comments

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### **Clinical Governance Committee**

The Committee received a separate paper on complaints performance, outlining the ongoing review which is seeking to improve the timeliness in closing complaints. Part of this review also includes the data provided to the Committee on this measure. Compliments and patient feedback are not usually routinely reported on but were included within the report. The Committee welcomed the chance to reflect on the wider complaints context and to understand better the areas of challenge and pressure.

### **Finance Performance & Resources Governance**

Committee discussed the importance of ensuring that the development of the Population Health and Wellbeing Strategy includes an appropriate review and consideration of the risk profile which will be associated with its delivery over the medium to long-term. This will be an important consideration for the Board over this financial year

### **Staff Governance**

The committee noted the deterioration of the position in relation to sickness absence from the March rate of 4.43%, with a rate of 5.07% in April and 5.31% in May. However, the average rate for the rolling year to date is 5.11%, which is an improvement of 0.34% from the same period within the previous financial year.

It was noted that COVID-19 related absence affected approximately 1.52% of the NHS Fife workforce in March, 1.22% in April and 0.62% in May.

## f. Assessment – Clinical Governance

		Target	Current
<b>HSMR</b>		<b>1.00</b>	<b>1.01</b>
<p>The HSMR for NHS Fife for the year ending December 2020 was unchanged from that for the year ending September 2020 and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.</p>			
<b>Inpatient Falls (with Harm)</b>	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	<b>1.65</b>	<b>1.26</b>
<p>As services continue to remobilise, the steering group have updated their annual workplan which includes a focus on care approaches in the context of the current environment to support a reduction in falls with harm. This provides the overarching focus and in addition, local improvement work is underway in focussed in-patient areas where the number of falls has been higher.</p> <p>Work being led by the National Falls Group has representation from NHS Fife and at present this group are updating/redeveloping the National Improvement Driver Diagram. This will be supported by a new measurement plan and audit tool and will closely align with the Excellence in Care programme.</p>			
<b>Pressure Ulcers</b>	<i>50% reduction by December 2020</i>	<b>TBC</b>	<b>1.30</b>
<p>Two clinical areas with Acute have been identified to participate in the next pressure ulcer improvement project. Project teams were given 4-6 weeks to carry out preparatory study before the project period began. Regular meetings are scheduled throughout the project.</p> <p>The pressure ulcer rate in the community inpatient setting was 0.31 in April 2021. This has shown a consecutive reduction in the rate of pressure ulcers – developed on ward, since February 2021. The last recorded grade 3 pressure ulcer – developed on ward, was in February 2021 and no further pressure ulcers – on ward, graded major or extreme.</p>			
<b>Caesarean Section SSI</b>	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	<b>2.5%</b>	<b>2.4%</b>



All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the Scottish Government. However, Maternity Services have continued to monitor their Caesarean Section SSI cases and, where necessary (i.e deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.

<p><b>SAB (MRSA/MSSA)</b></p> <p>Surveillance of SABs has continued throughout the COVID-19 pandemic. For April, NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no further ventilator associated pneumonias, PVC or CVC SABs since March 2021.</p>	<p><i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i></p>	<p><b>18.8</b></p>	<p><b>16.8</b></p>
<p><b>C Diff</b></p> <p>NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022 due to a raised incidence of 9 CDI in March. Two CDIs were recurrences and one case was a Fife resident being treated in another Health Board. Reducing the incidence of recurrence of infection continues to be addressed, to assist with reducing the rates further.</p>	<p><i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i></p>	<p><b>6.5</b></p>	<p><b>14.2</b></p>
<p><b>ECB</b></p> <p>ECB surveillance has continued throughout the pandemic. The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For April, NHS Fife is below the trajectory line and in line to achieve this target. Reducing CAUTI ECBs is the focus for quality improvement.</p>	<p><i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i></p>	<p><b>33.0</b></p>	<p><b>16.8</b></p>
<p><b>Complaints – Stage 2</b></p> <p>There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. Complaint numbers continue to rise and there is a noted increase in the complexity of the complaints received. Although starting to reduce, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid vaccination appointments.</p>	<p><i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i></p>	<p><b>65%</b></p>	<p><b>21.6%</b></p>

## f. Assessment (cont.) – Operational Performance

		Target	Current
<b>4-Hour Emergency Access</b>	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	<b>95%</b>	<b>91.9%</b>
<p>Attendances continue to rise, averaging around 200 per day at the ED, a 35% increase since January, with most attendees being self-presenters. Despite the increased demand, performance against the National Standard improved in April. Several improvements are being tested to improve flow to our onward assessment areas and reduce waits for beds. The Redesign of Urgent Care (RUC) has supported improvements for minor flow and will be scaled up by the addition of a sustainable staffing model. Redirections to MIUs have increased across Fife and referral pathways are being developed with primary care to enable the Flow and Navigation Hub (FNH) and ED to access support for patients.</p>			
<b>Patient TTG (Waiting)</b>	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	<b>100%</b>	<b>54.1%</b>
<p>Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 and cancelled non-urgent elective surgery. At the end of April, the waiting list was 20% lower than at the end of May 2020 and performance had begun to recover with 54% waiting greater than 12 weeks for treatment compared to 26.8% in May 2020 as theatres were remobilised. Particular attention continues to be focused on clinical priorities whilst routine activity recommenced in March. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</p>			
<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>56.4%</b>
<p>Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 which resulted in the suspension of routine activity. At the end of April, the waiting list was 71% higher than at the end of May 2020 and performance had begun to recover, with 56.4 % waiting less than 12 weeks compared to 40.9% waiting less than 12 weeks in May 2020. Particular attention continues to be focused on urgent referrals whilst routine activity recommenced in March. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</p>			
<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>85.3%</b>
<p>Having recovered performance for diagnostics in Q3 of 2020/21 the onset of the second wave of the COVID-19 pandemic resulted in the suspension of routine activity during January and February and a resultant deterioration in performance. At the end of April performance had begun to recover with 85.3% of patients waiting less than 6 weeks compared to 31% in May 2020. Urgent (including urgent cancer) diagnostic tests continue to be prioritised. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</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>78.1%</b>
<p>April continued to see performance challenges. An increase in referrals and a consultant vacancy impacted on the Breast service, while there were delays to Oncology appointments in Colorectal due to annual leave and in Urology due to lack of capacity. Full staging requirements contributed to the Cervical breach. Initial referral to another specialty and delay to referral to tertiary Board resulted in the breaches for Lymphoma and Lung respectively. Lack of resources and routine staging and investigations contributed to the remaining breaches. The range of breaches were 4 to 70 days, with an average breach time of 20 days.</p>			
<b>FOI Requests</b>	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	<b>85%</b>	<b>95.4%</b>
<p>Since the implementation of AXLR8 in NHS Fife, 349 requests have been responded to. Of those, 316 (90.5%) have been responded to on time and 33 (9.5%) have been late. 45 requests are currently active, of which 7 (16%) are already late.</p>			

FOISA training for NHS and IJB personnel has been completed and the delivery of a new Publication Scheme for NHS Fife is underway, with EDG review and sign off to be completed in July.

**Delayed Discharges**

*The % of Bed Days 'lost' due to Patients in Delay is to reduce*

**5%      8.2%**

The number of bed days lost due to patients in delay rose sharply in April and is again above the target 5%. This is in part due to a rise in the number of unplanned attendances at the emergency department, which has resulted in an increase in hospital admissions.

**Smoking Cessation**

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

**473      226**

Although the non-pharmacy service was available throughout the pandemic, only a limited number of clients looked for support in the early days of lockdown although we have seen this increase over time. It has been much more difficult to factor in 40% most deprived clients as we do not know who will be contacting us seeking support (therefore supporting all who request help due to limited provision elsewhere). Initially there was client hesitancy to seek support due to limited understanding of the pandemic and the messaging of 'stay at home' (quitting maybe not seen as a priority during lockdown). The last 12 months has highlighted that service visibility and ease of access is key and being sited in GP practices/ Health Centre/community venues and the hospital setting means we can have wider reach and engagement.

**CAMHS Waiting Times**

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

**90%      68.4%**

Fife CAMHS RTT% figure has begun to drop against the national standard as work gets underway to address the longest waits. Whilst the focus of the majority of the workforce remains on those requiring urgent and priority interventions, the recruitment of staff to specifically address the longest waits has resulted in increased overall activity but a drop in RTT%. This pattern will continue as work progresses on the longest waits and new staff are recruited to meet ongoing demands.

**Psychological Therapies**

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

**90%      78.2%**

The reduced performance on the PT target in April was due to a larger proportion of the activity comprising people who have waited over 18 weeks. This impacted the target % within the psychology service tiers offering highly specialist therapy and within CAMHS. This reduction in performance was anticipated and had already been highlighted in CAMHS and PT recovery papers as an unavoidable consequence of tackling the backlog on waiting lists.

## f. Assessment (cont.) – Finance

		Target	Current
<b>Revenue Expenditure</b>	<i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>(£13.822m)</b>	<b>(£7.263m)</b>

### Month 2 financial position

The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises; a core overspend of £0.780m; Covid-19 spend of £4.386m; and £2.276m underlying unachieved 'long Covid' savings.

The total capital resource limit for 2021/22 is £25.319m. The capital position for the 2 months to May shows spend of £1.251m.

<b>Capital Expenditure</b>	<i>Work within the capital resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>£25.319m</b>	<b>£1.251m</b>
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The overall capital budget including the Elective Orthopaedic Centre for 2021/22 is £25.319m. The capital position for the year to May records spend of £1.251m. Therefore, 4.94% of the anticipated total capital allocation has been spent to M2.

## f. Assessment (cont.) – Staff Governance

		Target	Current
<b>Sickness Absence</b>	<i>To achieve a sickness absence rate of 4% or less</i>	<b>3.89%</b>	<b>5.07%</b>

Sickness absence levels continued to fluctuate during FY 2020/21. It is positive to note that the rates have improved when compared with FY 2019/20, with a reduction of 0.53% from the average rate. This is the best yearly average since FY 2016/17.

The sickness absence rate in April was 5.07%, 0.64% higher than in March, while COVID-19 related absence in the month affected approximately 1.22% of the NHS Fife workforce.

MARGO MCGURK  
Director of Finance and Performance  
20<sup>th</sup> July 2021

Prepared by:  
SUSAN FRASER  
Associate Director of Planning & Performance





## Report to the Board on 27 July 2021

### BOARD DEVELOPMENT SESSION – 29 June 2021

#### **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.

#### **June Development Session**

4. The most recent Board Development Session took place via MS Teams on Tuesday 29 June 2021. There were two main topics for discussion: University Linkages and Update on Strategy Development.

#### **Recommendation**

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

**TRICIA MARWICK**  
Board Chairperson  
01 July 2021

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>27 July 2021</b>
<b>Title:</b>	<b>COVID-19 Vaccination</b>
<b>Responsible Executive:</b>	<b>Scott Garden, Director of Pharmacy &amp; Medicines</b>
<b>Report Authors:</b>	<b>Ben Hannan, Chief Pharmacist</b> <b>Jason Cormack, Pharmacy Business Manager</b>

## 1 Purpose

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

- Discussion

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

**Please note – this paper was written on 14<sup>th</sup> July. Data and information within it is accurate at that date and subject to change given the nature of this fast moving programme.**

### 2.1 Situation

Mass vaccination of the population for COVID-19 vaccine is progressing at pace. At time of writing (14th July 2021), the Board has given 471,000 doses of vaccine, including 206,000 completed courses. The majority of health and social care workers, care home residents, clinically extremely vulnerable and those over the age of 50 have had both doses of vaccination.

The Board is continuing to vaccinate those in cohort 12 (aged 18-29) alongside a small number of bespoke groups. Scheduled first doses for cohort 12 will be complete by 19<sup>th</sup> July, with second doses continuing over the coming weeks and months.

At this time, the Board is undertaking a transition from a COVID vaccination programme, towards a Flu Vaccination & COVID Vaccination (FVCV) programme which will continue the work to date and deliver vaccinations over the Autumn and Winter, as phase 2 of this critical piece of work.

This paper provides the Board with an update on developments, priority areas, programme planning and additional information which has become available to NHS Fife.

## **2.2 Background**

There is a range of information which applies nationally, which members should be aware of.

### **Availability of Vaccine**

Supply of both AstraZeneca and Pfizer remain robust locally, and there are no concerns regarding the ability to complete vaccination of cohort 12 within Scottish Government directed timelines. Fife has not been supplied with the Moderna product: this is currently only available in three Scottish Boards: links are in place with these Boards to facilitate anyone new to Fife who requires a second dose of Moderna.

### **Nationally directed focus**

The national programme continues to provide direction on groups which require additional focus. At present, this includes initiatives to drive uptake within the 18-29 group, University students, and vaccination of seasonal agricultural workers. There is also a clear intention to make clinics as open as possible, with many now designated as 'drop-in clinics' only a weekly basis.

Regarding the 18-29 group, the Board has widely publicised the available drop in clinics and is working with Raith Rovers football club to provide a clinic on two matchdays at Starks Park. Further short term 'pop-up' clinics are planned for easily accessible locations in the coming weeks.

There are 13 farms in Fife which have been contacted by the Board to offer bespoke solutions to vaccinate their staff. This will be done via a combination of outreach (pop-up clinics on site at the farms) and facilitated appointments at existing clinics. Work has been undertaken to provide literature in relevant languages to support uptake.

The team working closely with St Andrews University to plan provision of vaccination to students arriving from August. Around half of the intake (10,000) will be arriving from abroad and the intention is to provide a bespoke service and facilitate engagement to ensure all students can have a completed course of vaccine.



Barriers to vaccination have been removed nationally. For example, citizens are now able to book or drop-in for vaccination in any Board area, regardless of where they live or are registered.

## **2.3 Assessment**

The local structure for COVID Vaccination is being closed from the end of July 2021. The FVCV programme structure has now been established, under the leadership of the HSCP Chief Officer. Much of the existing infrastructure will be retained, supporting organisational memory and ensuring a smooth transition. Workstreams on logistics, scheduling and workforce will be broadly similar, while the Programme Management Office is continuing to provide support for planning and governance.

The new programme will be responsible for the winter flu vaccination, and booster doses of COVID vaccination. Further directives from Scottish Government are awaited regarding the shape of this work, particularly timing of booster doses and a final list of eligible groups.

### **Logistics**

The programme continues to utilise four main vaccination centres in Kirkcaldy, Glenrothes, Dunfermline and Methil. These are supported by smaller sites in Oakley and St Andrews, ensuring coverage across Fife. To deliver the required outreach for the coming weeks and months, mobile vaccination units have been procured and these will provide flexibility in delivery.

### **Scheduling**

The Board continues to be engaged in the national scheduling system. This has been a source of considerable challenge throughout the life of the programme, and national system links remain a concern: for instance, the Board receives daily reports of the proof of vaccination portal not functioning for individuals, in spite of records being correct. The team have ensured the wider risks around these national systems, as experienced over the last seven months are recorded on the FVCV programme risk register.

Analysis of DNA and uptake rates has been undertaken and the Board continues to work to drive increased uptake wherever possible. As above, the addition of mobile vaccination units will support this and the increasing number of drop-in clinics enhances accessibility.

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

The Board has met Scottish Government demands on pace. It is felt that the bespoke pathways, for example for those with learning difficulties, have been successful.

A systematic review of Datix incidents has been undertaken, ensuring there is appropriate scrutiny and a learning system approach to delivery of care. There was a total of 44 incidents involving patient care recorded between 1st January and 25th April – this equates to two incidents per 10,000 patients. Investigation of these has prompted action driving improved compliance with local standards which in turn has been seen in the data with very few repeated issues.

### **2.3.2 Workforce**

The programme has now completed all recruitment and has a robust staffing model and a well-developed skill mix. Fife is in a leading position nationally regarding the new Healthcare Support Worker Vaccinator role and has 212 individuals employed in this role. There is no longer a significant reliance on contractors, whose support was critical earlier in the programme. With the bulk of staff being employed substantively for vaccination, the risk to the wider organisation and services is no longer of significant concern.

### **2.3.3 Financial**

The team continue to review and submit costs to Scottish Government. The existing funding bid was refreshed in June in line with Government direction.

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

The PMO manage risks on behalf of the programme and report to the Programme Director on a fortnightly basis as part of a wider risk-based approach to delivery. It has been agreed that all risks will be closed as part of the transition to FVCV with a new risk register being set up for that programme, informed by learning from the current register.

### **2.3.5 Equality and Diversity, including health inequalities**

The existing Inclusivity group will continue to support the FVCV programme. A revised EQIA will be developed incorporating learning from the existing approach. Substantial work has been undertaken in this area, supporting uptake amongst a range of groups including those experiencing homelessness and those with learning disabilities.

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

The programme has taken a proactive approach to communications with regular briefings to elected representatives and a wide range of public information and statements. There remains considerable interest in the programme from the media, who will be in attendance at a vaccination clinic for cruise ship staff in late July.

### **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.

- NHS Fife Clinical Governance Committee – 7 July 2021

- Executive Directors Group – 12 July 2021

## 2.4 Recommendation

The Board is asked to consider this paper for **discussion**, closely scrutinising plans and assumptions made in the development COVID-19 vaccination plans.

## 3 List of appendices

No appendices provided

### Report Contact

Benjamin Hannan

Chief Pharmacist

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<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>27 July 2021</b>
<b>Title:</b>	<b>COVID-19 Testing in Fife</b>
<b>Responsible Executive:</b>	<b>Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Duncan Fortescue-Webb, Clinical Lead for Test &amp; Protect</b>

## 1 Purpose

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

- Awareness
- Discussion

**This report relates to a:**

- Emerging issue
- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This report provides an update to the NHS Fife Board on proposed and existing Testing policy and activity within Fife. It provides an additional summary of proposals to augment testing carried out across Fife and summarises the main areas of risk and mitigation actions in place.

### 2.2 Background

On 4 May 2020, the Scottish Government published the Test, Trace, Isolate and Support (TTIS) Strategy (now known as 'Test and Protect') which set out plans to disrupt community transmission of COVID-19 in Scotland. This strategy laid out recommendations to:

- Increase testing capacity and availability
- Increase capacity to undertake high volume contact tracing

- Increase capacity to undertake complex contract tracing
- Improve support available to people who are asked to self-isolate, acknowledging that without support, self-isolation will be impossible for many people and this will result in ongoing community transmission of COVID-19

The vaccination programmes have so far achieved good coverage in older age groups, and continue to deliver second doses and reach younger age groups. This will reduce disease severity and fatality, but uncertainty remains about how effectively it prevents transmission of the virus, and how new disease variants may affect its efficacy. Therefore testing, tracing, isolation and support remain important.

Any COVID-19 testing intervention can only have an impact on transmission if it results in a behavioural change. Therefore our efforts continue to ensure timely: testing, communication of results, contact tracing, and provision of appropriate support (including financial and social support) to ensure people can isolate rapidly and effectively.

## 2.3 Assessment

Appendix 1 is a detailed table of current testing indicating the date the programme was started, rationale, and delivery model.

### 2.3.1 Current Testing Activity

Fife currently has a mixed model of testing which has developed over time. The table below illustrates the types of test we have currently deployed in Fife, their mode of delivery and which segments of the population that have access to them. The colour key is: Green boxes are established and operational, Amber boxes denote areas which require further development.

Grouping	Group Segment	Antibody	POC	PCR	Lateral Flow
Schools & ELC	School & ELC Staff	X	X	For Symptomatic by <b>UK Gov</b>	X2 per week
	Senior Pupils	X	X	For Symptomatic by <b>UK Gov</b>	X2 per week
Health Care Sector	Inpatients	X	On admission via <b>ED &amp; AU1 staff</b>	By Inpatient <b>HCW</b>	X
	Elective Patients	X	X	By <b>Community Testing Team</b>	X
	Health Care Workers	X	X	Occ Health by <b>Community Testing Team</b>	X2 per week
		X	X	<b>Possible Peer-to-Peer</b>	X
Social Care Sector	Care at home staff	X	X	Commenced, now rolling out	Commenced

	Care Home Visiting Professionals	X	X	X	Commenced
	Care Home Staff	X	X	By <b>Community Testing Team/Self taken and processed via East Region node</b>	Commenced
	Care Home Residents	X	X	By <b>Community Testing Team</b>	Satellite Testing
		X	X		By <b>Care Staff</b>
	Care Home Visitors	X	X	For Symptomatic by <b>UK Gov</b>	Satellite Testing
		X	X		By <b>Care Staff</b>
Universities	Staff	X	X	For Symptomatic by <b>UK Gov</b>	Satellite Testing
		X	X	By <b>Community Testing Team</b>	By University Team
	Students	X	X	For Symptomatic by <b>UK Gov</b>	Satellite Testing
	Students	X	X	By <b>Community Testing Team</b>	By University Team
Whole Population	Symptomatic	X	X	For Symptomatic by <b>UK Gov / MTU</b>	X
	Asymptomatic contacts	X	X	By <b>Community Testing Team</b>	X
	Asymptomatic	X	X	X	Community testing sites; LFD collect from test sites and pharmacies
	Underserved Communities	X	X	For Symptomatic by <b>UK Gov</b>	Satellite Testing; outreach testing
	Employer-led Testing	X	X	For Symptomatic by <b>UK Gov</b>	Amazon Other Employers
	High Prevalence Areas	X	X	MTU	Fixed and static sites; Roaming pilot to begin 21/6/21
	Community outbreak situations	X	X	Surge door-to-door delivery and collection of tests in planning 21/6/21	Door-to-door delivery and collection of tests in planning 21/6/21
	Contacts	X	X	For All by <b>UK Gov</b>	X

Workplaces	Food processors, food distributors	x	x	For Symptomatic by UK Gov	X
	Other workplaces				Commenced - Workplace Collect

### 2.3.2 Testing Programme Update of sites in Fife

The testing sites are reviewed weekly based on testing rates, case rates, known outbreaks, community vulnerabilities, and wastewater testing. We currently use a mixture of fixed sites, and mobile sites.

Funding has been secured to increase to seven fixed sites and three mobile sites until March 2022. (These are in addition to existing testing sites provided by UK Gov and SAS.) Suitable sites have been identified, equipment secured, and staff are being recruited. This will allow a hub and spoke model, with static sites acting as a base for more agile mobile testing units and initiatives such as door-to-door test delivery if required.

In order to increase the population able to access our testing sites, we have also begun a month-long 'South Fife Roaming Pilot'. In this, one mobile site moves between five sites in areas of high prevalence, visiting one each day of the week.

Following the experience in Glasgow, where door-to-door delivery and collection of test kits was successful in increasing testing coverage in selected areas in an outbreak situation, we are piloting a similar scheme in order to be prepared in the event this is required.

### 2.3.3 Community Testing

The model Fife has adopted uses Lateral Flow devices to identify individuals who may be at high risk of carrying and infecting others with COVID-19. If an individual is positive, they are subsequently tested with a PCR test, offered initial contact tracing, and offered further welfare advice and subsistence in the form of food packages. This is in order to provide the support required to isolate.

The testing sites also provide LDF kits for people to take home for regular self-testing, and support people to understand how to use and report the results of these.

### 2.3.4 Testing Programme Approach and Governance

Testing is overseen by the Fife Test & Protect Oversight Group, which includes partners from the NHS, health and social care partnership, and council. This group reviews testing data, changes to national and local guidance, and whether the testing programme is working efficiently and effectively. The group is chaired by a consultant in public health, and reports to senior NHS and council. The group reports via the Director of Public Health.

### 2.3.5 Laboratory Prioritisation

Appendix 3 outlines the NHS Fife laboratory prioritisation list. This list has been agreed by the Medical Director, the Clinical Lead for laboratories, Public Health Consultant with testing strategy remit, and has been reviewed by the NHS Fife Scientific and Technical Advisory Cell (STAC). All groups on the list have access to testing, but where there are short-term supply issues in laboratory supplies that limit local capacity, tests taken from groups lower

down the prioritisation list will be sent to NHS Lothian for testing. Currently laboratory capacity is good.

### 2.3.6 Quality/ Patient Care

Access to timely testing for symptomatic patients is essential for clinical management and safe patient placement within the hospital. Timely and accessible testing of symptomatic individuals within the general population is essential for the success of the Test and Protect programme in order to disrupt chains of community transmission and protect public health. The programmes are monitored and evaluated, including exit interviews with people who attend test sites.

### 2.3.7 Workforce

The testing of asymptomatic staff and Lateral Flow testing programme will continue to be essential to support staff health and wellbeing and to protect patients.

Workforce will be required to deliver the testing programmes and current work is ongoing to work with NHS, HSCP, Council and Voluntary sector to carry out the proposed plans. Engagement with staff side representatives is in progress. The workforce requirements for the new community testing proposal are extensive. Recruitment is ongoing, but increasingly difficult as seconded and interim staff increasingly return to their usual roles.

### 2.3.8 Financial

Finance aspects of specific testing programmes are reviewed through the appropriate management pathway. There are not acute funding pressures.

### 2.3.9 Risk Assessment/Management

The more detailed areas of risk in relation to the various testing programmes in Fife are summarised in the table below. A programme risk register is being updated.

Risk	Mitigation
<p>Results</p> <ul style="list-style-type: none"> <li>• Concern regarding the quality and accuracy of Lateral Flow Devices</li> <li>• Concern regarding the interpretation of Lateral Flow Devices is not standard, and can reduce the sensitivity and specificity of the test</li> <li>• Concerns in potential harms of false negatives in lateral flow devices – including individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Consider that no change in behaviour is required on the basis of results. In care home settings, no change in behaviour or public health restrictions will be recommended on the basis of a negative LFT result</li> <li>• Consideration be given to the supervision of NHS staff who may be carrying out their first test. Extra training has been carried out for care home staff carrying out this test</li> <li>• Suggested monitoring of all LFD programmes supported by Scottish Government – local discussion of digital</li> </ul>



<p>assuming a negative result equates to non-infectiousness</p>	<p>and IG solutions to assist with this monitoring currently. Discordant LFD and PRC results are reviewed.</p>
<p>Data flow</p> <ul style="list-style-type: none"> <li>• Tests via NHS Fife labs – person requesting the test gives result – potential for OOH delay for community cases</li> <li>• Tests via UK programme – limited context information when results comes through to Test &amp; Protect team</li> <li>• Long-term sustainability of staff testing programme</li> <li>• Delay in data flow / national solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Communication to clinicians reminding of responsibilities for sharing results and informing contact tracing team when result is shared; automated notification system in development for community testing pathways.</li> <li>• Contact tracers obtain more contextual details</li> <li>• Automated notification systems are available.</li> </ul>
<ul style="list-style-type: none"> <li>• Vulnerable symptomatic groups in the community who can't access UK programme</li> </ul>	<ul style="list-style-type: none"> <li>• Test and Protect Inclusion group set up and supported by mobile testing units, and supported by bid to Scottish Government</li> <li>• Evaluation work with social care providers in Fife is ongoing around barriers to access and how best to resolve these</li> </ul>
<p>Transmission</p> <ul style="list-style-type: none"> <li>• Symptomatic people attend asymptomatic testing, and therefore exposure at testing site</li> <li>• Lateral flow tests have a higher rate of false negatives potentially creating the opportunity for further virus transmission.</li> </ul>	<ul style="list-style-type: none"> <li>• Using lessons learned from other centres, having queue managers to identify these individuals and take them to a separated 'red zone' for PCR test, with red transport home.</li> <li>• Careful communication in ongoing with the public that a negative LFD is not a 'all clear'</li> </ul>
<p>Staff who carry out testing</p> <ul style="list-style-type: none"> <li>• Existing programmes identify that staff wellbeing is particularly important in test centres as they are dealing with public with no break from this environment and this is challenging</li> </ul>	<ul style="list-style-type: none"> <li>• Staff engaged around wellbeing and how to raise concerns.</li> <li>• Ongoing recruitment from the NHS, council, voluntary sector, and public.</li> </ul>

<ul style="list-style-type: none"> <li>Recruitment of sufficient staff numbers for all sites is difficult.</li> </ul>	
<p>Resilience</p> <ul style="list-style-type: none"> <li>Concern for resilience for staff absence at test sites</li> </ul>	<ul style="list-style-type: none"> <li>By design the mobile testing units will be able to be deployed at short notice to provide additional testing if required</li> <li>Staff will be trained in several roles to cover for shortage at site. Using a network of sites, staff may be redeployed between sites dependent upon activity</li> </ul>

### 2.3.10 Equality and Diversity, including health inequalities

A differential access to testing within the general population is a concern, however specific programmes of work outlined above seek to address these inequalities. A comprehensive impact assessment has not been completed.

### 2.3.11 Other impact

Nil

### 2.3.12 Communication, involvement, engagement and consultation

Issues relating to testing are raised at the relevant Oversight Group or STAC meeting and escalated as required.

## 2.4 Recommendation

- NHS Fife Board is asked to **note** the contents of the paper for awareness and **consider** the new developments as part of the ongoing expansion of COVID-19 testing programmes.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1: Testing Policy and Delivery in Fife
- Appendix 2: Testing programme updates
- Appendix 3: NHS Fife Laboratory Prioritisation
- Appendix 4: Terms of Reference Test and Protect
- Appendix 5: Community Testing Evaluation

### Report Contact

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## Appendix 1: Testing Policy and Delivery in Fife

Category	Group(s)	Date started	Rationale	Delivery in Fife
Acute patient care	All ICU patients; All symptomatic patients admitted to hospital	Since start of outbreak	<ul style="list-style-type: none"> <li>To ensure patients receive the necessary and specific clinical care, and to protect against onward transmission.</li> </ul>	NHS Fife clinical staff take samples: NHS Fife laboratory process tests; results via team that arranged test
Health and social care key workers	All symptomatic NHS and social care key workers or symptomatic household members	24 March	<ul style="list-style-type: none"> <li>To enable health and social care staff to return to work when safe to do so.</li> </ul>	Community testing team operate a drive-through testing site 6 days / week at Cameron Hospital, home tests available for those without private transport; NHS Fife laboratory process tests; results via Occupational Health
Care home residents	All symptomatic care home residents	15 April (since start of pandemic where local outbreak suspected)	<ul style="list-style-type: none"> <li>All symptomatic care home residents tested to ensure that all appropriate measures are then taken to protect residents.</li> </ul>	NHS Fife Community Testing Team take samples; NHS Fife lab carry out test; results via Health Protection Care Home Support Team

<b>Category</b>	<b>Group(s)</b>	<b>Date started</b>	<b>Rationale</b>	<b>Delivery in Fife</b>
Care home residents	All ages discharged into care homes from hospital and admitted to care homes from community (symptomatic and asymptomatic)	22 April	<ul style="list-style-type: none"> <li>To provide reassurance for care home residents, families, and care home staff</li> <li>All COVID-19 patients discharged from hospital should provide 2 negative tests before discharge, unless risk assessed by Public Health. For non COVID-19 patients being discharged from hospital, and new community admissions, single test is sufficient.</li> <li>Discharge admissions to be accompanied by full risk assessment and 14 day isolation.</li> </ul>	Clinical team take sample for patient in hospital; NHS Fife Community Testing Team take sample for admission from community; NHS Fife lab carry out test; results via clinical team (hospital discharge) or Health Protection Care Home Support Team (admission from community)
Acute patient care	All over 70s (symptomatic and asymptomatic) admitted to hospital	29 April	<ul style="list-style-type: none"> <li>All hospital admissions over the age of 70 regardless of whether they present symptoms tested, recognising higher risk and vulnerability these patients have, and potential to present atypically.</li> <li>If negative test, further tests conducted every four days to allow for potential false negatives and/or subsequent infection (subject to consent).</li> </ul>	NHS Fife clinical staff take samples: NHS Fife lab carry out test; results via team that arranged test (awaiting outcome of national review)
Care home residents	Asymptomatic Care home residents and staff where there is at least one confirmed case	1 May	<ul style="list-style-type: none"> <li>One suspected case of COVID-19 should be considered by care homes as trigger for contacting the local Health Protection Team in order to initiate an investigation.</li> <li>Health Protection Teams ascertain the extent of infection in a care home and identifying how many residents and staff are affected, by testing all residents and staff when there is at least one confirmed case</li> </ul>	NHS Fife Community Testing Team take samples; NHS Fife lab carry out test; results via Health Protection Care Home Support Team

<b>Category</b>	<b>Group(s)</b>	<b>Date started</b>	<b>Rationale</b>	<b>Delivery in Fife</b>
Care home residents	Group/linked care home testing	1 May	<ul style="list-style-type: none"> <li>Given potential for staff who work for group/chain home providers to move between homes, upon an outbreak in one home, testing conducted in linked homes to protect against transmission between homes.</li> </ul>	NHS Fife Community Testing Team take samples; NHS Fife lab carry out test; results via Health Protection Care Home Support Team
Care placements	Children being moved between or to new care placements	14 May	<ul style="list-style-type: none"> <li>In emergency situations when a child is being accommodated or moved between care placements, if the child has been in contact with an individual with symptoms of Covid-19, or with someone who has tested positive for the virus, or if the child has returned from having absconded to unsafe situations where the risk of infection has been unclear, a decision on whether it is appropriate for a child in this situation to be tested should be made locally in discussion with the Health Protection Team.</li> </ul>	Sample arranged via local testing pathway appropriate to situation by Health Protection Team; NHS Fife lab carry out test; results via Health Protection Team
General public	Anyone age 5 and over with symptoms	18 May (prior to 12 March – those meeting case definition)	<ul style="list-style-type: none"> <li>Identifying cases in the community through testing is integral part of Test and Protect approach</li> </ul>	Drive through self-taken swab (Regional testing centre e.g. Edinburgh Airport, or Mobile Testing Unit e.g. Glenrothes) or self-taken home-test; UK lab carry out test; results via text message to individual
General Public	Anyone who is a symptomatic contact (as identified by Test and Protect) of a confirmed case	28 May	<ul style="list-style-type: none"> <li>A fast turnaround for a result is needed in order to interrupt chains of transmission (they might otherwise access the UK testing programme via usual route when the turnaround time is quicker and more reliable)</li> </ul>	NHS Fife Community Testing Team take samples (drive-through or mobile team); NHS Fife lab carry out test; results via Health Protection Team
General Public	Symptomatic contact as part	28 May	<ul style="list-style-type: none"> <li>Setting-specific testing arrangements may be required to ensure testing for large</li> </ul>	NHS Fife Community Testing Team or MTU take samples (ad hoc site-specific

Category	Group(s)	Date started	Rationale	Delivery in Fife
	of an community outbreak setting		number of contacts in a timely way in order to support outbreak management	arrangement); NHS Fife or UK lab carry out test; results via Health Protection Team or UK programme
General Public	Anyone age 5 and over with symptoms who can't access UK testing programme	2 June	<ul style="list-style-type: none"> <li>• They do not have access to a mobile phone</li> <li>• They do not have access to transport to get to a drive-through appointment and home-testing is unsuitable due to cognitive, physical or sensory impairment</li> <li>• They do not have the language skills to navigate the system</li> <li>• Their social circumstances are unstable</li> </ul>	Self-referral via NHS24 into Fife Triage hub, community testing team take sample; NHS Fife lab carry out test; result via triage hub
Primary Care	Anyone seen at COVID Assessment Centre with symptoms	2 June	<ul style="list-style-type: none"> <li>• They have been assessed via the triage hub and given an appointment at the COVID Assessment centre based on clinical risk</li> <li>• Testing required as for all general public, but will also inform clinical management</li> </ul>	COVID assessment centre staff take swab; NHS Fife lab carry out test; result via Triage Hub
Primary Care	Anyone at home under with symptoms under GP or District Nurse / other community Health professional care	2 June	<ul style="list-style-type: none"> <li>• Patient may be too unwell or frail to access UK programme drive-through for a self-taken swab or to manage to arrange a take self-taken swab via a home-test kit</li> </ul>	Telephone request from health professional to NHS Fife Triage Hub; swab taken at COVID assessment centre or mobile Community Testing Team; NHS Fife lab carry out test; result via Triage hub

<b>Category</b>	<b>Group(s)</b>	<b>Date started</b>	<b>Rationale</b>	<b>Delivery in Fife</b>
Care home residents	Sample surveillance testing in care homes	8 June	<ul style="list-style-type: none"> <li>Sample testing introduced – by definition, those homes where there may not be any cases, for surveillance and to better help identify early any homes at risk of outbreak. Local policy – rolling programme of 10% (min 5) sample from residents.</li> </ul>	NHS Fife Community Testing Team take samples; NHS Fife lab carry out test; results via Health Protection Care Home Support Team
Care home residents	Rolling (weekly) testing of all care home staff – both symptomatic and non-symptomatic	8 June	<ul style="list-style-type: none"> <li>Risk of transmission within a care home as a result of the contact from care workers.</li> </ul>	Self-taken swabs ordered on weekly basis by care home manager; UK Lighthouse laboratory carry out test; results by text message direct to individual
Acute patient care	Babies born to confirmed or suspected COVID-19 mothers who are admitted to the neonatal unit	Policy under review	<ul style="list-style-type: none"> <li>Test at 72 hours of age and repeat test 48 hours later</li> </ul>	NHS Fife clinical staff take samples: NHS Fife laboratory process tests; results via team that arranged test

<b>Category</b>	<b>Group(s)</b>	<b>Date started</b>	<b>Rationale</b>	<b>Delivery in Fife</b>
Planned patient care	All planned overnight and day-case admissions which have signs and symptoms of COVID-19 as per NHS Fife screening checklist and where delayed admission is not possible	Policy under review (currently all planned surgery and pre-endoscopy patients are being tested)	<ul style="list-style-type: none"> <li>To guide patient placement</li> <li>NHS Fife document 'Strategy for SARS-CoV-2 testing for patients seen in hospital for clinic appointments, trauma and emergencies in a COVID-19 endemic environment' under review</li> </ul>	NHS Fife clinical staff take samples: NHS Fife laboratory process tests; results via team that arranged test
Education	All university students	28/11/2020	<ul style="list-style-type: none"> <li>To identify and isolate any COVID-19 cases prior to travel at end of term prior to travel home at end of term</li> </ul>	St Andrews university staff obtain and interpret Lateral Flow Device tests, positives are retested in UK.gov testing site, repeat equivocal are retested by NHS Fife community Testing team. Results by text message direct to individual.
Hospital patient care	Hospital Admissions – emergency	30/11/2020	<ul style="list-style-type: none"> <li>Detecting COVID-19 cases to enable appropriate patient placement</li> </ul>	Led by Andy Mackay & Lynn Garvie
Planned patient care	Hospital Admissions – planned	Mid December	<ul style="list-style-type: none"> <li>Detecting COVID-19 cases to enable appropriate patient placement</li> </ul>	Led by Andy Mackay & Lynn Garvie
Health care key workers	Healthcare Workers	01/12/2020	<ul style="list-style-type: none"> <li>add to the layers of protection in place for staff and patients via methods to ascertain asymptomatic cases of COVID-19 in staff</li> </ul>	Led by Rhona Waugh
General Public	Social Care - Care Home Visitors	07/12/2020	<ul style="list-style-type: none"> <li>add a layer of protection to those vulnerable care home residents via methods to ascertain asymptomatic cases of COVID-19 in lay visitors</li> </ul>	Led by Fiona Mackay



<b>Category</b>	<b>Group(s)</b>	<b>Date started</b>	<b>Rationale</b>	<b>Delivery in Fife</b>
Social care key workers	Social Care - Visiting Professionals	Mid December 2020 – for all NHS staff  From 11 January 2021 - for non-NHS staff	<ul style="list-style-type: none"> <li>add a layer of protection to those vulnerable care home residents via methods to ascertain asymptomatic cases of COVID-19 in staff</li> </ul>	Led by HSCP
Health and social care key workers	Social Care – Care at Home	From 11 January 2021	<ul style="list-style-type: none"> <li>add a layer of protection to those vulnerable care home residents via methods to ascertain asymptomatic cases of COVID-19 in domiciliary staff</li> </ul>	Led by HSCP
General Public	Community Asymptomatic Testing	Early December	<ul style="list-style-type: none"> <li>case finding of cases of COVID-19</li> </ul>	Led by Fife Council
Education	School (staff and senior pupils)	February 2021	<ul style="list-style-type: none"> <li>case finding of cases of COVID-19 in education staff and senior pupils</li> </ul>	Led by Fife Council
Workplace	Food processors, Food distributors	March 2021	<ul style="list-style-type: none"> <li>Testing to support safe, essential services in a sector that is critical to ensure that the public can maintain access to food supplies.</li> </ul>	TBC
General population	Contacts of cases	February 2021	<ul style="list-style-type: none"> <li>Testing to case find in individuals known to be exposed to confirmed COVID-19 cases</li> </ul>	Automatically initiated by Sg/NSS/PHS and tested by PCR via UK Gov Lighthouse Lab

## Appendix 2 – Progress Updates from Testing programme

Objective	Lead	Progress Update	Risks Identified
Objective1- Develop a whole system DCAQ Tool to serve as a centralised management information source for Fife	Josie Murray	Links made with Public Health Scotland and local Information & Digital colleagues re: data flow and current reporting. Development of tool underway	Data flows insufficient to allow tool to be useful
Objective 2- Develop a Social Care Testing strategy and delivery mechanism (Staff, Visitors, Residents, supported people)	Fiona McKay	National Guidelines in place for Care Home testing. Working with Scottish Care to ensure awareness, education, support and engagement across Fife. Care Homes over 90% compliance – though care homes still closing due to COVID-19	New guidelines issued for Care at Home workforce – this will be much more complex to implement. Data flow incomplete.
Objective3- Underserved Communities - Responsive Services & use of mobile units / satellite testing	Mark Steven	Inclusion approach to COVID-19 approved by LRP Strategic Subgroup and operationalisation in planning. Go-Live 1 April 2021. Links with wider community testing and rapid response workstreams	None articulated
Objective 4- Self-Management (info and advice) & Training for those in a test administering role.	TBC	The development of training for patient facing roles in testing teams is advancing.	Those who are being tested are unsure of how to follow guidance/misapplying techniques of self testing, and potentially transmitting virus
Objective 5- Development of a Staff (Peer) Testing strategy and protocols	Rhona Waugh	Staff testing progressing well. Asymptomatic Testing in place for Cancer Wards, Old Age Psychiatry & LD. Lateral Flow Tests phased by Operational Unit, including Vaccinators, Urgent Care Service and front facing support services staff, with the addition of any identified clusters. January student intakes covered.	Loss of staff due to a positive test remains a high risk associated with this testing programme. Lack of access to data in sufficient quality does not allow targeting of particular groups to encourage uptake  Outbreak reports to STAC suggest some staff have poor swabbing technique
Objective 6- Rapid and effective response to areas of high prevalence	TBC	Scottish Government call for proposals closes 8/01/21. Fife proposal developed.	Highly complex programme of work, significant resource requirements to

(subject of a recently developed bid for Scottish Government funding)			implement, ongoing operational costs covered by ring-fenced ScotGov funds.
Objective 7- Ensuring there is a robust Data Flow into Fife intelligence systems (all cohorts, all tests, all delivery mechanisms)	Lesly Donovan / Marie Richmond	Programme currently being scoped.	TBC
Objective 8- Expanding capacity of Labs to process tests / most effective use of current capacity	Josie Murray / Donna Galloway	<p>Evaluation of new technologies ongoing, establishment of POC testing in VHK. Plans for regional nodes testing progressing.</p> <ul style="list-style-type: none"> <li>Lothian are comfortably able to manage the number of specimens that we are currently sending them. Numbers will increase and there are plans for Care Home specimens to be tested using regional resource (rather than the Lighthouse)</li> <li>The East Region hub goes live on 21st January but capacity there will be limited for the first few weeks until staff are trained, etc.</li> </ul>	There is an awareness that demands for testing will only increase and we will try to keep pace but have agreed a national prioritisation list which will be similar to what we already have for Fife.

### Appendix 3: NHS Fife Laboratory Prioritisation

i) NHS Lothian have been approached and have agreed to test 200 samples / day if required.  
ii) The laboratory has introduced triage criteria in order to manage capacity. Priority for testing in NHS Fife will be given as follows; from high **(1)** to low **(13)**. When capacity is reached, the lowest priority samples will be referred to NHS Lothian for testing in the first instance: highlighted in red; starting from (9). Once NHS Lothian capacity is also reached, testing of lower priority test groups will need to be suspended:

- (1) Symptomatic hospital admissions / in patients and care home residents**
- (2) Asymptomatic ICU / SHDU, Pre-surgical and in-patient Endoscopy testing**
- (3) Hospital Patients waiting discharge to care homes**
- (4) Drive thru testing – health care staff / their family members**
- (5) Testing asymptomatic staff with positive lateral flow tests**
- (6) Testing babies born to COVID positive mothers at day 3 and day 5.**
- (7) Asymptomatic care home residents in outbreak settings**
- (8) Asymptomatic staff in ward outbreak settings**
- (9) Weekly screening of asymptomatic babies requiring aerosol generating procedures or ventilation**
- (10) Admission screening of asymptomatic mental health patients**
- (11) Admission screening of asymptomatic emergency care / maternity patients**
- (12) Admission screening of asymptomatic planned care patients**
- (13) Day 5 screening of asymptomatic hospital patients**

iii) NHS Fife Microbiology is in regular contact with our commercial suppliers regarding consumables and is actively engaged in procuring alternative testing solutions (e.g. NumoDx platform).

## Appendix 4

### TEST AND PROTECT (T&P) OVERSIGHT GROUP TERMS OF REFERENCE (Updated 21/6/2021 in yellow)

#### 1 AUTHORITY

The Test and Protect Oversight Group is a Silver Command Group and part of the COVID-19 Response for NHS Fife.

#### 2 PURPOSE OF THE GROUP

To provide oversight of the Test and Protect Programme for cases of Covid-19 and their contacts. The group has a **co-ordination role** in ensuring the different elements of the cross-sectoral Test and Protect programme are working together and are capable of scaling up or down depending on circumstances.

It has a **governance role** to ensure the programme meets the required standards and assure NHS Fife that the national Public Health approach of Test, Trace, Isolate and Support in Fife is delivered effectively, risks are managed adequately and the programme is demonstrating improvements in performance over time.

Executive Lead: Joy Tomlinson, DPH

The group reports to the Fife LRP Covid Strategic Co-ordinating Group and EDG Gold.

#### 3 ROLES AND SPECIFIC DUTIES

- Oversee the collation and provision of data for the purposes of surveillance and programme management to inform operational and strategic functions.
- Ensure processes and capacity for Testing are in line with national guidance and local professional advice in order that NHS Fife is finding cases of Covid-19 in a timely manner and health and care services are able to operate in a covid-secure manner.
- Ensure that Test and Protect processes are planned, implemented and reviewed so that potential impacts on inequalities are identified, assessed and mitigated and vulnerable population groups are protected
- Ensure processes and capacity for Testing, Case Investigation and Contact Tracing are in line with national guidance and local professional advice in order that Fife can be confident that cases are self-isolating, their contacts identified and put in quarantine for the required period and other measures for control of transmission are in place and this is done in a timely manner to prevent onward transmission of coronavirus.
- Ensure processes and capacity for supporting people whilst isolating are in place and where necessary this is in accommodation outwith their usual place of residence in line with national guidance and local professional advice.
- Ensure accurate, up to date and consistent messages are communicated to the public, staff and other agencies to maximise the uptake and impact of the T&P programme in ultimately eliminating the spread of coronavirus in Fife.
- Model, review and anticipate variations in case numbers and mobilise workforce and resourcing (finance and digital) accordingly.
- Evaluate the programme using an agreed set of process indicators and outcome and share learning with local and national agencies and networks.
- Ensure good governance is designed and executed throughout the programme and undertake small audits of this to provide assurance.
- Identify and manage risks associated with the Test and Protect programme, keeping a risk log, escalating if unable to manage adequately to the Executive Lead and recording escalated risks on Public Health Risk Register.

- Ensure Test and Protect Programme is integrated with the wider Covid-19 response in Fife and nationally including outbreak prevention and management, remobilisation of health services, the local resilience response and aims to reduce health inequalities.
- Report to Covid-19 Strategic Co-ordinating Group on actions specified in the Fife Covid-19 Strategic Framework

#### **4 CORE MEMBERSHIP**

- Duncan Fortescue-Webb Programme Lead (Chair)
- Brenda McFall Head of Transformation & Change (Deputy Chair)
- Julie O'Neil Public Health Manager
- Marie Richmond IT & eHealth Manager
- Derek Sloan ID Consultant
- Rhona Waugh Senior HR Manager
- Kirsty McGregor Director of Comms
- Fiona Mackay General Manager, H&SCP
- Paul Vaughan General Manager, Fife Council
- Nigel Kerr Head of Protective Service, Fife Council
- Donna Galloway Laboratory Service Manager
- Clare Campbell Data and Intelligence Lead
- Mark Steven Inclusion Coordinator
- Natalie Wilson Administrative Assistant
- Andrew Henry-Gray Project Support Officer

The Oversight Group is supported by several Implementation Groups which are responsible for managing the day-to-day operation and co-ordination of the T&P programme. Other sub-groups may be required to work on specific issues.

#### **5 QUORUM**

The Quorum for any meeting will be decided by the Chair or Deputy Chair present.

#### **6 FREQUENCY OF MEETINGS**

The T&P Oversight Group meets fortnightly. Meetings will be scheduled for 2 hours by video conferencing (Teams).

#### **7 ADMINISTRATIVE SUPPORT**

The Oversight Group will be supported by the Programme Management Office until such time as its work is seen as core business for public health or the Covid-19 Strategic Co-ordinating Group. A summary note of decisions taken will be made and circulated to the Oversight Group and shared with the Health Protection Team.

#### **8 LIFESPAN**

The T&P Oversight Group will continue to meet for as long as the NHS Fife COVID-19 Response is active.

#### **9 CONDUCT OF THE GROUP**

The T&P Oversight Group will conduct its business in accordance with the Nolan principles and the values of the NHS Fife Board. Decision making will be open, transparent and evidence based.



## **Local to National Reporting Proforma – Community Testing Evaluation**

### **Please submit by 1<sup>st</sup> June 2021**

To support further understanding of the Targeted Community Testing programme at this stage, we welcome your response to a number of questions. These are presented below a broad summary of understanding of Community Testing to date.

**Health Board/Local Authority: Fife**

**Contact: - Mhairi Gilmour, Public Health Research & Development Officer**

**Email: - mhairi.gilmour@nhs.scot**

**Date: - 1<sup>st</sup> June 2021**

### **Programme level understanding to date**

#### **Context in Scotland**

Restrictions are easing, compliance has improved recently after previously declining since January and contacts have increased – cases may be expected to rise, already being observed in some areas with concern about variant B.1.617.2 (“Indian variant”). Hospitalisations and deaths are low.

A sizeable gap still remains between modelled cases and those detected by testing.

A large proportion of the adult population has been vaccinated but many still remain at risk and vaccination impact on transmission is still to be fully understood.

Community testing is just one of many pathways of testing. Pathways are being developed continuously and of particular relevance is Universal testing, which was fully launched 26 April enabling anyone to obtain an LFD test kit by ordering online, or collecting from local/regional test sites and increasingly from MTUs. The vast majority to date have been ordered online.

**Targeted community testing** is intended to be data driven placement of testing capabilities to best support identification of cases, especially hidden (non-symptomatic) cases to stop chains of transmission.

Building capability is intended to help create the infrastructure to be able to detect cases now, but also better manage potential future rise in cases or outbreaks.

#### **Models of testing**

Models are varied across and within local partnerships and have evolved over time. Key changes are as follows, but different models exist in each local area:

- MTU only - the expansion of targeted community testing initially involved deployment of MTUs offering PCR tests only and testing both symptomatic and non-symptomatic people.
- MTU +/- ATS - From 11<sup>th</sup> February ATS started to be established in a few health boards and has since grown offering LFD testing for non-symptomatic people in targeted communities. Not all Boards have offered both.
- MTU +/- Pop-up/mobile ATS - ATS tended to be fixed but increasingly pop-up versions have been created. The next evolution has been to develop mobile ATS to reduce time to set up and avoid issues around availability of appropriate sites.



- MTU with LFD collect +/- mobile ATS - Most recently has been the addition of offering LFD kits to collect from MTUs in addition to their PCR testing. Only a few boards are trialling this at present.

### **Community testing understanding and impacts**

**Cases identified** – to 9 May 6,989 (2114 of which were non-symptomatic)

**Targeting** – Community testing has consistently had the highest positive case rate (0.7% as at 10 May) for its LFD testing when compared to other LFD pathways such as University testing (0.3%) and Healthcare workers (0.1%) and for total LFDs (0.1%).

Community testing has shown early encouraging signs of reaching more deprived groups (SIMD1) which other research indicate are typically less likely to come forward for testing. However, further analysis is required.

**Community testing trends** – testing had decreased from a peak in March in line with decreasing incidence. There is a tendency towards increased proportion of testing taking place through MTUs.

**Influences on uptake** – Overall, capacity appears much underutilised, but context is important to understanding this better and may change if prevalence increases again.

A range of barriers and motivations have been described and are being addressed through enhanced communications nationally and locally with communications and engagement remaining a key aspect of targeting.

**Unintended consequences** – a positive consequence is that some partnerships have used community testing as another opportunity to engage with some groups and offer wider well-being support.

## **Questions**

**As much as possible, please state the evidence on which your responses are based (where applicable) and feel free to illustrate with data**

NB: We acknowledge that partnerships are at different stages with Community Testing with different resources. Please complete as far as possible, but we accept there may be some gaps.

### **What helps support targeting to achieve case identification and good reach**

1. Given the primary aim of Community Testing is to find cases and break chains of transmission, how successful or not do you feel you have been at finding cases and why?

*Our weekly data review is used to identify locations for deployment of asymptomatic testing in Fife. We have identified COVID-19 cases across all sites and this will be in part attributable to the methodology used to identify locations. In addition, test sites are generally located in areas of vulnerability where people may have multiple barriers to accessing testing through alternative routes. Due to this, there will be cases identified who would have otherwise been missed.*

#### **Asymptomatic Test Sites: LFD Testing**

- 76 positive LFD results from 5583 LFD tests: 1.4% positivity
- From these, 69 positive PCR results (91%)
- 90% “British~ English~ Northern Irish~ Scottish~ or Welsh”





- Majority of uptake has been from most deprived areas

- Age profile:**

Age group	%
<15	8%
15-24	11%
25-34	15%
35-44	15%
45-54	18%
55-64	18%
65+	16%

- SIMD Profile**

SIMD Q	%
MDQ	34%
2	22%
3	17%
4	12%
5	13%

- Multiple visits (CHIs)**

Number	%
1	82%
2	12%
3	3%
4 or more	3%

### Asymptomatic Test Sites: PCR results (for people without LFD tests)

- 65 cases found via PCR testing (for people without LFD tests) from 574 PCR tests: 11% positivity
- Majority of uptake has been from most deprived areas

- Age Profile**

Age Group	%
<15	21%
15-24	12%
25-34	15%
35-44	13%
45-54	15%
55-64	14%
65+	9%

- SIMD Profile**

SIMD Q	%
MDQ	38%
2	25%
3	14%
4	9%
LDQ	11%

- 98% of people visited once, 2% visited twice

### Community Response Units with PCR Testing:

- 21 cases found from 1100 tests: 1.9% positivity
- Majority of uptake has been from most deprived areas

- Age profile**

Age group	%
<15	14%
15-24	6%
25-34	11%
35-44	14%
45-54	14%
55-64	19%
65+	22%

- SIMD Profile**

SIMD Q	%
MDQ	23%
2	25%
3	28%
4	13%
LDQ	9%

- Number of visits (CHIs)**

Number of visits	%
1	88%
2	8%
3	2%
4 or more	2%



2. How have you assessed success?

- *Case identification and uptake of testing.*
- *Uptake of support: 145 support forms completed, 69 mobile phones provided, 30 referrals to partner organisation for support re energy provision, 21 referrals for financial support, 24 referrals for food provision, 3 referrals for mental health support.*
- *More work is ongoing to support people to adhere to isolation.*

3. In your experience what has helped most to achieve good case detection?

- *Use of data to deploy testing resources*
- *Targeted testing at an early level of case detection to improve uptake and identify further cases*
- *There has been positive feedback from the community engagement sessions and anecdotal evidence of this encouraging people to come forward.*
- *Looking into effectiveness of community engagement events moving forward*

What has not worked so well?

- *Engagement could be improved with those who don't undertake testing – working on this for the next phase*
- *Being able to use data at an early stage to target community engagement. This was more challenging for the pop-up pop down approach.*

4. Any suggestions for changes to improve targeting? Eg what you may be planning to try or for others to consider?

- *Increasing the breadth of data that we use including vaccination uptake data and LFD deliver/ collect data.*
- *Developing relationships with partners who are already engaging with groups to allow us to build COVID testing into existing services/ pathways. Particularly for groups we traditionally find difficult to engage with.*
- *As we move to a new model we will be utilising a range of new communications channels to widen reach. Whilst social media proved effective during lockdown, the channels that we could use were more limited eg radio, leaflet drop and did not always result in increasing footfall. More visible channels such as outdoor advertising will be explored alongside additional routes for more targeted work, including building on the work we have undertaken with community leaders.*
- *Having static/fixed sites will give us an opportunity to do some stakeholder mapping and community profiling with colleagues in the Fife Council Community Teams. It will also be useful to build in systematic processes to move quickly to respond to the data to best target community engagement to those who are often less well served and traditionally reached by the Public Sector.*

5. Have you experienced any limitations on your ability to conduct effective targeted community testing?

**Yes**

- a. If yes – please describe what these are/have been
  - *Targeted testing is informed by the data which is reviewed on a weekly basis. The ability to review the data for testing as a whole is limited as we do not have access to LFD deliver and*



*LFD collect registrations. Therefore, we can only make decisions on deployment of resources based on limited information.*

- *We also do not have data on test site registrations who do not subsequently attend and this would be helpful in understanding the barriers to access and addressing these.*
- *The data review highlights areas and/or target cohorts within the community and whether these groups can readily access testing at existing ATSS or whether a Community Testing Response Unit or SAS MTU requires to be set up. As the lockdown restrictions ease the availability of community facilities for the required welfare to support these mobile testing units has become a challenge.*
- *Availability of venues for fixed sites is also a challenge as is availability of venues that meet SAS requirements when looking to deploy SAS resources (e.g. sufficient car park space, sites that a queue wouldn't impede traffic flow).*

b. What solutions, if any, have you planned or applied?

- *A number of solutions have been tried including the use of non-Council premises, however, the lead-in time increases and introduces delays. We have also/are also exploring collaboration with the vaccine centres to have co-located premises*
- *We also work with SAS when issues arise around deployment sites*
- *Two welfare vans have been ordered to support our Community Testing Response Units – this will greatly improve the speed of deployment and allow for more flexibility when selecting sites in the target areas.*

6. How aware are local communities of community testing in their neighbourhoods?

- *In the immediate neighbourhood there is generally good awareness. In the first phase of the programme a wide range of communications were undertaken. Analytics show engagement with audiences (particularly via social media) although this may not always be replicated in footfall. Following feedback from communities we revised our communications messaging to ensure that it was clearer and more concise.*
- *We have worked with community influencers and held community engagement events but more engagement work is required to understand knowledge of testing and the barriers to testing.*

7. What is helping most to ensure awareness and how do you know?

- *Social media has been a key channel to date in reaching people across Fife, as well as word of mouth. Web analytics and data from the exit survey has shown good engagement and, for social media, as the primary route individuals who attended a site found out about testing.*
- *Audience understanding has also improved – with fewer negative comments and queries around the community testing process.*
- *Community groups, leaders and influencers continue to play an invaluable role in pushing out the message.*
- *Going forward, we need to develop this and perhaps shift this role/focus to be more about those who don't attend the sites rather than those who do.*



## Public attitudes and behaviours

8. In your area, what is the level of public acceptability of community testing and willingness to get tested?
  - *People attend for testing and we have a good proportion of return visitors, building a pattern of routine testing in some people. More work is required in relation to those who don't attend for testing to understand this. Also need to appreciate the various options for different testing streams- e.g. workplace, healthcare*
  - *After short-term deployment of testing in specific areas, we would like to work to engage with the community on how they can use other testing streams such as LFD collect and deliver so they are not as reliant on services always coming to the community as we have limited resource for covering all of Fife.*
  - *Feedback from the national testing and attitudes survey would be welcomed.*
  
9. What is the level of people's understanding of where and how to get a test depending on whether they are symptomatic, a contact or have been offered asymptomatic community testing?
  - *PCR testing data shows people identify themselves according to whether they are symptomatic, a contact or asymptomatic (in the case of our Community Response Testing Unit)*
  - *More work required in relation to those who don't attend for testing to understand this.*
  - *Would welcome national feedback from attitudes survey- this may need to be repeated now we are in a different place from national lockdown*
  
10. Are there particular population groups who are not engaging either due to low awareness or for other reasons? **Don't know**
  - *At present, don't know. Need to do some work on uptake data for each area and compare to community profile. Need to understand who is coming for testing and from where. Although test site located in a particular geography, our experience is those keen for testing will come from other areas to access it.*
  - *To look at uptake of testing by particular group, we are limited on the data collected by UK system if we do not have our own in place e.g ethnic group which are not the standard categories*
    - a. If yes – what groups and why?
  
11. What are:
  - b. the top 5 motivations for getting tested at the community testing sites?  
*Exit interview data suggests people get tested "to find out if I have covid".*
  - c. the top 5 barriers to get tested?  
*Fear of having to self-isolate and not being able to work/care for loved ones  
Further work needed with those people who don't come forward for testing.*
  - d. What evidence are the responses to a and b based on?  
*Exit interview, Anecdotal evidence*



12. Are there particular motivations and/or barriers evident for specific population groups? **Don't Know**
13. If yes, please describe what you understand these to be and based on what evidence
- *Don't know for sure but from local intelligence 'myths' around testing, inability to isolate due to requirement to work, concerns about immigration status, understanding of testing process, language barriers.*
14. How are barriers and motivations being addressed?
- *Worked with comms to develop resources in different languages, worked with community influencers.*
15. What has worked well with communications and engagement around barriers and motivations, and how do you know?
- *From the start of community testing we have ensured that all relevant materials – site booklets, leaflets/flyers etc were translated into community languages. In addition through our Equality and Human Rights team we have engaged with organisations for the blind and deaf blind to disseminate information. Our colleagues in Fife Voluntary Action have also helped to push out messaging.*
  - *Community influencers sessions with senior public health colleagues helped demystify peoples questions. Community leaders have been supportive of community testing and have helped to raise awareness within their own communities eg video with local Imam and then sent round networks, and we have completed targeted work with groups eg food banks. We have had a recent example with testing deployed to Mosque- working closely with community leaders, testing uptake from this and appetite for testing to continue.*
  - *The support aspect of community testing has been included in all messaging.*
  - *We will continue to work with different group and communities to break down barriers and look to gather evidence around these and motivators.*
16. Do you offer additional support to help self-isolate as part of community testing over and above what was already on offer in your area? (ie something more than additional signposting)? **Yes**
- e. If yes, what is additional?
- *1:1 support interview in person is not currently offered anywhere else - has generally been phone or online contact. Those requiring food support leave the centre with a food parcel to feed themselves and their family for 3 days. Whilst having the 1:1 support interview, staff members are able to identify if there are any other needs additional to those in the support forms (phone, food, fuel) and action what is needed there and then e.g. hardship fund applications, support to source other shopping deliveries that may be a significant barrier to self-isolation*
- f. What, if any evidence, is there of whether it is helping or not?
- *145 support forms completed, 69 mobile phones provided, 30 referrals to partner organisation for support re energy provision, 21 referrals for financial support, 24 referrals for food provision, 3 referrals for mental health support.*
  - *More work is ongoing to support people to adhere to isolation.*
  - *Also, work going on re: self isolation adherence. Plan for contact tracers to call on Day 5.*



- *Case study: Ms C*
  - *Ms C is a mum of 4 who came to the centre with 2 of her younger children. She identified at the initial stages of the process she would need food and would like a welfare support 1:1. After testing negative she talked to Steph who was on duty that day. Whilst initially it was difficult for Ms C to open up (she became very emotional) we discovered there were many things going on for her. She had been unable to work as one or other of the children had to self-isolate on pretty much a back to back basis, her benefits just weren't stretching as far as she was having to shop local due to asking neighbours for help when she had to stay indoors with her children (all under 12)*
  - *Ms C tested negative, however through her chat with Steph we were able to get her food for the next 3 days. She was also able to access the hardship fund which gave her monies to pay her bills. We also discovered in the conversation that she had limited online access and therefore could not order food online. We were able to link Ms C with the Connecting Scotland Programme and she has recently received a device and unlimited internet access. Our welfare support assistant also followed up with a call to do a benefits check with Ms C to ensure she was claiming everything she was entitled to.*

### Community testing in the longer term

17. How has the Universal Available Offer impacted how community testing is operating in your area?
  - *We have the LFD data by geography but at present we can't differentiate these two categories from the rest in 'Other' so unable to accurately gauge how Universal Available Offer has impact community testing*
18. What, if any, any unintended consequences are you aware of from community testing (both positive or negative)?
  - *Unconfirmed but anecdotal evidence of negative test results causing a change in behaviour in relation to no longer needing to follow government restrictions.*
  - *There will be an impact of false negatives and we're not able to accurately measure this at present which is a big limitation and risk of the programme.*

### General

19. If you wish, please provide comment on the understanding presented at the beginning and how that relates to your local partnership.
  - *The understanding presented at the beginning of this Reporting Proforma helps to add context and provides a wider picture of targeted community testing.*
  - *Test sites identified through the data appear to be more effective in identification of cases.*
  - *Test uptake does remain low but the identification of cases is arguably a more important outcome.*
  - *Multiple barriers and motivations to be addressed- main challenge at present is vaccination and the messages around testing post vaccination.*
20. If you wish, please provide any other feedback on community testing.



- *Testing overall would benefit from a more coherent and joined up approach across all policy areas to make it easier for the public to understand and take up the testing opportunities. By having multiple routes into testing to make, there are almost too many options for people to choose from which is confusing. Messaging needs to be clearer and simplified.*

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>27 July 2021</b>
<b>Title:</b>	<b>Corporate Objectives</b>
<b>Responsible Executive:</b>	<b>Carol Potter, Chief Executive</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning and Performance</b>

## 1 Purpose

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

- Decision

**This report relates to a:**

- Corporate Objectives

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Corporate Objectives 2021/22 have been developed through the Strategic Planning and Resource Allocation process and represent the key objectives to be delivered in 2021/22.

This paper describes the process to agree the collated corporate objectives through the SPRA process for 2021/22 and also includes a reflection and review on the delivery of last year's Corporate Objectives for approval by the Board.

### 2.2 Background

Each year a review and objective setting exercise is completed for the Corporate Objectives. 2019/20 and 2020/21 were years characterised by a major disruption of services due to COVID-19. The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery.

The SPRA process completed by all NHS Fife services provided key service objectives and this was shared with EDG in March. Continued discussions throughout April, May and June with directors at EDG meetings refined the objectives further to their current state.



The Corporate Objectives have been discussed at the 3 committees of the Board during July.

## 2.3 Assessment

Each director reflected and reviewed their corporate objectives for 2020/21 and their reflections can be found in Appendix 1 of this paper. COVID19 had a significant impact on all aspects of health care and the review of the corporate objectives describes the increase in pace of some clinical transformation and the slowing down of progress against other objectives. These changes have been taken forward to next year's objectives.

As previously mentioned, the process for developing the corporate objectives was approached differently this year using the SPRA process. Earlier in March 2021, an EDG workshop agreed the Strategic Priorities for the Organisation going forward and this will be the framework used to provide assurance to the board of the delivery of the Corporate Objectives. The Strategic Priorities are:

1. To Improve Health and Wellbeing
2. To Improve the Quality of Health and Care Services
3. To Improve Staff Experience and Wellbeing
4. To Deliver Value and Sustainability

Each director was asked to confirm the corporate objectives they were the lead for and then were asked to identify their role in the other corporate objectives. The roles covered L for lead, C for contributing director, S for supporting director and I for information.

The Corporate Objectives have been discussed in detail with the director over the past few months at EDG meeting and the proposed objectives have been agreed including the role of each director against each Corporate Objective.

The proposed Corporate Objectives for 2021/22 can be found in Appendix 2.

### Summary

The review of the corporate objectives for 2020/21 provides assurance to the Board that the objectives for the organisation are still relevant and appropriate. The objectives for 2021/22 are now aligned to NHS Fife's Strategic Priorities and will be aligned to the 'in development' Population Health and Wellbeing Strategy.

#### 2.3.1 Quality/ Patient Care

Corporate Objectives are aligned with providing high quality and good patient care.

#### 2.3.2 Workforce

Corporate Objectives are aligned with workforce development and support

#### 2.3.3 Financial

Corporate Objectives are aligned with financial implications

#### 2.3.4 Risk Assessment/Management

n/a

### 2.3.5 Equality and Diversity, including health inequalities

Corporate Objectives are aligned with equality and diversity

### 2.3.6 Other impact

N/A

### 2.3.7 Communication, involvement, engagement and consultation

### 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.

- EDG Corporate Objective meetings 26/28 April 2021
- EDG Strategy meeting 7 June 2021
- Staff Governance Committee 1 July 2021
- Clinical Governance Committee 7 July 2021
- Finance, Performance and Resource Committee 13 July 2021

## 2.4 Recommendation

The Board is asked to

- **Agree** to the Corporate Objective for 2021/22 and note the review of the Corporate Objectives 2020/21.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1: Review of Corporate Objectives 2020/21
- Appendix 2: Corporate Objective 2021/22

### Report Contact

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Associate Director of Planning and Performance

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APPENDIX 1: Corporate Objectives 2020/21 REVIEW	Lead Director
<b>PERSON CENTRED</b>	
Improve complaints process to respond more effectively and efficiently to patient issues	Director of Nursing
<i>Review:</i> COVID-19 had a significant effect on the complaints process. The process was put 'on hold' as clinicians' focus was on dealing with the pandemic. Holding letters went out to complainants explaining the situation to them. Some members of the patient relations team were redeployed into other teams to support services.	
Improve patient, public and partner engagement and participation with on-going strategic change agenda	Director of Nursing
<i>Review:</i> Over the last year there has been 24 requests to the Participation & Engagement Advisory Group (PEAG) for support. Most notable are the large pieces of work such as the development of the Lochgelly and Kincardine health and wellbeing centres, the mental health strategy and urgent care redesign.	
To work with local partner to address the wider determinants of health in order to prevent and reduce health inequalities in Fife.	Director of Public Health
<i>Review:</i> <ul style="list-style-type: none"> <li>- Key member of Fife Partnership Board and Communities and Wellbeing Partnership, Opportunities Fife, Economic Partnership, Children's Partnership and Welfare Reform and Anti Poverty partnerships looking at how our partnership work can prevent and reduce inequalities</li> <li>- Joint lead with Fife Council of Fife Child Poverty Action Plan</li> <li>- Lead for Food Insecurity work in Fife ensuring access to food and support for families who need it</li> <li>- Lead for whole systems approach to obesity prevention amongst children and young people working with local authority, health and social care and voluntary sector partners</li> <li>- Key member of Food for Fife partnership development group linking together environment, sustainability, climate change, access to affordable healthy food, the food economy and procurement</li> <li>- Chair of Community Safety Partnership</li> <li>- Employability – health promotion service workplace team needs assessment determining workforce needs with employers across Fife</li> <li>- Financial inclusion – working with voluntary sector to provide financial advice to staff and to patients</li> <li>- Fuel poverty – working with colleagues in Fife Council housing services to improve information on housing and health to staff and to patients</li> </ul>	
<b>CLINICALLY EXCELLENT</b>	
Create and nurture a culture of person-centred approach to care recognising the COVID-19 sensitive situation	Medical Director/ Director of Nursing
<i>Review:</i> Promoted use of digital technology to facilitate contact between patients and their families. Supported compassionate / essential visiting, understanding how difficult this was for patients, their families and staff.	
Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	Medical Director

*Review:*

Due to the pandemic this objective has been slower to progress, however the leads remain in position and a recently appointed project manager will facilitate the work moving forward.

Phased implementation in line with Phase 1 of the refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly

Director of Health and Social Care

The Fife Mental Health Strategy 2020/24 was formally approved by the (IJB) on 28th February 2020.

**20/21 was dominated by impact of COVID:** Some of the positive progress that has been made in response to COVID is: Reduction in acute admission beds by 26% to meet infection control standards; Need to manage more activity in the community and ensure good patient flow; Positive impact on the quality of care – staff patient ratios improved; 24 bedded units rather than 30. (Optimal 18-20); Rapid acceleration of alternatives to face-to-face contacts; Use of Near Me increased; Use of telephone contacts significantly increased; Use of MS Teams for Clinical Team Meetings and Management Meetings; Digital is not a panacea but a platform for a blended model going forward. Increased focus nationally on mental health and wellbeing / estimate of 9% increase in incidence of mental health issues related to pandemic; Directive to fully mobilise mental health services during pandemic, Commitment to increased funding for mental health services including staff support; £1.3 million to Fife for Community Living Fund; Action 15 funding used to support primary care/A&E and work with 3rd sector; Development of an Emergent MH in Primary Care Recommendations supporting primary care transformation and early intervention

**CAMHS/PT** - Comprehensive review of need undertaken with national team. Additional funding in 21/22 to assist with CAMHS and PT waiting times.

**Estates Redesign:** The estates project is at Stage 1; Initial Agreement; Options Appraisal; Public Consultation

**Development of community mental health teams:** Commenced whole system redesign across all care groups, supports Multidisciplinary Working, Embedding AHPs within Teams; Development of Duty Worker System and Review of specialist roles/functions

**Growing Care home liaison team:** Redesigning support for care home residents; Enhanced workforce skills; Nursing team able to provide support and advice; focusing on both preventing deterioration and support during acute episodes; Aim to maintain in community where possible and appropriate; Accelerate discharge with support; Directly linked to OA CMHTs

**Unscheduled Care:** Expansion of Unscheduled Care Team Supported by Action 15 monies; Introduction of ANP posts to support A&E; Closer links with Primary Care and the Unscheduled Care Hub' Mental Health Emergency Service

**Inpatient services:** Wards operating with reduced bed numbers; Reduced incidents; Increased therapeutic activity; Reduced lengths of stay; Environmental improvements; Green Gyms installed; Focus on Physical Health Care improvements

To ensure effective resilience capacity in Fife and ensure the effective delivery of the COVID -19 Strategic Framework for Fife

Director of Public Health

*Review:*

- Co-chair of Fife Resilience Partnership
- Chair of Fife Resilience Partnership COVID Subgroup covering local incidence, response, testing and partnership working around matters such as support for those who are shielding
- New system in place for Business Continuity Assurance within NHS Fife
- NHS Fife Resilience Forum continues to have oversight of resilience matters in Fife
- Care for People Group – a few different people attended over the year (George, Neil, Lucy, me)
- Community Assistance Hubs saw development and establishment of multidisciplinary teams in 7 local areas

Maintain and audit the system of Safe & Secure Use of Medicines Management	Director of Pharmacy
<p><i>Review:</i> As a result of the COVID19 pandemic the Safe and Secure Use of Medicines Audit Programme was disrupted. However, the audit programme was re-prioritised to ensure that areas of highest risk were taken forward in line with available capacity. A new timetable for the audit and assurance program has been developed and has been signed off by the Safe Use of Medicines Group for 21-24.</p> <p>The following audits were completed in 20/21</p> <ul style="list-style-type: none"> <li>• Ward CD audits; Fridge audits and medical gas audits</li> <li>• Observation audit for Controlled drugs administration in Theatres</li> <li>• Audit of keys safes across all wards and departments was completed</li> </ul> <p>The SUMPP document has been maintained updated with Covid-19 changes throughout the last 12 months by the group and through Pharmacy Silver throughout the pandemic.</p>	
Reduce Healthcare Associated Infections recognising the COVID-19 sensitive environment	Director of Nursing
<p><i>Review:</i> The IPCT supported NHS Fife with best practice in line with national guidance as per the four UK countries COVID-19 guidance for IPC in healthcare settings/ the mandated National Infection Prevention and Control Manual. This guidance is in line with current IPC advice and guidance that is used by NHS Scotland to manage the response to COVID-19 as the situation evolves: The IPCT surveillance programme has continued throughout 2020/21 in line with the CNO letter (2020) Scottish Government temporary changes to routine surveillance requirements, with a pause in Surgical Site Infection Surveillance as requested.</p>	
Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date	Director of Nursing
<p><i>Review:</i> Framework refined following Board Development Sessions focussing on risk tolerance and risk appetite. Board Assurance Framework is reviewed regularly by relevant Committees.</p>	
Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care	Director of Nursing
<p><i>Review:</i> The Excellence in Care Programme is currently on hold due to the pandemic response. NHS Fife has, however, continued to collect data which is displayed on the CAIR dashboard. The Senior Nurse for Excellence in Care has provided support and training for areas in relation to EIC and quality improvement.</p>	
Work to develop and embed systems & services to reduce avoidable hospital admissions supporting winter pressures, sustainability and value	Director of Health and Social Care
	Director of Acute Services
<p><i>Review:</i></p>	

The COVID pandemic resulted in significant changes to the way hospital admissions are managed. Initially Emergency Department attendances and hospital admissions reduced. The Acute Services Division introduced a Medical Admissions Co-ordinator (MAC) role to support the flow of patients into the hospital ensuring that patients would receive the right care, in the right place and by the right person. This role was undertaken by a senior clinical decision maker, Consultants in the main and supported access to the acute setting. This role has continued across the year and is viewed as supporting emergency access appropriately.

Managing this year's winter pressures and delay has required significant whole system working. The Directors Oversight group and weekly and daily operational meeting worked well and have informed a platform for this coming year to move towards 365 planning.

Positive feedback from winter review event that took place in April 2021. Some of the key highlights include

**Commencing unscheduled care transformation & Establish Flow and Navigation hub**

**Urgent Care Services Fife (UCSF):** supports COVID community pathway, palliative care support line, Flow navigation hub (01/12/20) and MIU at SACH OOH; Care delivered via telephone/Near me consultation, assessment centres or home visits. Clinically lead with consistent oversight real time and retrospectively – assurance re safe service' Activity over winter remained constant but due to pandemic majority of care managed initially via telephone consultation to support safe appointing and flow; Reduction in admissions maintained over winter – well below KPI of 10%

**Length of Stay and Delayed Discharge:** Length of stay in Community Hospitals significantly reduced from previous year consistently over winter. Over the past 12 months Fife, with the exception of a few spikes there has been Tangible reductions in Delay evidenced in both acute and community hospitals. With only a few expectations, the discharge performance over the past year has significantly exceeded previous performance. This is despite having to open surge beds at QMH over the winter.

**Established and maintained a multi-agency care home hub.** Supporting reviews in all care homes and now established until 2022 in first instance. There have been significant care home closures throughout winter 2021 and through the daily huddles, assurance group and directors oversight group there is significant support been offered. Close working with Scottish care to support partnership working.

**Home care services** including managed and external providers have been supported and using business intelligence have been able to be more sustainable in maximising capacity in local runs.

The MAC role worked well in conjunction with the COVID hub and assessment centre over both waves of the pandemic with a direct professional to professional line to support the appropriate direction of patients and to expedite the transfer of patients from the COVID assessment centre to the Emergency Department.

To support demand, capacity and flow across the system an integrated capacity tool was developed. This tool incorporates data from across community and acute services and it supports service planning to manage foreseeable operational pressures. The Acute Services Division and the HSCP meet daily to look at the tool and to plan accordingly.

Develop links with St Andrews University medical school through the SCOTGEM programme aspiring towards university status	Medical Director
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*Review:*  
This objective remains a live issue with the announcement in the change in legislation allowing STA University to once again award a Primary Medical Qualification. This objective will be adjusted and carried forward into 2021/22

Provide clinical support and professional leadership to Care Homes during 2020/21	Director of Nursing
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*Review:*  
Care Home team established with Head of Nursing, Care Home Lead Nurse and Care Home Liaison nurses appointed. Infection Control Nurses appointed to support infection control practice in Care Homes. Excellent working relationship between the nursing team and the Care Homes.

**EXEMPLAR EMPLOYER**

Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	Director of Workforce
<i>Review:</i> A light workforce strategy was produced reflecting the transformation plans due to the pandemic.	
Develop arrangements which support effective Talent Management and Succession Planning requirements	Director of Workforce
<i>Review:</i> This objective was superseded by work in response to COVID-19 including, fast track induction, L&D revised delivery model and development of digital delivery. The foundations of the framework are in place and manager have a range of tools available to them currently to enable talent management and succession planning to be undertaken.	
Ensure compliance with Staff Governance standards and the principles and values of the 2020 / Everybody Matters strategy in line with national policy.	Director of Workforce
<i>Review:</i> This work was successfully completed and compliance with SG Standards maintained.	
Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff	Director of Workforce
<i>Review:</i> A desktop exercise was completed to ensure the infrastructure and training environment was appropriate. Changes were made in some aspect of the learning and development (training) environment to account for the restrictions during COVID-19 pandemic. See section 1 above	
Maximise participation in the staff engagement survey and ensure feedback received informs workforce practice for 2020/21	Director of Workforce
<i>Review:</i> This was completed. Nationally the decision was taken to conduct a Pulse Survey, instead of the iMatter survey, this was successfully undertaken. Results were published at a directorate level, support provided to reflect on and consider the data provided from the survey results and for team to action as/if appropriate.	
Ensure effective staff engagement and communication – develop and implement an effective internal communications strategy	Director of Workforce
<i>Review:</i> The focus of this work during the year was to maintain effective communication with our staff and recruits on the impact and changes as a result of COVID-19 as well as ensuring StaffLink was effectively used. There has been early engagement with Head of Comms on the further development of an internal communication strategy.	
Implement statutory safe staffing across all wards in accordance with new legislation	Director of Nursing
<i>Review:</i> Legislation currently on hold however workforce planning training and supporting staff and clinical areas is ongoing. Work ongoing to develop Realtime risk assessment process for inpatient wards with scope to develop in community areas. Use of workforce tools to support vaccination programme.	
<b>SUSTAINABLE</b>	
Refresh and embed the joint Transformation Plan for NHS Fife to deliver the triple aim supporting sustainability and value recognising	Director of Finance and

the COVID-19 sensitive environment whilst continuing the re-design and transformation of services following COVID-19	Strategy,
<i>Review:</i> Due to COVID the transformation programme was paused. However, the pandemic enabled the acceleration of other transformation work which has been captured in the Remobilisation Plan. The Strategic Planning and Resource Allocation (SPRA) was implemented in 2020 and will be used to shape the change programme in Fife along with the developing Population Health and Wellbeing Strategy, Strategic Priorities and Remobilisation Plan.	
Review and refresh Fife's Clinical Strategy for 2021-2026	Medical Director
<i>Review:</i> This objective will be carried forward into 2021/22	
Develop the Property and Asset Management Strategy to support strategic transformation & performance	Director of Estates and Facilities
<i>Review:</i> <ul style="list-style-type: none"> <li>• A further iteration of the PAMS was developed as an interim document and approved by the NHS Board in March 2021.</li> <li>• The document and work behind the strategy support the transformation agenda and detail the key risks and performance of the estate</li> <li>• The PAMS was delivered later in the year than anticipated due to the Covid-19 Pandemic</li> <li>• Work is already ongoing in relation to next year's iteration of the PAMS</li> </ul>	
Deliver Full Business Case for the Fife Elective Orthopaedic Centre	Director of Nursing
<i>Review:</i> Programme on track.	
Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance	Medical Director
<i>Review:</i> Digital and Information Strategy agreed and published in 2020.	
Deliver medium term strategies for revenue and capital	Director of Finance & Strategy
<i>Review:</i> This has been completed for 2020/21	
Develop performance framework to support delivery of Remobilisation Plan	Director of Finance & Strategy
<i>Review:</i> Performance updates reported and incorporated in the Integrated Performance and Quality Report during 2020/21 and updates on actions included in subsequent remobilisation plans.	
Deliver effective corporate governance to the organisation	Director of Finance & Strategy
<i>Review:</i> Review has been undertaken and completed for 2020/21	
Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance and ensure key training compliance targets are in place	Director of Estates and Facilities
<i>Review:</i>	



- NHS Fife remains in compliance with Health and Safety legislation
- The organisation (one of 2 Health Boards) was visited by the HSE in November/December 2020 and they carried out an inspection of our Covid-19 arrangements in clinical and non-clinical areas. This resulted in an Action Plan to address any deficiencies and a management response was given at the end of January 2021. Any remedial actions have been addressed and so far have satisfied the HSE to date.
- All key training requirements were met in full for Authorised Persons (AP) and Authorised Engineers (AE) to ensure compliant safe and effective management of our estate.

Evidence progress against 6 outcomes of Integration in line with 2020/21 delivery plan.

Director of Health and Social Care

*Review:*

**Integration Scheme:** The position of the Integration Scheme in Fife has been accepted by Scottish Government acknowledging the work will be concluded in coming months.

**Development Sessions and Scheme of Delegation with IJB:** The development sessions with the IJB has led to shared understanding of the future governance structure which will be able to be implemented pending conclusion of Integration Scheme.

**MSG Indicators:** Progress can be evidenced across the range of areas outlined above demonstrating that despite COVID there has been improvement in both pace and scale of integration in Fife.

**MSG - Finance Indicators** - Agreement has been reached with partners for the CFO to have a post to support the role - further discussion with partners on how to build this team will progress through the regular meetings with CEO and DOF and CFO that are now in place. Discussion in principle re progressing set aside in year 2021/22. The IJB budget was set by 31 March 2021. For the first time since the IJB began the reserves policy has been utilised. There has been discussion with partners and the IJB regarding "the Fife pound". Whilst further work to be done - there has been progress on MSG financial Indicators.

**MSG Collaborative Leadership Indicators:** Well established COCO and CFO/DOF, and HRD meetings. Winter has demonstrated strong working with acute services. COVID has demonstrated strong whole system working including independent and vol sector. - need to build on this into the coming year. The development of an extended leadership team has supported discussion regarding leadership/culture/workforce.

**MSG Indicators for Governance:** Agreed the approach to Clinical and Care Governance which will be brought formally to the IJB following completion of the integration scheme. Directions policy has been developed which will be signed off at April IJB. Further work needed in relation to a shared understanding of the IJB role with partners.

**MSG Indicator Engagement:** Have worked with the Carers rep to develop and review induction and support in line with the national standards. Participation and engagement process being reviewed following publication of the new planning with people policy framework.

HEPMA Full Business Case to be completed and approved through governance committees and Fife Health Board. Plan for implementation developed.

Director of Pharmacy

*Review:*

Full Business Case approved by Fife Health Board in November 2020. Programme Dashboard attached with progress.

APPENDIX 2

NHS Fife Corporate Objectives 2021/22

	Medical Director	Director of Nursing	Dir of Public Health	Dir of Fin & Strategy	Director of Workforce	Dir of Pharmacy & Medicines	Dir of Property Asset management	Dir of Acute Services	Dir of Health and Care Services
<b>1. To Improve Health and Wellbeing</b>									
1.1. Work to address poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife	C	C	L	C	C	C	C	C	C
1.2. Establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities.	C	C	L	C	C	C	C	C	C
1.3. Collaborate in the East of Scotland Partnership for the prevention and reversal of Type 2 Diabetes	C	C	L	C	S	C	S	C	C
1.4. Provide an effective dental public health function for Fife and the East Region dental public health network	C	C	L	C	S	C	S	S	S
1.5. Deliver the Fife Child Poverty Plan with Fife Council and other partners	S	S	L	S	S	C	S	C	C
1.6. Establish a new system for the review of drug related deaths and increase prevention activity jointly with the Alcohol and Drug Partnership	C	C	L	S	S	C	S	C	C
1.7. Deliver an effective health protection function, including an enhanced COVID response, the Test and Protect programme and immunisation programme	S	S	L	S	C	C	S	C	S
1.8. Develop and implement a system wide medicines safety programme with an initial focus on high risk pain medicines	C	C	C	S	S	L	S	C	S
1.9. Plan and deliver the COVID vaccination programme, before handing over to operational delivery	C	C	C	C	C	L	C	C	C
<b>2. Improve the Quality of Health and Care Services</b>									
2.1. Collaborate and redesign urgent care services supported by the Acute Service and HSCP teams	L	S	S	C	S	C	S	C	C
2.2. Identify priorities to deliver high quality, patient centred, sustainable cancer services to the people of Fife.	L	C	C	C	S	C	S	C	C
2.3. Develop feasibility and implementation plan for transition to Teaching and Research (University) Health Board status	L	C	C	C	C	C	C	C	C
2.4. Develop workforce capabilities and capacity to support research, development, and innovation growth, including creation of an NHS Fife innovation framework.	L	C	S	S	S	C	S	C	C
2.5. Ensure the Digital Delivery Plan is aligned to the Strategic Priorities and enables the remobilisation and redesign of plans for services	L	C	C	C	C	C	S	C	C
2.6. Develop and commence the implementation of a digital learning and education framework	L	C	C	C	C	C	S	C	C
2.7. Provide clinical support and professional leadership for Care Homes	S	L	C	S	S	C	S	S	C
2.8. Reduce Healthcare Associated Infections	C	L	S	S	S	C	S	C	C
2.9. Provide assurance on the quality of care delivered by nurses, midwives and AHP	S	L	S	S	S	S	S	S	S
2.10. Promote Person Centred Care in COVID and post COVID environment	S	L	C	S	C	S	S	S	S
2.11. Implement Safe Staffing legislation	C	C	S	S	L	C	S	C	C
2.12. Develop and implement an integrated pharmacy strategy and re-design of services that transforms the way we care for patients and their medicines	C	S	C	C	C	L	S	C	C
2.13. Deliver HEPMA implementation plan	C	C	S	C	S	L	S	C	C
2.14. Initial agreement (IA) and Outline Business Case (OBC) developed and approved for the automation of the pharmaceutical supply chain (Robotics)	S	S	S	C	S	L	S	S	S
2.15. Deliver Pharmacotherapy service in line with national direction and GMS contract	S	S	S	S	S	L	S	S	S
2.16. Redesign the front door of the Acute Services to improve performance and patient experience	S	S	S	C	S	C	S	L	C
2.17. Establish a Rapid Assessment and Discharge Unit to schedule the unscheduled urgent care of frail people	C	C	S	C	S	C	S	L	C
2.18. Implement Phase 1 of the refreshed mental health strategic framework for Fife	C	C	S	C	S	C	C	C	L
2.19. Implement a Home First Initiative for Fife	S	C	S	S	S	C	S	C	L
<b>3. Improve Staff Experience and Wellbeing</b>									
3.1. Enhance Staff Health and Wellbeing	C	C	C	C	L	C	C	C	C
3.2. Develop and deliver Phase 1 of the framework to improve leadership capability and embed talent management and succession planning	C	C	C	C	L	C	C	C	C
3.3. Attract, recruit and retain a high-quality Workforce	C	C	C	C	L	C	C	C	C

## NHS Fife Corporate Objectives 2021/22

	Medical Director	Director of Nursing	Dir of Public Health	Dir of Fin & Strategy	Director of Workforce	Dir of Pharmacy & Medicines	Dir of Property Asset management	Dir of Acute Services	Dir of Health and Care Services
<b>4. Deliver Value &amp; Sustainability</b>									
4.1. Deliver planned elective Orthopaedic centre build	C	L	S	C	S	C	C	C	C
4.2. Deliver timely and accessible communications with stakeholders on the delivery and development of person-centred health and care services	C	L	C	C	C	C	C	C	C
4.3. Deliver an effective resilience function for NHS Fife	C	C	L	C	C	C	C	C	C
4.4. Supporting the development of the Health Hub business plans for Lochgelly and Kincardine - OBC September 2021	S	S	L	C	S	S	C	S	C
4.5. Develop the medium-term financial strategy	C	C	C	L	C	C	C	C	C
4.6. Develop the Population Health and Wellbeing Strategy	C	C	C	L	C	C	C	C	C
4.7. Deliver improved governance across all aspects of procurement	C	C	C	L	C	C	C	C	C
4.8. Deliver the Strategic Planning and Resource Allocation process for 2022/23	C	C	C	L	C	C	C	C	C
4.9. Develop and deliver corporate PMO capacity and capability	S	S	S	L	C	S	S	S	S
4.10. Develop the NHS Fife Workforce Strategy 2022-25	C	C	C	C	L	C	C	C	C
4.11. Develop the Property & Asset Management Strategy	C	C	C	C	C	C	L	C	C
4.12. Ensure the maintenance and improvement of the condition of NHS Fife's estate supported by the 5-year capital plan	S	S	S	C	S	S	L	C	C
4.13. Remobilise elective outpatients, diagnostics and inpatient/daycases in line with government guidelines	C	C	S	C	S	C	S	L	S
4.14. Support Primary Care providers to reform service delivery for people in Fife in line with the Primary Care Transformation Plan and MoU	C	C	C	C	C	C	C	C	L
4.15. Evidence improved understanding and joint working between partners to deliver the ambitions of integration across the health and care system in Fife	C	C	C	C	C	C	C	C	L

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>27 July 2021</b>
<b>Title:</b>	<b>Proposal to establish a Public Health &amp; Wellbeing Committee</b>
<b>Responsible Executive:</b>	<b>Carol Potter, Chief Executive</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Head of Corporate Governance &amp; Board Secretary</b>

## 1 Purpose

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

- Decision

**This report relates to a:**

- NHS Board Strategy
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper outlines a proposal to establish a new Standing Governance committee of the Board, namely a Public Health & Wellbeing Committee. The principle behind the proposal is to give greater focus on wellbeing and preventative / proactive care (in line with Scottish Government's direction of travel) and to consider placement of the public health aspects currently within the remit of the Clinical Governance Committee, to allow for enhanced input by the Board.

### 2.2 Background

The proposed remit of the new committee is still under development but will be very much influenced by Public Health Scotland's areas of focus and priorities, including those around Covid. A number of other Boards have at present stand-alone Board committees with a similar public health-related focus (Greater Glasgow & Clyde, Lanarkshire and Tayside, for

example, with Dumfries & Galloway in the process of establishing a similar body), and these also serve the purpose of co-ordinating a consistent approach across multiple health & social care partnerships within these Board areas.

## **2.3 Assessment**

The Public Health & Wellbeing Committee would link explicitly to the local strategic priority proposed in the new strategy of 'improving health and wellbeing' of the population served by NHS Fife, and to the national care and wellbeing programmes of 'Place & Wellbeing' and 'Preventative & Proactive Care' as well as the Public Health Priorities for Scotland. It would also be the intention that this new NHS Fife Committee took the governance lead in oversight and development of the new Population Health & Wellbeing Strategy.

Should the Board approve the establishment of the committee in principle, next steps in developing the proposal are to finalise a Terms of Reference (also detailing the committee's membership), and an annual workplan. Consideration would also have to be given to the potential changes that might need to be made to the existing committees, in particular Clinical Governance Committee's own remit and workplan.

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

The proposal is potentially likely to improve quality of patient care through improved scrutiny and consideration of social determinants and health inequalities in patient pathways, thus improving access to services.

### **2.3.2 Workforce**

N/A

### **2.3.3 Financial**

N/A

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

Consideration will be given to creating a stand-alone Board Assurance Framework (BAF) for the new committee, to capture and monitor key risks within its remit.

### **2.3.5 Equality and Diversity, including health inequalities**

Poor health and wellbeing disproportionately affect those on low incomes. The committee could have an important role in impacting positively on reducing health inequalities

### **2.3.6 Other impact**

N/A

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

Given that NHSScotland remains on an emergency footing, permission in principle to establish the new committee has been sought, and since received, from the Director of Health Finance and Governance in the Scottish Government.

### 2.3.8 Route to the Meeting

This paper has been reviewed by the Board Chair, Chief Executive, Director of Public Health and Director of Health & Social Care.

## 2.4 Recommendation

This paper is tabled for:

- **Decision** – for the Board to approve in principle the establishment of the new Public Health & Wellbeing Committee.

### Report Contact

Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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

<b>Meeting:</b>	<b>Fife NHS Board</b>
<b>Meeting date</b>	<b>27 July 2021</b>
<b>Title:</b>	<b>2020/21 Property &amp; Asset Management Strategy</b>
<b>Responsible Executive:</b>	<b>Neil McCormick, Director of Property &amp; Asset Management</b>
<b>Report Author:</b>	<b>Scott Baillie, Capital Planning Manager</b>

## 1 Purpose

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

- Information

**This report relates to a:**

- 2021 Update of the Property and Asset Management Strategy

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

This document provides an update to FPR on the 2020/21 Property & Asset Management Strategy (PAMS) as required by the State of the NHS Scotland Assets and Facilities Report (SAFR) Programme. The Boards' PAMS submissions to Scottish Government have been optional during the pandemic but NHS Fife are choosing to produce a PAMS to reflect the position from 1 April 2020 to March 21.

The timescales for completion of this strategy document are included in the paper

### 2.2 Background

This PAMS report is a strategic document which highlights NHS Fife's asset needs and its investment making decisions.

NHS Fife's 2021 PAMS return will be compiled by the Directorate of Property & Asset Management in conjunction with lead stakeholders.

The Report covers all buildings owned or leased by the Board together with transport, equipment, and IM&T.

## **2.3 Assessment**

The Scottish Government have released the updated templates required for reporting the SAFR data for 2020/21 some two months late therefore these are currently being processed

The required data is now being sought from relevant departments and will be populated in the templates with a target completion date of first week July,

The Strategy document (PAMS) will need to reflect the above data and include relevant input from a wide range of stakeholders.

The document is being compiled and co-ordinated by Scott Baillie, Capital Planning Manager with support from the Director of Property & Asset Management and the Estates team.

Currently the target for approval of the NHS Fife PAMS document by the NHS Board is November 2021 with the PAMS document being scrutinised by EDG, FCIG, FP&R in advance of the Board meeting.

We are currently reviewing any requirement for a regional component of PAMS going forward.

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

Not Applicable

### **2.3.2 Workforce**

Not Applicable

### **2.3.3 Financial**

A summary investment plan will be included within the report

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

Key risks are monitored and managed in line with the Board's Assurance and Risk Management Framework

### **2.3.5 Equality and Diversity, including health inequalities**

EQIA Assessments are carried out as and when required for significant developments and/or service changes.



### **2.3.6 Other impact**

Not Applicable

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

Not Applicable

### **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.

- FCIG 28 May 2021
- EDG 24 June 2021
- FP&R 13 July 2021

## **2.4 Recommendation**

- The Board are asked to note the position with the 2020/21 PAMS.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 - SAFR and PAMS programmes

### **Report Contact**

Neil McCormick

Director of Property & Asset Management

Email [neil.mccormick@nhs.scot](mailto:neil.mccormick@nhs.scot)

ID	Task Mode	Task Name	Duration	Start	Finish	Gantt Chart (May '21 to Feb '22)																											
1		<b>SAFR</b>	<b>52 days</b>	<b>Tue 27/04/21</b>	<b>Wed 07/07/21</b>	[Gantt bar for SAFR from 27/04/21 to 07/07/21]																											
2		Run off EAMS reports	2 days	Tue 27/04/21	Wed 28/04/21	[Gantt bar for Run off EAMS reports from 27/04/21 to 28/04/21]																											
3		Receive Proformas from HFS	0 days	Tue 11/05/21	Tue 11/05/21	[Milestone diamond for 11/05]																											
4		Break down and post out to Managers for completion	6 wks	Tue 11/05/21	Mon 21/06/21	[Gantt bar for Break down and post out to Managers for completion from 11/05/21 to 21/06/21]																											
5		Develop Spreadsheet data	2 wks	Tue 11/05/21	Mon 24/05/21	[Gantt bar for Develop Spreadsheet data from 11/05/21 to 24/05/21]																											
6		Collate into submission	2 wks	Tue 22/06/21	Mon 05/07/21	[Gantt bar for Collate into submission from 22/06/21 to 05/07/21]																											
7		Agree with DoE&F and submit t	2 days	Tue 06/07/21	Wed 07/07/21	[Gantt bar for Agree with DoE&F and submit t from 06/07/21 to 07/07/21]																											
8																																	
9		<b>PAMS</b>	<b>141 days</b>	<b>Tue 18/05/21</b>	<b>Wed 01/12/21</b>	[Gantt bar for PAMS from 18/05/21 to 01/12/21]																											
10		Break Down 2019 Submission for distribution to managers	2 wks	Tue 18/05/21	Mon 31/05/21	[Gantt bar for Break Down 2019 Submission for distribution to managers from 18/05/21 to 31/05/21]																											
11		Distribute with instructions for completion by managers	10 wks	Tue 01/06/21	Mon 09/08/21	[Gantt bar for Distribute with instructions for completion by managers from 01/06/21 to 09/08/21]																											
12		Prompt Managers for return	0 days	Wed 28/07/21	Wed 28/07/21	[Milestone diamond for 28/07]																											
13		Start prep on spreadsheets for Graphs etc	6 wks	Tue 25/05/21	Mon 05/07/21	[Gantt bar for Start prep on spreadsheets for Graphs etc from 25/05/21 to 05/07/21]																											
14		Assemble returns from manage	4 wks	Tue 10/08/21	Mon 06/09/21	[Gantt bar for Assemble returns from manage from 10/08/21 to 06/09/21]																											
15		Agree internally with DoE&F	2 wks	Tue 07/09/21	Mon 20/09/21	[Gantt bar for Agree internally with DoE&F from 07/09/21 to 20/09/21]																											
16		Submit draft to HFS and East re	0 days	Tue 21/09/21	Tue 21/09/21	[Milestone diamond for 21/09]																											
17		EDG Submission	0 days	Thu 23/09/21	Thu 23/09/21	[Milestone diamond for 23/09]																											
18		FCIG Submission	0 days	Fri 24/09/21	Fri 24/09/21	[Milestone diamond for 24/09]																											
19		FP & R Submission	0 days	Tue 09/11/21	Tue 09/11/21	[Milestone diamond for 09/11]																											
20		Board Submission	0 days	Tue 30/11/21	Tue 30/11/21	[Milestone diamond for 30/11]																											
21		Confirmaton to East region for incorporation	0 days	Wed 01/12/21	Wed 01/12/21	[Milestone diamond for 01/12]																											
22		???? Do we want Regional PAMS agreed by NHSF before																															

Project: 210504 SAFR & PAMS Date: Tue 18/05/21	Task		Project Summary		Manual Task		Start-only		Deadline
	Split		Inactive Task		Duration-only		Finish-only		Progress
	Milestone		Inactive Milestone		Manual Summary Rollup		External Tasks		Manual Progress
	Summary		Inactive Summary		Manual Summary		External Milestone		

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>27 July 2021</b>
<b>Title:</b>	<b>Internal Audit Operational Plan – 2021/22</b>
<b>Responsible Executive:</b>	<b>Margo McGurk – Director of Finance and Strategy</b>
<b>Report Author:</b>	<b>Tony Gaskin – Chief Internal Auditor</b>

## 1 Purpose

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

- Awareness

**This report relates to a:**

- Legal requirement

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Internal Audit Operational Plan for 2020/21 was approved by the Audit and Risk Committee on 13 May 2021.

Public Sector Internal Audit Standards (PSIAS) require the Chief Internal Auditor to produce a risk based plan, which takes into account NHS Fife's risk management framework, strategic objectives and priorities, and the views of senior managers, Standing Committee lead officers, and the Audit & Risk Committee Chair and members.

As part of the annual planning process we have engaged with the Director of Finance and Strategy and then with the wider Executive Directors Group to ensure the plan reflects current risks and any other areas where a review would be beneficial and add value to NHS Fife.

NHS Fife is in the process of revisiting the risk profile and introducing a Corporate Risk Register, with the Director of Finance and Strategy the executive lead for risk management from 1 April 2021. The Internal Audit Operational Plan 2021/22 has been mapped to the extant BAFs and the highest risks from the COVID 19 Risk Register, also taking into account issues identified in recent Internal Audit reports.

During 2021/22 we will actively reflect on the operational plan in place to ensure it continues to meet the needs of the service, reflects the current risk profile and incorporates the outputs from the ongoing assurance mapping work. Any consequent changes to the plan will be reported to the Audit and Risk Committee for approval.

## 2.2 Background

*“Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, internal control and governance processes.”*

Public Sector Internal Audit Standards (PSIAS) – Section 3, Definition of Internal Auditing

The Operational Plan 2021/22 has been developed in accordance with Public Sector Internal Audit Standard 2010 – Planning, to enable the Chief Internal Auditor to meet the following key objectives:

- The need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation’s goals;
- Provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation’s governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- Audits of the organisation’s governance, risk management, and control arrangements which afford suitable priority to the organisation’s objectives and risks;
- Improvement of the organisation’s governance, risk management, and control arrangements by providing line management with recommendations arising from audit work;
- Effective co-operation with external auditors and other review bodies functioning in the organisation.

The internal audit service will be delivered in accordance with the Internal Audit Charter. The plan is driven by NHS Fife’s organisational objectives and priorities, and maps directly to the BAF and COVID risks that may prevent NHSF from meeting those objectives.

Our Strategic Internal Audit Plan is designed to provide NHS Fife, through the Audit and Risk Committee, with the assurance it needs to prepare an annual Governance Statement that complies with best practice in corporate governance. We also support the continuous improvement of governance, risk management and internal control processes by using a systematic and disciplined evaluation approach.

The objective of audit planning is to direct audit resources in the most efficient manner to provide sufficient assurance that key risks are being managed effectively.

## 2.3 Assessment

### Standard process – Previous Years

Our Strategic Internal Audit planning process is normally structured around an audit universe based on a 5 year cycle which links to the BAF Risk Register and objectives. The process overtly demonstrates cyclical coverage of all corporate risks and is designed to allow greater potential for Executive Directors and the Audit and Risk Committee to contribute their views on areas for inclusion. The resultant operational plan is, again overtly linked to the BAF risk, which will still be the focus of our work, together with any key governance or assurance elements required in order to provide a view on the overall adequacy and effectiveness of internal controls.

If required further background information can be provided on the standard process, which will resume for 2022/23 onwards when the organisation will have a new overarching strategy and a revised risk register.

### **Current year process – 2021/22**

Due to the significant and emergent impact of Covid-19 on the risk profile of the organisation, a planning process which relied on a relatively static risk environment and change generally occurring in the medium to long term was no longer viable. As such, our view is very much that the plan will need to be flexible, responsive to the requirements of senior management and non executive directors and, to a certain extent, emergent as the risk profile changes and new information becomes available.

In order to provide a starting point for discussion, we have obtained the views of the Director of Finance and Strategy and the wider Executive Directors Group with greater emphasis on the organisations current rather than cyclical needs, focusing on emergent risks and those with most immediacy, as the basis for a first draft plan which we will adapt to the views of the Audit and Risk Committee, if required, or obtain approval.

However, we know that the organisational risk profile is changing rapidly, as is organisational understanding of those risks and we will continuously review the plan and update as required, with approval sought from the Audit and Risk Committee for any changes required.

### **Environmental and change risks**

We actively take into account ongoing projects, forthcoming changes and our wider knowledge of the NHS to ensure we provide an appropriate level of audit coverage across all key areas and risks. This includes consideration of the following key sources of information:

- Corporate Strategy & Plans/local plans/annual operational plans
- Previous internal audit reports, in particular the Internal Control Evaluation
- External audit reports and plans
- Board website, internal policies and procedures
- Our knowledge and experience at other client Health Boards
- Discussions with the EDG and the Audit and Risk Committee
- Changes to the risk profile due to Covid 19

### **Assurance mapping**

Internal Audit are working with the Board to develop a process and timetable for the development of a holistic Assurance Mapping process to identify key sources of assurance and any gaps in independent assurance, which will then be taken into account in the formation of future Internal Audit plans and audit scopes.

### **Other stakeholders**

There is congruence between Health Board internal audit plans and those of the Integrated Joint Board (IJB) Partners. The NHS Five Internal Audit Plan currently includes days for Internal Audit of the IJBs, with IJB Plans agreed with the IJB Chief Officers and Chief Finance Officers and approved by the IJB Audit Committee. The IJB

Chief Officer will have the opportunity to influence the Health Board Plan as a member of the EDG and there is a sharing protocol that allows for Health Board and Council Internal Audit Plans to be shared with the IJB and vice-versa.

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

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

### **2.3.2 Workforce**

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews. It is likely that the Board's workforce strategy, along with all key strategies will require fundamental review later in the year and this will be reflected in any later revisions to the Internal Audit plan.

### **2.3.3 Financial**

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

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

Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other impact**

N/A

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

See timetable above.

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

See timetable above.

## **2.4 Recommendation**

The Board are asked to:

- Note the Internal Audit Operational Plan for 2021/22 - **Awareness**

## **3 List of appendices**

The following appendices are included with this report:

- **Appendix 1** – Internal Audit Operational Plan 2021/22 including mapping to BAF/COVID 19 risks.

**Report Contact**

**Tony Gaskin**

**Chief Internal Auditor**

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**Barry Hudson**

**Regional Audit Manager**

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## Appendix 1

Ref	Audit Process	Scope	Days	BAF Risk Link
<b>AUDIT MANAGEMENT</b>			<b>55</b>	
B 01	22 Audit Risk Assessment & Planning	Audit Risk Assessment & Operational Planning	8	-
B 02	22 Audit Management & Liaison with Directors	Audit Management, liaison with Director of Finance and other officers	15	-
B 03	22 Liaison with External Auditors	Liaison and co-ordination with External Audit	4	-
B 04	22 Audit Committee	Briefing, preparation of papers, attendance and action points	18	-
B 05	22 Clearance of Prior Year	Provision for clearance and reporting of 2020/21 audit reports	10	-
<b>CORPORATE GOVERNANCE</b>				
<b><i>Accountability and Assurance</i></b>			<b>110</b>	
B 06	22 Annual Internal Audit Report	CIA annual assurance to Audit Committee	15	-
B 07	22 Governance Statement	Preparation of portfolio of evidence to support	20	-
B 08	22 Interim Control Evaluation	Mid-year assurance for Audit and Risk Committee on specific agreed governance areas	35	-
B 09	22 Audit Follow Up	Undertaking the follow up of audit action points and provision of related reports to the Audit and Risk Committee	40	-
<b><i>Control Environment</i></b>			<b>15</b>	
B 10	22 Board, Operational Committees and Accountable Officer	Attendance and input / provision of advice at Standing Committees and other Groups.	5	-
B11	22 Assurance Framework	Review of assurance structures, including Audit and Risk Committee; relevance, reliability, timeliness and quality of evidence. Continuation of assurance mapping work.	10	-



Ref	Audit Process	Scope	Days	BAF Risk Link	
<b>Risk Management</b>			<b>20</b>		
B12	22	Risk Management Strategy, Standards and Operations	Review of strategy and supporting structures in order to conclude on risk maturity as required of the Public Sector Internal Audit Standards. Review of revised Risk Register.	20	-
<b>Health Planning</b>			<b>105</b>		
B13	22	Strategic Planning	Provide advice and input at key stages of the development of Clinical and related Strategies	15	Strategic Planning
B14	22	Operational Planning	Review of the Strategic Planning and Resource Allocation process, including savings and related risks.	20	Strategic Planning
B15	22	Health & Social Care Integration	Delivery of Fife IJB Internal Audit Plans. Note : first year of FTF CIA role - days will reduce in future years	70	IJB
<b>CLINICAL GOVERNANCE</b>			<b>15</b>		
B16	22	Medicines Management	Review of Secured Stationary as requested by the Safer Use Medicine Group.	15	Quality and Safety
<b>STAFF GOVERNANCE</b>			<b>25</b>		
B17	22	Workforce Planning	Specific review to ensure safe staffing levels are being maintained	25	Workforce Sustainability
<b>FINANCIAL GOVERNANCE</b>			<b>50</b>		
<b>Financial Management</b>			<b>25</b>		
B18	22	Procurement	Review of procurement arrangements including governance.	25	Financial Sustainability
<b>Capital Investment</b>			<b>10</b>		
B19	22	Property Transaction Monitoring	Post transaction monitoring	10	-
<b>Transaction Systems</b>			<b>15</b>		

Ref		Audit Process	Scope	Days	BAF Risk Link
B20	22	Financial Process Compliance	To be selected from: Central, payroll, travel, accounts payable, accounts receivable, banking arrangements.	15	Financial Sustainability
<b>INFORMATION GOVERNANCE</b>				<b>25</b>	
B21	22	Digital and Information (eHealth) governance		25	Digital and Information
<b>CONTINGENCY and DEPARTMENTAL REVIEWS</b>				<b>35</b>	
B22	22	Contingency		15	-
B23	22	Departmental Review	Compliance with policies & procedures & risk management arrangements – Department TBC	20	-
<b>Total Days Allocated</b>				<b>455</b>	
<b>Contingency and discretionary</b>				<b>8</b>	
<b>Total Days for 2021/22 Internal Audit Plan</b>				<b>463</b>	

## Review of COVID Risk Register

There are 96 COVID risks within the COVID risk register, of which 13 high level risks are monitored by the Executive Directors Group. These risks relate to the following and have been mapped to audit reviews to be undertaken during 2021/22:

	High Level COVID Risks	Internal Audit	Link to Audit Review
1	As a result of the current global COVID-19 pandemic, there is a risk of significant morbidity and mortality in the Fife population due to a lack of immunity to this novel disease. This could result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease (including death) in a minority of the population, particularly among the elderly and those with underlying health risk conditions. The potential impacts for NHS Fife include increased deaths, increased pressure on healthcare and support services affecting service delivery, reduced capacity for non-urgent services, disruption to supply chains	This has links to the development of the Clinical Strategy and other related strategies and delivery of services both now and in the future	B13/22 – Strategic Planning  B14/22 – Operational Planning

	and high levels of employee absence due to personal illness and caring responsibilities.		
2	Unavailability of AlphaSolway S-3v FFP3 mask (specially designed for smaller fit) and low pass rates for fit testing for AlphaSolway Hx Series masks (17%) and 3M 1863+ (50%) [These being the only disposable FFP3 masks currently with sustainable supply in NHS Scotland] has resulted in increasing number of staff who do not have access to a disposable FFP3 mask which fits correctly.	Internal Audit will be reviewing the Procurement Governance Board and will consider as part of this review how related risks are being monitored.	B18/22 - Procurement
3	The area that NHS Fife has available to serve as a PPE distribution hub is limited in its capacity, with items being received in bulk by the pallet and items moving unexpectedly slower. There is a risk that the space available in the hub is quickly reaching capacity which limits what items we can stock and hold locally and slow throughput could indicate areas not ordering PPE products.	Internal Audit will be reviewing the Procurement Governance Board and will consider as part of this review how related risks are being monitored.	B18/22 - Procurement
4	There is a risk that due to the focus on managing the coronavirus outbreak and impact on the transformation programme and budget savings, the IJB's budget deficit will increase going forward.	This risk will be considered as part of both our year end work and Internal Control Evaluation (ICE).	B06/22 – Annual Report B08/22 – ICE
5	As services remobilise, the impact on the Procurement function and its resources is unknown and currently unquantified. Anticipate pressures on product demand, requirements for PPE and cleaning products, and Procurement BAU functions. Risk for the Procurement function handling the competing demands of the operational requirements (post-COVID PPE/stock management/mass vaccination clinics requiring a trial of a pull model (agreed at bronze group) to help deliver the stock to each independent location- involving a lot of planning) versus strategic requirements (remobilisation, return to pre-COVID BAU, longer-term procurement activity).	Internal Audit will be reviewing the Procurement Governance Board and will consider as part of this review how related risks are being monitored.	B18/22 - Procurement
6	COVID-19 is highly transmissible from person to person. Contact tracing is a well-established public health measure to reduce transmission in the population by rapid identification and self-isolation of cases and their contacts. At an earlier stage in the pandemic (containment phase), it was accepted nationally that contact tracing all cases was not possible due to the scale and	A review of Workforce Planning will be scoped for 2021/22 and this risk considered as part of that review.	B17/22 – Workforce Planning

	resources available. Now the virus has been suppressed to lower levels, there is a requirement to undertake contact tracing for all confirmed cases of COVID-19. There is a risk that we are not able to undertake contact tracing at a larger scale in Fife due to limited specialist workforce and the rate of transmission of COVID-19. An inability to maintain low levels of transmission risks increasing illness, increasing pressure on NHS services and extended lockdown measures impacting the economy and health outcomes of the population in Fife.		
7	There is a risk that medicines expenditure rises during COVID, and that medicines efficiency targets are missed. This is because pharmacy teams are unable to focus on delivery of efficiencies, shortages cause switches to more expensive alternatives, and patients may change their ordering behaviour  Against Pharmacy priorities and key Pharmacy risk categories, this impacts: Governance	This risk will be considered as part of both our year end work and Internal Control Evaluation (ICE) on Financial Governance.	B06/22 – Annual Report B08/22 - ICE
8	There is a risk that, due to competing demands for nursing resource to support urgent programmes such as test and protect and vaccination roll-out, combined with staff absences due to illness, fatigue, child care issues and the need to self-isolate, the HSCP may be unable to maintain safe staffing levels and this may impact on provision of critical services.	This risk will be considered within Workforce Planning, with a specific review included on maintaining safe staff levels.	B17/22 – Workforce Planning
9	As a result of the current global COVID-19 pandemic, there is a risk of significant morbidity and mortality. It is recognised that adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Many are inevitably at greater risk of poorer outcomes if they were to contract COVID-19 due to conditions such as frailty, multiple co-morbidity, pre-existing cardio-respiratory conditions or neurological conditions. Care homes are environments that have proved to be particularly susceptible to Coronavirus and require whole system support to protect residents and staff. The potential impacts for care home include increased morbidity and mortality, increased pressure on care home	Noted.	-

	staff, high levels of employee absence due to personal illness and caring responsibilities		
10	The supply of non-PPE goods and services continues to fluctuate following global supply chain pressures or goods that have been impacted by an increased uptake following the COVID-19 outbreak (e.g. gloves, soap, cleaning products, airway consumables). There is a risk that supply shortages on specific items could have an adverse impact on NHS Fife's ability to meet its objectives and provide the expected level of care	Internal Audit will be reviewing the Procurement Governance Board and will consider as part of this review how related risks are being monitored.	B18/22 - Procurement
11	There is a risk that NHS Fife will be unable to deliver and sustain Cancer Waiting Times Access Standards which will result in delays to patient appointments, investigations and treatment.	This has links to the development of the Clinical Strategy and other related strategies and delivery of services both now and in the future	B13/22 – Strategic Planning B14/22 – Operational Planning
12	As a result of amendments to the Resuscitation Guidance in response to Covid 19, requiring full AGP PPE to be worn during chest compressions/airway interventions as part of a cardiac arrest call, there is a risk that we will be unable to respond to a "resus" incident in a timely fashion which could lead to a poor clinical outcome for patients and stress and anxieties for staff.	Noted.	-
13	Number of staff shielding within ECD directly impacts on staffing of services and poses increased risk to staff members affected.	This risk will be considered within Workforce Planning, with a specific review included on maintaining safe staff levels.	B17/22 – Workforce Planning

**NHS FIFE AUDIT & RISK COMMITTEE**

**17 JUNE 2021**

There were no items for escalation to the Board.

**MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 17 JUNE 2021 AT 2PM VIA MS TEAMS**

**Present:**

M Black, Non-Executive Member & Chair  
S Braiden, Non-Executive Member

A Lawrie, Non-Executive Member

**In Attendance:**

K Booth, Head of Financial Services & Procurement

B Hudson, Regional Audit Manager

A Clyne, Audit Scotland

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

L Douglas, Director of Workforce

M McGurk, Director of Finance & Strategy

P Fraser, Audit Scotland

S Raynor, Senior HR Manager (for Item 6.4 only)

H Thomson, Board Committee Support Officer (Minutes)

**1. Members' Training Session – The Role and Function of the Audit & Risk Committee**

The Chair welcomed P Fraser from Audit Scotland. A presentation on the role & function of the Audit & Risk Committee was provided. The main topics covered were:

- Remit of Audit & Risk Committee
- Responsibilities of Audit & Risk Committee in relation to the Annual Accounts
- Member review of Governance Statement
- Member review of Draft Accounts
- Recommending approval of Accounts to the Board

A Clyne gave a short summary of the audit work that has begun, following receipt of the draft accounts at the end of May.

Following a question on any common themes in the matters arising from last year's audit, it was advised they were mainly in relation to fixed assets, the statement of financial position, and also the remuneration report. Review of any potential matters arising from this year's audit are being progressed, with the experience of last year giving an indication of specific areas to prioritise as the initial audit work gets underway.

Permission was given to the Chair to adapt the presentation slides as a checklist for members as they review and scrutinise the Annual Accounts in September.

P Fraser and A Clyne were thanked for providing the helpful and informative session.

## **2. Welcome / Apologies for Absence**

The Chair welcomed everyone to the meeting, in particular, the Director of Workforce, who was attending the meeting as an observer, and the Board Committee Support Officer, who is attending her first meeting as the new Secretary to the Committee.

The notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible future reference.

Apologies were received from Cllr D Graham (Non-Executive Member), K MacDonald (Non-Executive Member), and attendees C Potter (Chief Executive), T Gaskin (Chief Internal Auditor) and P Cumming (Risk Manager).

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

There were no declarations of interest made by members.

## **4. Minute of the last Meeting held on 13 May 2021**

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

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

The Director of Finance & Strategy gave a positive update at the last meeting on reported progress from NHS National Services Scotland (NSS) in addressing the recommendations from the Service Audit Reports in 2019/20. However, in the last few weeks, a qualified Service Audit Report has been received by NSS on the Practitioner Services Audit and an urgent meeting was called to brief all Board Directors of Finance. A formal assessment is being worked on, including a potential disclosure in the NHS Fife governance statement, to reflect the national agreed position. It was noted this does not impact our financial statements directly.

The Committee **noted** the outstanding action and that a further update would be given at the next meeting.

## **6. GOVERNANCE – GENERAL**

### **6.1 Draft Committee Annual Assurance Statement**

The Head of Corporate Governance & Board Secretary gave an update on the draft Committee Annual Assurance Statement.

An initial draft of the Committee Annual Assurance Statement was presented in May, along with all other Board Committee Statements to the respective meetings. A slight update has been made to the Audit & Risk Annual Assurance Statement since May under section 4.8, which now details the conclusions of each of the Committees' own Annual Reports.



All other Board Committees have now finalised their reports, with the exception of the Clinical Governance Committee, who will finalise their version at their meeting on 7 July 2021. The Audit & Risk Committee will receive these in final form at their next meeting.

The Integration Joint Board (IJB) Assurance Statement has now been received, following consideration at the IJB's Audit & Risk Committee at the start of June. The Committee **noted** a final version of its draft Assurance Statement will be considered by the Committee in September, which will make mention of the IJB's statement now thus received.

## 6.2 Draft Governance Statement

The Director of Finance & Strategy presented the draft Governance Statement and the areas highlighted in the cover paper. These included reflecting the impact of Covid on the Board's governance arrangements; improvements to Information Governance & Security assurances; and the strategy development work, including the new Strategic Planning and Resource Allocation process.

A full review of the governance arrangements supporting Information Governance & Security controls has been carried out, and it was highlighted it is important to recognise the improvements delivered in the last 12 months. It was noted not all issues are cleared and the new arrangements will take time to embed, and this will be evidenced in this year's review, along with highlighting areas of significant improvement.

It was reported that revising the Fife Integration Scheme, specifically relating to agreeing the principles and wording around the risk share agreement has taken some time. An agreement between the Officers is now in place on a way forward. The final proposal will go the NHS Board and Fife Council in September for consideration. It is expected the revised Scheme will be concluded by the end of September.

A section to reflect the NSS Service Audit Report on practitioner services, as per the discussion on the earlier Action List agenda item, will be included in the Governance Statement.

**Action: MM**

The Committee were asked to review the statement, to ensure it adequately covers all the governance arrangements in place throughout the year, and makes reference to any key areas of control, weakness or challenges.

It was noted there was no specific national guidance on what Health Boards should be including in the Governance Statement in terms of the pandemic, and it was questioned whether our Governance Statement is reflective and in line with what other Health Boards are doing nationally. The Regional Audit Manager advised that, based on initial review, the Governance Statement is reflective of the year's challenges and the section on the pandemic is appropriate to fulfil the requirements. P Fraser from Audit Scotland agreed and noted the section is well detailed as it is currently drafted. It was noted the national guidance has not changed to require any additional disclosures or content specifically to address the pandemic.

The Regional Audit Manager agreed to feedback to the Committee on other Health Boards' Governance Statements when available.

**Action: BH**

A draft internal audit report has been issued for Information Governance, which includes an assessment of revised governance arrangements and a collation of outstanding recommendations that required audit follow up. The report reflects the positive changes and progress made.

The Committee **approved** the current draft Governance Statement, subject to the inclusion of a paragraph on the Service Audit Report on practitioner services, if that is agreed as a national requirement. A final draft would be submitted to the Committee with the Annual Accounts.

### **6.3 Draft Letter of Significant Issues of Wider Interest**

The Head of Financial Services & Procurement summarised the paper.

The Committee **approved** the letter and draft Governance statement, to inform approval of the response to Scottish Government by 30 June.

### **6.4 Whistleblowing Standards Implementation**

The Chair welcomed Sandra Raynor, Senior HR Manager, who joined the Committee for this item.

The Director of Workforce presented on the successful implementation of the new national Whistleblowing Standards, thanking the Senior HR Manager and team for all their hard work.

The Standards, role of the Independent National Whistleblowing Officer (INWO) and the new reporting arrangements came into effect from 1 April 2021. To support the implementation of the Standards, a Non-Executive Whistleblowing Champion was introduced across all NHS Boards, and K Macdonald was announced in early in June as being the appointee to that role.

The Standards are reflected in the internal NHS Fife policies and guidance that accompanies their roll-out. Training is available for staff to raise awareness and ensure staff and managers are competent in being able to raise concerns under the Whistleblowing Standards. The Chair asked if staff are aware of how to access the training, and if they feel safe and secure to raise a Whistleblowing issue. In response, it was advised Whistleblowing was available before implementation of the Standards, and training is promoted through various routes and includes the use of national materials; there are several access points both locally and nationally for staff to access information, and also through Staff Link. Whistleblowing training is also mandatory for all new staff.

The Standards are an enhancement to the arrangements in place before 1 April 2021, and encompass the delivery of NHS services through any external organisations, such as an independent contractor or a third sector organisation, which are all covered through the Whistleblowing Standards. Initial arrangements were established prior to the launch and the arrangements will continue to be refined through our implementation group.

In the reporting year 2020/21, NHS Fife had no Whistleblowing complaints, and it was questioned how that compares nationally. In response, it was advised there is a mixed picture across NHS Scotland, and larger Boards have more complex environments. It was noted, however, it was not unexpected to have no Whistleblowing complaints this year due to the pandemic, since often issues are raised and resolved locally and subsequently changes are made as appropriate. Some issues also fall under grievances, business-as-usual procedures or the bullying and harassment policy.

The Standards, as they are, are not due to be reviewed regularly; however, a post implementation review will take place internally through the Staff Governance Committee. The Scottish Public Services Ombudsman (SPSO) over the coming years may look at the overall data sets in terms of concerns and complaints handling, which might impact upon the content of the Standards in future.

The Committee **noted** the update on the implementation of the national Whistleblowing Standards.

## **7. GOVERNANCE – INTERNAL AUDIT**

### **7.1 Internal Audit Progress Report & Summary Report**

The Regional Audit Manager advised that the Internal Audit Progress Report provides the detail around internal audit activity since the last meeting in May. Outstanding work to complete the 2020/21 Plan is progressing, with four draft reports being finalised, and these will be issued in draft format within the coming week to the Committee.

Assignments have commenced from the 2021/22 Plan, with the Annual Report and the Post Transaction Monitoring Review, and these will be reported to the September Committee.

The Committee **noted** the progress on the delivery of the Internal Audit Plan.

### **7.2 Audit Follow Up Report**

The Regional Audit Manager reported that the short time period between the May and June meetings had impacted on the closure of some of the recommendations; however, there has been continued engagement with officers to discuss outstanding recommendations to allow them to be progressed to completion. The number of outstanding recommendations is gradually reducing.

The continued scrutiny from the Executive Directors Group (EDG), on a quarterly basis, has had a positive impact on reducing the number of recommendations, and it will be useful that this continues.

Following a question from the Chair, it was advised that a three-stage approach is being introduced for extensions to complete actions arising from audit recommendation for next year, as detailed further within the report.

The Committee **noted** the current status of Internal Audit recommendations recorded within the audit follow up system.

## **8. GOVERNANCE – EXTERNAL AUDIT**

### **8.1 NHS Fife Interim Management Report 2020/21**

P Fraser from Audit Scotland advised that the NHS Fife Interim Management Report provides a summary on the interim work carried out in April / May, detailing the key issues from that review. The overall conclusion is that the key controls in place for NHS Fife are operating satisfactorily, and reliance can be placed on the systems which are used to create the figures in the Annual Accounts.

A few issues were raised in the report in relation to internal controls: changes to supplier details, payroll validation and the lower response rate received this year, unauthorised use of journals and payments to primary care practitioners. With exception of payments to primary care practitioners (which is an ongoing matter), none of these risks represent risks of material misstatement in the financial statements. A summary of additional work to be carried out has been provided. Management assurances have been received on all these points.

In terms of wider audit dimension work, the ongoing progress has been noted within the Strategic Planning and Resource Allocation (SPRA) process, which remains a work in progress. Until it is fully developed and embedded into the organisation, there is a risk NHS Fife will be unable to deliver the savings required to achieve a balanced budget.

Around 90% of efficiency savings are expected to come from the transformation programme due to the pandemic and redirection of priorities. This will be monitored going forward.

The Director of Finance & Strategy advised that timelines are now agreed in terms of confirming responses to the issues raised on internal controls. The Head of Financial Services & Procurement advised a review on the Financial Operating Procedures is being carried out and an update will be provided later in the year, once the Audit process is complete.

**Action: KB**

Following a question from the Chair, the Director of Finance advised that work is ongoing at the moment to fully assess the underlying financial position.

**Action: MM**

The Committee **noted** the draft report and that the final report will include timescales from management to address the recommendations

## **9. RISK**

### **9.1 Risk Management Leadership**

The Director of Finance & Strategy advised that the separation of risk management leadership arrangements from those in relation to adverse events/organisational duty of candour will progress as soon as possible, and agreement has been made to have this in place from the end of the July 2021, to ensure delivery of some essential improvements.

A draft internal audit report has been received and has some significant findings within. It was agreed that the profile of the risk management function needs to be raised across the organisation by integrating work more closely with strategic and operational planning to ensure delivery of improvements.

A full-time resource on risk management is expected to be available by the end of July 2021. Risk management leads from other Boards may also be able to provide support with the initial phases.

The Committee **noted** the proposed change to risk management arrangements and expressed their support for that.

### **9.2 Board Assurance Framework**

The Director of Finance & Strategy advised that the paper summarises the position on each Board Assurance Framework (BAF) documents. Significant changes have been proposed for the financial sustainability BAF and the strategic planning BAF, and the risk descriptions and risk levels are detailed to reflect the current position.

An EDG workshop is being arranged along with a Board development slot to examine the baseline of the BAF and to ensure our reporting is delivering the assurance which Committees require.

The Committee **noted** the report.

### **9.3 Corporate Risk Register Quarterly Report**

The Director of Finance & Strategy advised that the quarterly report is at the development/improvement stage. Background to the report was provided. It was noted that EDG and Board discussions are required to determine the reporting mechanism and its regularity, and also to determine if the way we report risk is effective. It was also noted discussion is required on the level of specific risks, particularly if these have remained static over time.

It was suggested that the Board may wish to consider developing two risk appetite statements. One would relate to safety and effectiveness of our clinical services/business as usual activities (which would have a low risk appetite), and the

other in relation to our strategic ambition (which could be more nuanced than the other).

It was noted the timeframes work well alongside the Committee Assurance principles discussed at the previous meeting, and will ensure the Board and Committees agendas are risk focussed.

A simpler method of presenting risks, with less extraneous detail and clearer formatting to report effectively, was agreed as an effective way forward.

#### **9.4 Annual Risk Management Report 2020/21**

The Director of Finance & Strategy introduced the report. A significant proportion of the report is on adverse events management, and this level of detail is being reviewed.

Discussion took place on the level of scrutiny and ownership of risks. Suggestion was made to invite the Chairs from the other Committees along to an Audit & Risk Committee to discuss the current assessment of risk management reporting.

The Director of Finance & Strategy advised the Audit & Risk Committee have a lead role in overseeing the effectiveness of risk management arrangements across the Board. It was noted the risk profile will form part of the new strategy discussions when they commence.

The Board will be requested to discuss risks, reporting mechanisms and continuous improvement at a future Board Development Session.

**Action: MM**

The Committee **considered** the assurances provided in the report and **noted** the areas of continuous improvement planned for 2021/22.

### **10. OTHER**

#### **10.1 Feedback from the Sharing Intelligence for Health & Care Group**

The Head of Corporate Governance & Board Secretary gave background to the paper, noting it is an annual exercise NHS Fife has been asked to respond to. A meeting is still to take place when the group discuss with key officers the data held on NHS Fife by other external organisations.

Once feedback has been received at the scheduled meeting, a further update will be provided.

**Action: GM**

The Committee **noted** the feedback letter and its main findings.

## **10.2 Issues for Escalation to NHS Board**

There were no issues to highlight to the Board.

## **11. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting:** Thursday 16 September 2021 at 2pm via MS Teams

**NHS FIFE CLINICAL GOVERNANCE COMMITTEE**

**7 JULY 2021**

Child Protection Assurance Report

In taking comment on the above agenda item, it was noted this was an excellent report that covers all the points members would wish to seek assurance on, especially during the pandemic. It is also assuring to see the range of work, considerations and opportunities being undertaken by the service to mitigate against risk and potential harm.

Committee members agreed the author of the report and staff should be highly commended for their work. This is an example of the type of report, with the right level of detail, that should be considered by the Committee to give them the assurances they seek.



**MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON 7 JULY 2021 VIA MS TEAMS**

**Present:**

Christina Cooper, Chair	Martin Black, Non-Executive Member
Sinead Braiden, Non-Executive Member	David Graham, Non-Executive Member
Rona Laing, Non-Executive Member	Margaret Wells, Non-Executive Member
Simon Fevre, APF Representative	Aileen Lawrie, ACF Representative
Carol Potter, Chief Executive	Chris McKenna, Medical Director
Janette Owens, Nurse Director	Joy Tomlinson, Director of Public Health

**In Attendance:**

Lynn Campbell, Associate Director of Nursing ASD	Nicky Connor, Director of H&SCP
Gemma Couser, Interim Head of Quality & Clinical Governance	Esther Curnock, Deputy Director of Public Health
Claire Dobson, Director of Acute Services	Susan Fraser, Associate Director of Planning & Performance
Alistair Graham, Director of Digital & Information	Ben Hannan, Chief Pharmacist (for S Garden)
Helen Hellewell, AMD H&SCP	Gillian MacIntosh, Board Secretary
Margo McGurk, Director of Finance	Elizabeth Muir, Clinical Effectiveness Co-ordinator
Catriona Dziech, Note Taker	Hazel Thomson, Observer

Christina Cooper welcomed everyone to the Clinical Governance Committee meeting. Members were advised that a recording pen will be in use at the meeting to assist with minute taking.

It was noted this is the last meeting for Margaret Wells, who is retiring from the Board at the end of July. On behalf of the Committee, Christina Cooper thanked Margaret for her service and contribution to the Committee and wished her all the very best for the future.

It was also noted that Eugene Clark is to retire from the Board at the end of July and his contribution was recognised.

Dr Joy Tomlinson was welcomed to the meeting as the new NHS Fife Director of Public Health. Alistair Graham, Associate Director, Digital & Information, was also welcomed to today's meeting and would now join the Committee as a regular attendee.

Christina Cooper took the opportunity to thank the incredible ongoing commitment from our workforce as they continue to respond to the ever-changing landscape of the pandemic. In the face of unscheduled care pressures, our teams continue to go above and beyond to deliver the best care to patients. At the same time, the vaccination drive across Fife has continued with great success. Our workforce truly is our most valuable asset and a heartfelt thanks was given to each and every individual staff member for their ongoing dedication.

One point can we include both Margaret Wells and Eugene Clarke retiring from the Board.

## **1. Apologies for Absence**

Apologies were noted from Dr Cargill, Dr Morrice and Scott Garden. Ben Hannan was welcomed as deputising at today's meeting for Scott Garden.

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

There were no declarations of interest made by members.

## **3. Minute of the Meeting held on 30 April 2021**

The notes of the meeting held on 30 April 2021 were approved as an accurate record.

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

All outstanding actions were discussed and will be updated on the separate rolling Action List.

### **4.1 Fife Child Protection Annual Report 2019-20**

Janette Owens advised this report provides an update from the December 2020 Annual Report, as requested by the Committee. The report focusses on what the available data tells us so far about risks to children and young people and the possibility hidden harm due to the pandemic.

The report was prepared by Cecilie Rainey and draws on recent data published by the Fife Child Protection Committee, which was not available when the Annual Report was published. There is a broader set of data covered in the report and recent care reviews are also taken into consideration.

At the start of the pandemic, there was an initial drop in Initial Referral Discussions and forensic medical examinations, which reinforces concerns regarding possible hidden harm. There was a reduction in physical harm and an increase in domestic abuse cases and these trends by the end of the year were on a trajectory towards pre-Covid levels.

It is noted that, following a draft report about hidden harm within children and families through a social work lens for the Scottish Government Children and Families Leadership Group, discussion ensued about the role of health services in illuminating the understanding of child protection and hidden harm through a health lens. This has prompted an additional piece of work, entitled 'Hidden Harm: Child Protection and Health in the Early Years', which will be published at the end of July 2021.

There is significant detail provided within the report around Initial Referral Discussions and forensic medicals, and the main concern recorded at registration shows that domestic abuse, emotional abuse, and parental mental health were the most common concerns identified. There is an issue around more registration under alcohol or drug

use and concerns about children going forward, which will require prioritisation for child mental health. There have been two Initial Case Reviews over the past year that related to chronic neglect, but it is unclear if these are related to Covid. Work is ongoing but the report shows the data so far does not indicate any significant increase in children harmed.

Staff support has been ongoing throughout the year and there is the added benefit of the recruitment of two Consultant Paediatricians to the service. Consideration is being given to the preparation for the implementation of the new Child Protection Guidance, which will have a significant impact on health and social care going forward.

Christina Cooper thanked Janette Owens for this very thorough and detailed report, which gave a good level of assurance to the Committee, given past discussion on this issue at previous meetings.

In taking comment it was noted this was an excellent report that covers all the points members would wish to seek assurance on, especially during the pandemic. It is also assuring to see the range of work, considerations and opportunities being created for people who needed to consult and talk about areas where there were concerns.

Committee members agreed the author of the report and staff should be highly commended for their work. This is an example of the type of report, with the right level of detail, that should be considered by the Committee to give them the assurances they seek. Janette Owens, Nicky Connor, and Claire Barker agreed to pass on thanks.

**Action: JO, NC, CB**

It was agreed Joy Tomlinson and Janette Owens would have a conversation offline to consider the longer-term plan around instances of suicide within the community.

## **4.2 Public Engagement & Consultation Update**

Janette Owens advised that this report gives the Committee an update on patient feedback on Urgent Care Redesign. The Scottish Government are undertaking a user-centred service design approach over the next two years as they continue to look at the longer-term redesign of urgent care and unscheduled care and our work will link in with this work. The approach aims to amplify the voice of users and their experiences, particularly around health inequalities.

Since Urgent Care Redesign was implemented in Fife, there has been a small number of complaints and concerns raised. The main theme relates to access to Emergency Department as a result of the patient not following the recommended process.

The work around the Equality Impact Assessment has raised a lot of feedback, has been taken forward and has helped shape the participation around Urgent Care Redesign. This is also linked to the National work being implemented.

The range of issues highlighted were:

- the need for further communication and informing of the public, working with partners more closely to share this information in future.

- specific pathways for particular population groups.
- addressing the overuse of urgent care for specific conditions such as cancer, especially during out of hours and weekends.
- provide additional support by sign-posting to community services.
- improving communication methods, such as access to interpreting.
- ensuring patients understand how to claim travel expenses.
- improving the categorisation of patients on data systems and patients who have reduced availability of digital and telephone means of accessing telephone triage.

Christina Cooper thanked Janette Owens for the update, which gives the Committee helpful assurance around the work.

## **5 COVID-19 UPDATE**

### **5.1 Testing**

Joy Tomlinson advised that there has been further expansion of capacity and availability of testing over recent months. There has also been an expansion around contact tracing and support to isolate. This is part of our strategy to the Covid response to try and break the chains of transmission and needs to be considered in context with the other elements.

Appendix 1 within the paper outlines the current testing, indicating the date the programme was started, rationale, and delivery model. Further funding was provided by SGHD to expand Community Testing to seven fixed sites and three mobile sites until March 2022.

There is a pilot underway in South Fife on a rolling weekly basis to try and increase uptake. The Testing Oversight Group are monitoring uptake across the population. The Test and Collect and Test and Delivery opportunities are now available in 86 community pharmacies across Fife. An Evaluation Report is also appended to the paper, which was provided to the Scottish Government who are interested in learning from the pilot.

It was highlighted we are still in a position of having more capacity than demand. There is still under utilisation and consideration is being given on how to engage with the population. This includes the importance of engaging with local community influencers to try and encourage people to come forward for testing. There have also been good examples of uptake of additional support, with people reaching out for offers of support to help them isolate successfully.

Christina Cooper thanked Joy Tomlinson for a very thorough and detailed report.

In taking comments, it was noted contact tracing has had a lot of publicity following on from the Cabinet Secretary's announcement. The key issue with contact tracing is to reach people within a shorter time period, but the pressures the team had been under meant it was taking longer to reach those that needed to be contacted. There is a high-level reach in terms of completed calls, which is much higher than test and trace in England.

In terms of outreach for support, an automated code is generated when tracers are undertaking calls, which triggers a release of information to local authority colleagues. This then enables a separate route of follow-up around isolation with Council colleagues. Although this has not been as successful as envisaged in terms of people taking up the offer of assistance, it is one of the benefits of the pilot and evaluation work that has been carried out locally.

Carol Potter reminded members that, back in January / February, Fife was one of the early pilots for testing and the programme was jointly supported with Council colleagues. It is important to learn, reflect and improve as we move forward.

Assurance was sought if the third and independent sectors were represented within the Fife Test and Protect Oversight Group. Nicky Connor advised that the Caring for People Group supports and co-chairs and gave assurance there was active connections across the sectors to support the population. It was also confirmed the Interface Leads feel well connected in relation to this work.

The Committee noted the contents of the paper for awareness, noting the new developments as part of the ongoing expansion of Covid-19 testing programmes.

## **5.2 Vaccination Programme**

Ben Hannan advised that, as at 6 July 2021, 462,000 doses have been given in Fife (comprising 265,000 first doses and 197,000 second doses). Vaccine availability is a lot more stable than it has been through the programme and it is demand-led ordering at this time. Pfizer has been prioritised for those under the age of 40 and AstraZeneca for those older than 40. Fife has not been allocated any supply of the Moderna product due to low volume available in Scotland, which for logistics is being supplied to three main Boards.

The MHRA have granted the Janssen Covid-19 vaccine a Conditional Marketing Authorisation. This is a single dose vaccine and supply in Scotland is likely to start arriving later in the summer, with initial stock levels being low. It is possible that this product will play a role in a booster programme later in 2021. At the moment the main focus is on vaccinating Cohort 12 (ages 18-29).

The Board is now entering a period of transition from the COVID vaccination programme towards a revised Flu/COVID programme (FVCV) beginning in Autumn 2021. Dr Tomlinson's later agenda paper (Item 6.8) sets out the governance arrangements around this.

The Board has further developed its model of provision over the last few weeks. Most notably, with the opening of four large-scale vaccination venues in Dunfermline, Kirkcaldy, Glenrothes and Methil, the number of sites has been rationalised. Alongside these four venues, existing clinics in St Andrews Community Hospital, Randolph Wemyss Memorial Hospital and Oakley Community Centre have been retained to ensure robust access spread across the Kingdom. The remaining ten sites will be returned to their community functions.

In further support of this, several “pop-up” clinics are being undertaken across Fife, the first of which was in Lochgelly, which attracted an encouraging uptake. There are also several dates on which the public can attend for vaccination without an appointment across the venues, driving accessibility.

Scheduling of cohorts has been a considerable challenge throughout the programme. At present there were a few ongoing issues with the vaccination status helpline and portal, which is driving further work for the local team. National fixes are ongoing and for anyone affected this can be escalated nationally.

Analysis of Did Not Attends (DNAs) and work to drive uptake remains a high priority. Data is available noting areas of Fife that have lower uptake amongst recent cohorts and further drop-in clinics, combined with enhanced local communications, will aim to increase accessibility. It is worth noting that Fife’s uptake and DNA rates compare favourably with other Boards. The current uptake rate in Cohort 10 is 86.9%, lower than earlier cohorts, which have been above 90%.

A systematic review of Datix incidents has been undertaken. There was a total of 44 incidents involving patient care recorded between 1 January and 25 April – this equates to two incidents per 10,000 patients. Of these, 32 had no outcome in terms of harm, 8 with a minor outcome, 3 with a moderate outcome and 1 with a major outcome. Investigation of these has prompted action, driving improved compliance with local standards, which in turn has been seen in the data, with very few repeated issues.

A comprehensive review of patient experience has been undertaken by NHS Fife’s Head of Person-Centred Care and Director of Nursing and the results are contained within Appendix 1 of the paper. It is encouraging to note that most of the feedback received from patients is very positive.

The Workforce programme has now completed all recruitment and has in place a robust staffing model and a well-developed skill mix. Fife is in a leading position nationally regarding the new Band 3 Healthcare Support Worker Vaccinator role, with 212 individuals employed in this role. There is no longer a significant reliance on contractors, whose support was critical earlier in the programme. With the bulk of staff being employed substantively for vaccination, the risk to the wider organisation and services is no longer of significant concern.

The PMO manage risks on behalf of the programme. There are currently 29 risks on the register; however, with pressure having eased, the number of high risks has reduced to two. There is a transition plan for this risk register as we move to the Winter programme.

A comprehensive EQIA has been lauded nationally, with over 110 actions being captured, and we have been celebrated as areas of best practice with our inclusivity work. Work has been undertaken in partnership with Fife Council to deliver access cards that local housing officers can distribute to those experiencing homelessness. This group can now access vaccination at any local clinic without an appointment.

The programme has taken a proactive approach to communications and thanks were given to Kirsty McGregor and her team for the tremendous support they have provided.

A number of media appearances have been undertaken and journalists have been invited to attend the new larger sites, which publicity has helped engagement with the community.

Christine Cooper thanked Ben Hannan for the thorough update and detailed report and noted it was helpful in particular to see the balance of feedback received via care opinion.

In taking comments, it was noted the access cards can be utilised in other areas, not just homelessness. Following a member's query regarding the administering of the Moderna Vaccine, Ben Hannan confirmed (post-meeting) the Moderna vaccine has not as yet been administered to any individual in Fife. It was noted students do not need to be registered with a GP locally to have the vaccine. Ben Hannan agreed to feedback any issues identified to the National Vaccination Team.

**Action: BH**

Ben Hannan agreed to provide members with further details of the percentage of substantive staff and how many staff are currently seconded/redeployed within NHS Fife to the Vaccination Programme. It was noted that the bulk of the workforce is Band 3 Health Care Support Worker vaccinators, who were primarily newly recruited and are employed on fixed term contracts until March 2022.

**Action: BH**

The work of the team was greatly commended by the Committee. It was noted the lessons learned from the start of the programme with the national scheduling tool will not be repeated going forward, as plans are in place to mitigate for winter.

Carol Potter advised that letters had been received from the SGHD setting out the planning for the Covid booster and flu immunisation programme for winter. The teams are currently considering what is required and she suggested it might be worth scheduling an extraordinary meeting of the Committee towards the end of August, as the programme is due to go live from September 2021. The lessons learned from seasonal flu last year, from Covid and the excellent piece of work around the EQIA will be built on, along with the proactive activity in relation to operational support. Ben Hannan advised an initial draft of the plans for implementing the vaccination Winter programme will be available by the end of this month.

Christina Cooper thanked and congratulated Ben Hannan and his team for their continued work, noting that she and the Committee members were assured that this key piece of activity was progressing very well.

## **6 GOVERNANCE**

### **6.1 Board Assurance Framework – Quality & Safety**

Dr McKenna advised that this item had been moved up the agenda for a fuller discussion to allow more scrutiny and response to risks. It was noted there is no significant update to the current Quality & Safety BAF, though it would be useful to reflect on its current content. Dr McKenna advised that he and Janette Owens have recently met with Gemma Couser, Head of Quality and Clinical Governance, and

Pauline Cumming, Risk Manager, to undertake a full review of the BAF and associated linked risks. The scope of this review was outlined. In taking comment, members welcomed the opportunity for the Quality & Safety BAF to be reviewed and be updated to be more in line with the Committee's requirements. It was suggested it would be helpful to be considered the BAFs in general also at a Board Development Session.

Christina Cooper thanked Dr McKenna for his update and agreed there should be further discussion at a Development Session, with investment also from Committee to move forward.

Margo McGurk agreed that we need to look at risk management at Executive Team level, before bringing back recommendations to committees and the Board. Carol Potter has asked that the BAFs all be looked at to ensure they are covering strategic risks. As discussed at the recent Audit & Risk Committee, the Risk Management Annual Report does not cover proactive risk management at the strategic level and is very reflective, with too much concentration on operational detail. Although the idea of a BAF is excellent, perhaps there is a need for it to be further developed as a dashboard, to draw clear attention to the areas requiring scrutiny and requiring discussion.

It was noted there will be an initial session with the Executive Team possibly in September 2021 to look at how we approach a discussion with the Board around Risk Management. Consideration might also be given as to whether there should be two risk appetite statements: one to reflect operationally what we are doing and the other around strategic ambition. Margo McGurk advised she would be using external support to work with the current risk management team, to facilitate and challenge ourselves.

Dr McKenna noted that the objective is to change the narrative around risk into something dynamic, exciting and worthwhile discussing. It would also be helpful to have a better understanding of linking risks to BAFs and making them a priority for each Committee, influencing their agendas and areas of focus. This would also ensure there is a requirement for regular update and scrutiny around each risk.

Christina Cooper said it would be helpful to have a realistic review of risk relevant to each Committee's individual remit, which will also ensure there is a clear understanding of the process and timing of updates moving forward.

The Committee noted the content and current position of the Quality & Safety BAF, welcoming the intention for further review in due course.

## **6.2 Board Assurance Framework – Strategic Planning**

Margo McGurk advised that she and Susan Fraser had undertaken a detailed review of this BAF, which had highlighted it was out of date and required to be amended and more reflective of the development of the new Population Health and Wellbeing Strategy. It is proposed it be uplifted to a strategic level risk and the key wording in the new risk is:



*There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.*

The new wording highlights the scrutiny and responsibilities of the Clinical Governance Committee in shaping and influencing how the strategy develops. Once the agreed strategy is in place, it would then agree how scrutiny was carried out to measure progress in delivery of the strategy.

The Committee agreed to the change in the risk associated with the BAF for Strategic Planning.

### **6.3 Board Assurance Framework – Digital & Information**

Alistair Graham advised that this BAF has had the benefit of input from Internal Audit and has been refreshed in terms of the framing of the response to the Digital Strategy from the work undertaken previously and the 2019–24 Strategic Vision.

The Committee noted that:

- Risk 885, Digital and Information Financial Position, has been reassessed following the financial allocations for 2021-22 and rated as High.
- Risk 1338, NHS Fife is at increased risk to a targeted cyber intrusion, and the description has been revised to provide a clearer indication of the risk. The risk represents the threat landscape for public sector organisations and the weakness that legacy systems present at the current time.
- Risk 1996, Office 365 – Unknown Financial Consequences, has been rated as high risk and linked to the BAF. This risk relates to the new nationally negotiated deal with Microsoft, the details of which are still to be formally communicated, and implications to financial provision for licence access and other associated programme costs.

Christina Cooper thanked Alistair Graham for his helpful update. In taking comment it was noted cyber threats might impact on high level risks but can also help maintain services during a threat. A paper is being taken to EDG on 8 July 2021 to consider the detail further around the risks to the organisation.

The Committee noted the content and current assessment of the Digital & Information BAF.

### **6.4 Corporate Objectives 2021/22**

Carol Potter advised that this paper is here for endorsement before it is taken to the Board in July 2021. The report describes the process to agree the collated corporate objectives through the SPRA process for 2021/22 and includes a reflection and review on the delivery of last year's Corporate Objectives for review by the Board. The process for next year's corporate objectives is likely to start in September 2021.

The key operational priorities under the four key strategic priorities are:

1. To improve Health and Wellbeing
2. To improve the Quality of Health and Care Services
3. To improve Staff Experience and Wellbeing
4. To deliver Value and Sustainability

An individual Director has been aligned to each of these objectives as a Lead (L), Contributing Director (C), Supporting Director (S) and For Information (I). Individual personal objectives for the Directors have been drafted to ensure there is a correlation and mapping exercise to the Corporate Objectives, as will be monitored by the Remuneration Committee.

Christina Cooper thanked Carol Potter for her update and noted this report has been presented to various Committees for discussion in this cycle. This is a very thorough paper and feedback has been generally that the objectives are clear and aligned.

In taking comments, it was noted that whilst it was helpful and useful report, it would be helpful if acronyms could be expanded at their first usage. It was noted also that individual Director's objectives are achieved through a formal mechanism, formally recorded and monitored by the Remuneration Committee.

In response to a query about the prioritisation of different organisation's objectives, it was noted there is no conflict of interest for the Director of the H&SCP, as the IJB direct the Council and Health Board, and the Director of the H&SCP as the Chief Officer represents the IJB. The Director of H&SCP's objectives are set jointly with both Carol Potter and Steve Grimmond. It is only the areas of responsibility for NHS Fife which features in the present document.

The Committee agreed the Corporate Objectives for 2021/22 and noted the outcome of the review of the previous year.

## **6.5 Revised Draft Annual Assurance Statement for the Clinical Governance Committee**

Dr McKenna thanked Dr Gillian MacIntosh for providing this comprehensive report, which effectively summarised the governance activity of the Committee over the past year. This report is much more comprehensive than previous annual statements and provides an enhanced level of assurance. Carol Potter also commended and thanked Gillian MacIntosh for her approach in drafting the annual assurance statements for each of the committees, noting the helpful level of detail contained therein. Christina Cooper echoed these comments.

The Committee approved the revised Draft Assurance Statement for final sign off.

## **6.6 East Region Formulary**

Bena Hannan advised that formularies are lists of drugs that are more preferred for prescribing, with each Board having their own formulary. Under direction from Scottish Government, there is a move to implement a new East Region Formulary in

collaboration with NHS Borders and NHS Lothian, details of which are set out in the paper. This also has the approval of the Executive Directors Group.

There have been numerous discussions locally and regionally and the paper details the proposed governance structure, which includes the creation of an East Region Formulary Committee (ERFC) replacing the Fife Formulary Committee. As set out in Figure 1, the ERFC will still report into each of the Board's Area Drugs and Therapeutics Committee, which in turn reports to the Clinical Governance Committee. There is an East Region Formulary Team, which is hosted by NHS Lothian, and they are co-ordinating this transformation.

The scope of the regional formulary will include:

- 14 adult chapters
- 11 paediatric chapters
- Minor ailments (Pharmacy First)

There is an expectation from Scottish Government that the East Region Formulary will be operational within the 2021-22 financial year. However, recognising the scale and complexity of the programme, the Interim Chief Pharmaceutical Officer has confirmed Scottish Government will be able to commit resources to this work for as long as necessary. The aim is to reduce variation between local Health Board formularies in the East Region and therefore unwarranted variation in the medicines prescribed. Patients will see increased consistency in the recommendations followed between neighbouring Health Boards within the region. The Committee was invited to note that some Fife patients receive treatment in other Health Board areas currently not part of the East Region Formulary, including patients that receive healthcare from NHS Tayside (approximately 20% of Fife population).

In taking comment it was noted there is currently broad uniformity between the Boards and any perceived variation will be sorted out. The areas of medicines efficiency which Fife has successfully delivered on are areas all boards in Scotland will have considered, and we would not wish to risk undermining the savings progress made thus far.

When the new formulary is in place, there will be scope for patients to stay on current medication, if it works well for them. This is not about changing existing medications for patients. The new formulary will bring uniformity of choice for clinicians to ensure there is consistency of practice across the region. There will also be Chapter Expert Working Groups to allow clinicians to take part in decisions.

The Committee noted that:

- NHS Fife will develop and implement a new East Region Formulary in collaboration with NHS Borders and NHS Lothian, which will replace the current Fife Formulary.
- The proposed governance structure for the East Region Formulary has been endorsed by NHS Fife.

Christina Cooper thanked Ben Hannan for the very detailed report, which gives the Committee a helpful background to the work carried out to date to implement this scheme.

## **6.7 National Screening Incident**

Joy Tomlinson advised the Committee of an ongoing incident following a Parliamentary statement on 24 June 2021 relating to the National Cervical Screening Programme. This identified a national problem with the system across Scotland, where some patients had been mis-coded, with the potential for harm. There is an investigation that is being nationally co-ordinated and Joy Tomlinson assured the Committee that Fife are taking forward the necessary steps in reviewing cases. We are presently halfway through the process. Once the process is complete, a final written report and findings will come to the Committee.

Christina Cooper thanked Joy Tomlinson for her verbal update and noted the Committee will be updated on the Fife and national position in due course.

## **6.8 Immunisation Governance & Assurance**

Joy Tomlinson advised that an independent review was undertaken to consider the significant difficulties experienced in the delivery of the Seasonal Flu Programme in 2020-21, as previously reported to the Committee. In response to the recommendations of this review, the Director of Public Health and Director of Fife Health & Social Care Partnership (HSCP) jointly commissioned an independent external consultant to undertake a review of the immunisation resources and structures in order to make recommendations to NHS Fife to meet the increasing demands and expectations of all childhood and adult immunisation programmes in Fife.

The concluding findings have been pulled together and considered by a small group including the Director of Public Health, Director of H&SCP, Director of Pharmacy and the Immunisation Co-ordinator and Ben Hannan in his role as Director of Delivery. EDG have also been happy to approve the main recommendations.

The key points within the report set out:

- Key Roles and Responsibilities
- Management Structure
- Governance Structure
- Summary Remits of Governance Groups

These key points should give the Committee assurance that there has been a rounded review and scrutiny of the findings from the Independent Review. As a result, Fife are in a stronger position to take things forward in terms of clarity of the role and leadership of immunisation and the supporting governance structure.

Christina Cooper thanked Joy Tomlinson for her report, which set out the learning from last year, detailed the recommendations moving forward, the clearer alignment of roles and responsibilities, and the direction of travel.

In taking comment it was noted the risks around workforce were challenging and an ongoing live discussion. There has been steer from SGHD around a sustainable and longer-term workforce for immunisation, not just relying on a short-term workforce for

Autumn / Winter. There will be further discussions with the SGHD and Directors of Finance to seek assurance around this. There is learning from Covid and how to use a different type of workforce across immunisation activities. This may require regulatory changes.

Carol Potter clarified that the roles and responsibility are complex but the SRO role has not moved from the Director of Public Health to Director of H&SCP. The Director of H&SCP has always been responsible for the delivery of immunisation, with the Director of Public Health accountable overall. The current Covid vaccine programme sits separately with Scott Garden and Ben Hannan in an SRO role, but it is important to note they both have substantive day jobs to which they need to return to. The directive from SGHD is about pooling the Covid booster programme into business-as-usual and this has to sit within the immunisation structure. The role of the Director of Public Health is being enhanced and is clarified within this paper.

Nicky Connor advised that the transition between herself and Scott Garden / Ben Hannan is important and they are working closely with everyone involved to be part of the Programme Board. All of the learning and expertise will be brought forward into the planning going forward. Modelling is underway on the system that has been put in place around how to plan and deliver, with an overarching Board and core group of key individuals who will work together to move things forward. There are three subgroups within this: one looking at logistics, which will promote accessibility within the community; one looking at scheduling; and another looking at workforce. One of the key pieces of work at the moment is awaiting confirmation about what is required in terms of delivery. This will then allow development of a sustainable workforce plan to deliver our models of care. The goal is to make this accessible as possible.

There is a lot of uncertainty in the received letter from SGHD around the next steps. The main planning scenario is that planning needs to begin for Autumn for seasonal flu vaccination and Covid boosters to start from September. At the moment there is no clarity from JCVI in terms of the final advice, so this might be subject to change.

It was clarified that Fife Council is not referenced in Appendix 3 as the clinical elements for the governance structure sits with Health.

In December 2020 / January 2021, NES prepared job descriptions for Band 3 Health Care Support Vaccinators and Fife used this to recruit to our sustainable workforce. As they were employed initially for Covid, the contracts were fixed term, but the majority are likely to become substantive roles. Legislation is also underway to allow Band 3 Health Care Support Workers to deliver more than just Covid vaccines. A new workforce nationally is being discussed, but a huge amount of work is required to achieve this.

It was agreed that when the guidance from the JCVI is issued, an extraordinary meeting of the Committee will be arranged for the end of August to discuss the way forward. The lessons learned from seasonal flu and Covid will be reflected upon and the governance arrangements will move forward to give assurance to the Committee of the effectiveness of the delivery model that is in place.

Christina Cooper thanked Joy Tomlinson for her report, which gives the Committee a good level of assurance of where we are at present. Further reports on the way forward will follow as and when required.

## **7 STRATEGY / PLANNING**

### **7.1 Development of the Population Health & Wellbeing Strategy**

Margo McGurk advised that there had been a very helpful session at the recent Board Development Session. Following the Board's input, work will begin on the next steps, which include the establishment of critical paths and the development of the strategy itself. Detailed structured reports will be prepared to ensure the strategy, the strategic frameworks and delivery plan all sit together in a consistent way. There will also be progress with the EQIA approach and engagement work.

Following feedback from the Development session, work will be undertaken looking at building personas around currently well individuals and those who are managing long-term conditions and staying well. The Communications Team will also be looking at overall branding.

It was noted that, when preparing the draft strategy, the risk profiles associated with it should be reflected in risk reporting through the governance structure.

Christina Cooper thanks Margo McGurk for her verbal update, which provides helpful further detail on the direction of travel. It is also good to note the risk profile reflection, as risk (and its mitigation) has to be at the centre of planning strategies.

### **7.2 Digital & Information Strategy Update**

Alistair Graham advised that assurance had been sought around the Digital Strategy and further reports will follow to future meetings around the delivery plan, in September 2021 and March 2022.

Some of the changes over the last fifteen months include a revised Digital Strategy for Scotland. Learning over this period has drawn out the importance of the "No One Left Behind" elements that digital exclusion and inequalities may bring. This is something to be mindful of for the future. There has also been the introduction of an Artificial Intelligence (AI) Strategy. This is usually considered as an area of innovation, but operational examples are here and available for NHS Fife to adopt and consider.

During the pandemic there has been unprecedented change in the areas of digital adoption. There is a lot to learn, not just in terms of how to support our own staff but patients and the public. National capabilities have been covered as part of earlier discussions on the Covid campaign. The national vaccination system is dealing with 18,000 appointments a week for Fife on average. This is more appointments than we deal with in our other systems combined on a weekly basis.

A capability model has been introduced to better understand the delivery of the Strategy (Appendix 1). The clinical and care digital pathways elements recognise the existing systems in place that we need to maximise the use of. There is unprecedented

demand for the continuation of the public-facing services and continuing the digital adoption between clinicians and the public / patients. 75% of patients who have used “Near Me” expect this to continue.

The key ambitions of the digital strategy remain strong and are under further scrutiny as we develop the Population Health and Wellbeing Strategy. These will be continue to be reprioritised in terms of the programmes and projects.

In taking comment it was noted that improved and enhanced governance structures are now in place, following recent internal audit reports and recommendations. It was also noted there was alignment to the Primary Care Strategy and partnership working with the independent and third sectors.

Christina Cooper thanked Alistair Graham for the report and update. It is reassuring to note the digital strategy is at the forefront as we move forward and very helpful to see the progress to date.

## **8 STRATEGY / PLANNING**

### **8.1 Integrated Performance & Quality Report**

Dr McKenna advised that, in terms of our position over the last year, quality performance around clinical governance has been good and consistent, apart from one particular area which Janette Owens will detail further later in the meeting. There is nothing particular to highlight to the Committee from this month’s report. It is important to note the operational performance section within the report, as this shows impact on our waiting times and clinical prioritisation.

Christina Cooper thanked Dr McKenna for his update.

The Committee considered NHS Fife performance, with particular reference to the Clinical Governance measures identified in Section 2.3 of the report.

### **8.2 Healthcare Associated Infection Report (HAIRT)**

Janette Owens advised that there were no areas of concern within the report. There was an inspection within VHK in May 2021, the findings of which were positive, and the report from the inspection will come to the Committee in September 2021.

**Action: JO**

Christina Cooper thanked Janette Owens for her update.

## **9 DIGITAL AND INFORMATION**

### **9.1 Information Governance and Security Steering Group Update**

Alistair Graham advised that the assurances around Information Governance & Security (IG&S) had been flagged as a concern by Internal Audit and we have been committed to improve this. At the March 2021 meeting of the IG&S Steering Group, consideration was given to a set of performance measures, and these were

supplemented at the June 2021 meeting by a workplan, with projects and deliverables associated across outcomes per quarter. This, in turn, brings assurance around the quality and framework. These are included in Appendix 1 and 2 of the report. This work will be evidenced to the IG&S over the year. A submission has been submitted to Internal Audit around the report. By the end of this financial year, there should be evidence to support strong baseline and improvement against these controls, to better measure performance.

Margo McGurk chairs the IG&S Group and noted it has been a difficult job re-launching the Group. However, there has been a huge amount of progress in quite a short space of time. There is now a position statement from Internal Audit advising they are moving the level of risk associated with information governance down a level, which is testament to this work.

Christina Cooper thanked Alistair Graham for his update. It is good to see the progress and the alignment within the workplan about clear priorities and associated risk. It is vital to keep this investment moving forward. A further report will come back to the Committee in due course.

The Committee noted the progress being made with the governance and assurance activities within the newly revised IG&S Governance framework.

## **10 PERSON CENTRED CARE, PARTICIPATION AND ENGAGEMENT**

### **10.1 People and Planning Guidance**

Janette Owens advised that a verbal update had been given to the Committee at the last meeting. Going forward, Janette Owens and Nicky Connor are working closely with the Patient Relations team on the statutory duties set out within the Guidance for the IJB and Board.

Christina Cooper thanked Janette Owens for her report. The report sets out the context of the work and whole partnership working in greater detail. The Committee noted the contents of the report.

### **10.2 Complaints Report**

Janette Owens advised that the complaints performance is reported on a monthly basis, with a target of 80% for Stage 1 and 65% for Stage 2 complaints closed within time. Concern was raised about the level of performance previously and a review is underway to improve the complaint handling performance in line with national standards. Part of this is to consider providing more meaningful data to the Committee.

Complaints response was paused during the Pandemic in 2020 and this has led to a backlog which is still being worked through. There is evidence emerging that there is a level of recovery. In April, Stage 2 complaints were at 22.9%. With the work being taken forward with Acute and Partnership, this is now 32.6%, which will hopefully be sustained and improved upon.



A letter had been received from the SPSO recognising the pressures boards have been under during the pandemic, but also advising the five working day and twenty working day timescales still stand. It was also highlighted the Model Complaints Handling Procedures (CHP) allows for flexibility for timescales to be extended under certain circumstances.

The CHP introduced nine key performance indicators, for which we are measured and reported on annually within the complaints annual report. A dashboard is being developed, which will give more detail around the key performance indicators.

A process mapping exercise has been carried out, which identified where some of the delays were, but a more in-depth process mapping is needed. Complexity of complaints is the main delay. In addition, the Patient Relations Team had a number of staff off sick but is now back to full strength.

Some of the work being taken forward around quality improvement includes working with Mental Health Services on a Plan, Do, Study, Act (PDSA) programme. There were eleven active complaints, eight of which were closed within twenty days. The remaining three complaints are subject to local or significant adverse event reviews.

Gemma Couser and her team will be taking forward work around an Organisational Learning Group in relation to learning from complaints. This work will be fed into the Clinical Governance Oversight Group.

Compliments and patient feedback are not usually routinely reported on but this has been included within the report. In relation to Care Opinion, 402 stories have been posted this year, 185 responders and 100% of stories responded to (87% within 5 days). This is set out further in Appendix 3 of the report.

Workforce Planning continues with the Patient Relations Team to ensure they are fully established. Education and training opportunities are also available and will be promoted going forward.

It is hoped the new dashboard will be available for the next meeting of the Committee.

Christina Cooper thanked Janette Owens for her report and update, which helpfully covers the wider context of complaints.

The Committee noted and supported the direction of travel indicated in the report, endorsing the intention:

- to continue with quality improvement work, streamlining and enhancing processes;
- to provide more meaningful data that considers patient feedback and experience;
- to provide analysis and learning from themes and trends, progressing with the Organisational Learning Group

## **11 ANNUAL REPORTS**

### **11.1 Annual Immunisation Report**

Esther Curnock highlighted that this report considers the wider programme in relation to the delivery of immunisation in 2020 within NHS Fife. This report does not focus on Covid.

The first part of the report highlights vaccine preventable disease and the second on vaccine uptake. In terms of vaccine preventable disease, 2020 has been an unusual year. After Q1 of 2020 there has been very low levels of activity due to the measures put in place for the pandemic. This has raised issues for Winter 2021/2022 and is subject of discussion at national level.

In relation to vaccine uptake, the key in restarting the childhood programme is that NHS Fife are able to maintain the delivery through the impact of Covid. There is, however, lower uptake in the most deprived groups, consistent across vaccines, and this increases with age. This is also prevalent in the teenage programme.

As the HPV programme is delivered in schools, there was some disruption in 2020. There has been activity this year to mop up those missed and this is due for completion by end of August 2021. HPV is now being delivered to boys as well as girls and this will be monitored carefully.

There was also disruption to delivery of the adult programme through Covid. There was a formal pause by SGHD for shingles.

A lot of work has been undertaken in relation to the review of governance structures and this will be progressed along with the strategy document and action plan. Work will also need to focus on inequalities on the vaccination uptake data and the learning from the inclusivity work undertaken during Covid.

Christina Cooper thanked Esther Curnock for her very detailed and thorough report. To deliver and support Partnership working, it was noted support is provided by the third and independent sectors to reach communities where there has been a reduced uptake.

The Committee noted the content of this report, which was provided for information only.

## **11.2 Clinical Advisory Panel Annual Report**

Dr McKenna advised that the Clinical Advisory Panel (CAP) has continued to meet over the past year and this report details the activity. The CAP covers overseas exceptional referrals outwith NHS Scotland or outwith the SLA arrangements NHS Fife may have with local Health Boards. This also includes the use of the Independent / Private Sector for various learning disability or mental health requirements, as is detailed within the financial section of the report.

Referrals have been received during the pandemic, but this is less than previous years, given that a lot of elective activity was stood down.

In taking comment it was noted that Ayr Clinic is a medical secure rehabilitation unit, for which there are not facilities in Fife or anywhere else in Scotland. This will be looked

at further when considering the reprovision of mental health to try and develop a similar facility in Fife.

No patients are sent outwith Fife for rehab. There are very few inpatient rehab beds in Scotland. Dr McKenna agreed to bring a paper to the Committee highlighting the work that is being undertaken, as there is funding centrally to support this work.

The funding for the Harris Howard Psychology is for a specific patient whose treatment cannot be delivered within Fife. No other patients will be considered for privately funded psychology. Dr McKenna suggested it might be worth having a formal discussion on how the additional funding provided to Psychology Services can be used to reduce waiting times across Fife.

Christina Cooper thanked Dr McKenna for his helpful paper.

The Committee noted the report.

## **12 LINKED COMMITTEE MINUTES**

All items under this section were taken without discussion and noted:

- 12.1 Acute Services Division Clinical Governance Committee (12.05.2021)
- 12.2 Area Clinical Forum (25.05.2021)
- 12.3 Fife Drugs & Therapeutics Committee (30.04.2021)
- 12.4 Fife HSCP Clinical & Care Governance (16.04.2021)
- 12.5 NHS Fife Clinical Governance Oversight Group (22.04.2021)
- 12.6 Infection Control Committee (14.02.2021 & 02.06.2021)
- 12.7 Public Health Assurance Group (08.04.2021)
- 12.8 Information Governance & Security Steering Group (23.03.2021)
- 12.9 Integrated Joint Board (IJB) (26.03.2021 & 23.04.2021)

## **13 ITEMS TO NOTE**

### **13.1 Audit Report B12/21 Assurance Framework**

The Committee noted the findings of the report.

## **14 ISSUES TO BE ESCALATED**

It was agreed to highlight to the Board the Committee's positive comments around the Child Protection Assurance Report. Any further points of escalation will be considered by the Chair.

## **15 ANY OTHER BUSINESS**

There was no other competent business.

Thanks were given by members to Catriona Dziech, who was stepping down as the Committee Secretary to the meeting, as she handed over that responsibility to the new Board Committee Support Officer.

**16 DATE OF NEXT MEETING**

Friday 17 September 2021 at 2pm via MS Teams (noting that an Extraordinary Meeting will be scheduled for August).

**Finance Performance and Resources Committee**

**(Meeting on 13 July 2021)**

The Committee discussed the importance of ensuring that the development of the Population Health and Wellbeing Strategy includes an appropriate review and consideration of the risk profile which will be associated with its delivery over the medium to long-term. This will be an important consideration for the Board over this financial year.

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING  
HELD ON 13 JULY 2021 AT 09:30AM VIA MS TEAMS**

**RONA LAING**  
Chair

**Present:**

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Ms A Lawrie, Non-Executive Director	Mrs M McGurk, Director of Finance & Strategy
Dr J Tomlinson, Director of Public Health	Mr A Morris, Non-Executive Director
Ms J Owens, Director of Nursing	Mrs C Potter, Chief Executive
Dr C McKenna, Medical Director	

**In Attendance:**

Mrs N Connor, Director of H&SCP  
Mr S Garden, Director of Pharmacy & Medicines  
Mr N McCormick, Director of Property & Asset Management  
Dr G MacIntosh, Head of Corporate Governance & Board Secretary  
Mrs R Robertson, Assistant Director of Finance  
Ms M Michie, Deputy Director of Finance (observing)  
Ms H Thomson, Board Committee Support Officer (observing)  
Miss L Stewart, PA to the Director of Finance (minutes)

**1. Welcome / Apologies for Absence**

Maxine Michie was welcomed to her first meeting observing today's Committee, having recently taken up post as Deputy Director of Finance.

Mr Eugene Clarke was warmly thanked for his contribution and input on the Committee during his term as a Non-Executive Board Member.

Apologies for the meeting had been received from regular attendee Claire Dobson, Director of Acute Services (Andy MacKay, Deputy Chief Operating Officer, was representing Claire at the meeting).

**2. Declaration of Members' Interests**

The Chair declared an interest in Item 5.1, as she is presently a patient at Lochgelly Health Centre.

### **3. Minute of the last Meeting held on 11 May 2021**

The Committee formally **approved** the minute of the last meeting.

### **4. Action List**

The Chair reviewed the action list and highlighted those that were not otherwise covered in the meeting agenda.

It was advised that, for Action 142 (Fife Elective Orthopaedic Centre regular updates), this action will be closed and this will be captured in the workplan as a quarterly update.

### **5. MATTERS ARISING**

#### **5.1 Kincardine & Lochgelly Community Health and Wellbeing Centres**

Mrs Nicky Connor introduced the update on the Kincardine and Lochgelly Health and Wellbeing Centres. It was noted that these premises are no longer fit for purpose and a proposal has been agreed to reframe and refocus the centres on community wellbeing. The proposal for this initiative was originally agreed in 2019. This project is proceeding to the Outline Business Case stage, in terms of the design and consultation with key stakeholders. A process of scrutiny will be put in place to help ensure technical compliance of the buildings as they develop. Engagement from both the staff and services who will deliver within those areas will be sought. It was noted that at this time workforce and financial implications have not been addressed. Mitigation has been noted within the paper on the risks that have been identified at this stage.

Mr Neil McCormick highlighted that engagement is underway with the HubCo initiative to deliver this project and there is a full design team in place working to develop the proposals. It is key for the Board to secure funding at the Outline Business Case stage.

Dr Joy Tomlinson advised that a risk identified is based on communication. On Thursday 15 July, communication will be circulated to the local community to ensure they are kept up-to-date and involved in the ongoing work. This will help ensure that this project is viewed as something which will add value to each community.

Mr Eugene Clarke highlighted that a point raised within the project board was the idea of personas, in terms of making communication about the project's goals meaningful and accessible. There was reflection at the recent Board Development meeting that the personas drafted were good, but there was a place for creating personas with a more positive message on healthy lifestyles (i.e. those who are well and are seeking to stay healthy). It was agreed that this would be amended.

Mrs Margo McGurk advised that the extended persona described is also being established within the wider development of the Population Health and Wellbeing Strategy; this will also detail how individuals can keep themselves well.

Mrs Aileen Lawrie questioned whether there would be an opportunity for representation from the Area Clinical Form to ensure staff engagement in the scrutiny and development. It was agreed that this would be a very helpful approach.

The Committee **noted** the update and it was agreed that a further update will be provided at a later meeting, as the project develops.

## **5.2 Smoke-Free Environmental Strategy**

Mrs Nicky Connor provided an update to the Committee. It was noted that there is a confirmed target date of 5 November for Mental Health and Learning Disability facilities to become a smoke-free environment. Within the assessment section of the report there is a plan detailing what work is under way and what are the next steps to ensure compliance. Champions are in place to support the transition and work is ongoing on to ensure both staff and patient needs are being met. This will be a cultural change within the service, therefore support to both staff and patients will be important.

The Committee were advised that the next steps and key challenges are detailed within the report. It will be important that staff have a strong understanding of the legislation and policy for adherence moving forward. Following conversations, it was advised that there is a high level of confidence within staff and stakeholders working towards the implementation date of 5 November.

Mr Eugene Clarke questioned if due consideration has been given to the possibility of litigation using Human Rights Legislation particularly around an individual's personal rights, and, if this is seen as a risk, should this be included in the risk framework. Mrs Nicky Connor agreed to review further. It was however advised that a discussion around human rights has taken place and this is understood as applying wider than the individual who was smoking, as it looked to consider the risks from second-hand smoke. Other areas in Scotland have used this approach and have been successful with implementation. It is important that the Board has Nicotine Replacement Therapy and other support readily available to support individuals in meeting the smoke-free environment legislation.

Mrs Aileen Lawrie highlighted that smoking is a concern in all areas of the hospital. It was questioned what support will be in place to enable staff to enforce the strategy and will there be clarity on what can be done when individuals do not comply with this? It was noted that there is a real issue at the front door regarding non-compliance from visitors and patients within current smoking prohibited zones. There is continued smoking at the entry to the Maternity service, for instance, which causes second-hand smoke to enter the unit.

Mrs Nicky Connor highlighted that, given the size of the Stratheden site, it would be very difficult to monitor all areas. However, staff will be given robust support. Assurance was provided that in areas where this policy has already been introduced, it has been positively accepted. The concern and challenge has been more focused on the variance of policy in different wards. As some sites did allow smoking in certain locations, and other areas did not, this variance has created pushback from patients. Consistency will hopefully help ensure buy in.

Mrs Rona Laing advised that the paper presented does not fully detail what support for staff and patients will be in place, and further information on this would be beneficial in order to provide assurance. Dr Joy Tomlinson noted that this is a complex context, and



the legislative changes are not easy to work within the context of the staff role in advising visitors and patients of the rules. It was advised that environmental health officers can fine a citizen for non-compliance, but officers are limited in numbers, therefore they would only be able to do this if there was a particular problem area. It was advised that enforcement is really challenging and supporting staff will be key. A further conversation should be had to ensure signage and the message to the public and patients is very strong and clear. The champions, Estates team and security will all have key roles in supporting the aspiration.

Assurance was provided that a communication strategy has been developed to ensure the strong message is transferred and that training will be made available to staff members.

The Committee **noted** the update and it was advised that further conversation should be taken up with Staff Governance and Clinical Governance to determine a way forward in providing support to staff and measuring the effectiveness of the policy once implemented. It was agreed that this action will now be closed by Finance, Performance and Resources on their action list.

## **6. GOVERNANCE**

### **6.1 Board Assurance Framework – Financial Sustainability**

Mrs Margo McGurk presented the report to the Committee on Financial Sustainability. It was highlighted that there is no significant change on this iteration of the BAF from that previous presented in May 2021, where the risk level reverted to high.

For assurance, an update was provided to the committee that NHS Fife received within the July allocation £11.6m for Covid funding. However, it is not confirmed moving forward what the Board can expect in the remainder of the financial year.

There is an important review that is to be carried out for Quarter 1, which was requested from Scottish Government. Within this, each Board is required to submit a formal position on Q1 and additionally submit a forecast for the full financial year. This is to inform SG and the Board on the forecast position. From the IPQR, it was advised that, including the unachieved savings, the Month 2 position details a high overspend particularly from Acute but work is ongoing to investigate this.

NHS Fife have formally signalled to Scottish Government that the Board has a gap of between £5-8m in terms of NRAC parity, and this has been aligned to the discussion on achieving financial balance in 2021/22.

Mr Alistair Morris highlighted that he felt Brexit should no longer be seen as a continuing risk and queried whether this risk can now be closed. Mrs Margo McGurk advised that Brexit should still be considered a risk, as the cost of building supplies now appears to be increasing and, for example, she felt it would be necessary for this to remain on the agenda for another few months, given the potential impact to capital projects underway.

A question was raised on the funding of IJB and how discussions with Fife Council colleagues have progressed. It was highlighted that NHS Fife have made good progress

alongside Fife Council on negotiating and delivering a proposal for the risk share agreement. A paper was presented to the Private Session at the May 2021 Committee and this should go forward to the Board in September. It was noted that the financial position of the IJB was more positive and closed with a reserve of c£30m. The IJB was allowed to carry forward any excess of Covid funding and late allocations into this financial year.

The Committee **approved** the Board Assurance Framework on Financial Sustainability.

## 6.2 Board Assurance Framework – Strategic Planning

Mrs Margo McGurk presented the report to the Committee on Strategic Planning. It was highlighted that there has not been any significant change from the last iteration, which was presented in May 2021, when the BAF was amended to reflect the current planning context whereby the Board is working under direction of the Scottish Government and driven by the Covid response. Over the past few years, NHS Fife has successfully implemented the Clinical Strategy and now the Board is engaged in the development of the Population Health and Wellbeing Strategy. There is a key governance risk around strategy, and it is important that the Board work effectively to develop the new strategy going forward.

A risk workshop will be held with the Executive Team in September and support has been enlisted from another health board to provide expert advice (in particular there is a focus on the use of a tool regarding Risk Maturity). This will look at how risk is assessed and objectives are identified, what arrangements are in place to create a risk strategy and how this is applied in practice. It will also look at how this information diffuses across the organisation and the extent in which the risk management arrangements can support and inform decision making.

Mrs Rona Laing highlighted that within the current controls of the risk the date of June against consideration of corporate objective should be updated to July for accuracy.

It was clarified that in the work undertaken in the last few months in developing the Population Health and Wellbeing Strategy will include the uncertainty of long Covid on health and care services and the population.

The Committee discussed the risk description and it was proposed that consideration should be given to review the description to ensure it is clear. The keyword and focus of this risk is on effective “governance”. It was agreed that a discussion will take place at EDG to determine a way forward.

The Committee **discussed and agreed** the change in the risk associated with the BAF for Strategic Planning, noting that further work was required on the description wording.

## 6.3 Board Assurance Framework – Environmental Sustainability

Mr Neil McCormack presented the report to the Committee on Environmental Sustainability. It was highlighted that there is no significant change from the last iteration of the BAF, which was presented at the May 2021 meeting.

The risks are long term and two relate to the tower block. These risks will be reduced when the Elective Orthopaedic Centre opens.

Work is underway in relation to the Flexible Hoses. The contractor has dealt with 35% and will deal with the remaining 65% as a lifecycle contract.

The Committee **approved** the Environmental Sustainability section of the Board Assurance Framework.

#### **6.4 Labs Managed Service Contract Performance Report**

Mr Andy Mackay introduced the report to the Committee. It was clarified that, following internal audit recommendations in 2019, an annual report is required to be presented to the Director of Finance and Finance, Performance and Resources Committee on the Roche Diagnostics Managed Service Contract.

The Committee were advised that a detailed report has been provided to EDG and a summarised version to the Committee which highlights the contract performance. Due to the reduced activity as a result of Covid, funding has been able to be released for Covid offset through the course of last financial year.

The report is to provide assurance of the work that goes on within the managed service contract. From Autumn 2021, the Board will begin to move into the regional managed service contract, which is being led by NHS Lothian, and this will be complete by April 2022. Assurance was provided that significant work has been undertaken to ensure a smooth transition.

The Committee **noted** the findings of the report.

#### **6.5 Corporate Objectives 2021/22**

Mrs Carol Potter introduced the report to the Committee. It was highlighted that this is presented later than it usually would in the workplan cycle.

The Planning and Performance team have sifted through significant detail to develop this set of corporate objectives. Appendix 2 identifies the objectives and notes which Directors are leading on each or have a supporting role. The objectives are framed under the context of four strategic priorities of the Board.

The Committee welcomed the detail of the update and endorsed the Corporate Objectives of 2021/22 for onward submission to the Board.

## 6.6 Draft Model Publication Scheme

Dr Gillian MacIntosh presented the report on the Draft Model Publication Scheme to the Committee on behalf of Alistair Graham, Associate Director, Digital & Information.

It was noted that Freedom of Information (FOI) legislation requires all public authorities to have a Model Publication Scheme, which outlines classes of information that the Board is expected to actively publish out on a proactive basis. The previous version was significantly out of date and when the Board moved to the new website last year a lot of links became inactive. This new Scheme provides links to information in one cohesive area of the website, which are easily accessible. Proactive publication has the opportunity to reduce FOI requests if information is readily available to the public.

It was noted this has been a large piece of work, which has required a lot of input from individuals across the organisation. Successfully completing this task has highlighted the benefit of having designated FOI support within the Information Governance & Security team.

It was also highlighted that the improved resource in this area has enabled our FOI performance as a whole to stabilise to around 90-95% of requests answered within the timeframe, which is a great achievement for a public authority. This improvement has been recognised by the Scottish Information Commissioner directly, which is a great achievement for the staff involved, and making sure the Model Publication Scheme is up to date is part of this overall improvement process.

It was advised that the information published does require to be managed directly by services and teams who generate the information, to ensure this is kept up to date on an ongoing basis. Staff members with the IG&S team check every six months or so for accuracy and ask colleagues to review the information published on this cycle.

A link is provided on the paper to the Model Publication Scheme for members' further information.

The Committee **noted** the update on the Model Publication Scheme, welcomed its availability on the website and commended the improvements in the area of FOI more generally.

## 6. PLANNING

### 6.1 Development of the Population Health & Wellbeing Strategy

Mrs Margo McGurk provided a verbal update to ensure the Committee was kept up to date following the Board Development discussion in June. The next steps are that the Executive Team are establishing the critical path, aiming to determine the key actions that need to happen and key milestone dates, to allow a final version of strategy to be submitted early in the next calendar year. The Executive Team will also have a discussion on the detail of reporting requirements and structure for the development of this strategy and how this will be compiled together. Work is underway to develop the delivery plan alongside the strategic framework. Good progress has been made to develop an engagement approach, which will allow the Board to reach out to

communities and find out what matters to them. Further progress has also been made within Public Health to help understand how they will develop the population health assessment, which will be the underpinning baseline of the strategy, identifying the key areas of focus. The Communications team are looking at ideas around branding. Work is also progressing on the EQIA.

A key piece of work requires to be undertaken in order to develop the risk profile associated with the delivery of the strategy and consider what would inhibit or detract against being able to achieve its aims. An open discussion should take place with the Board to determine what level of risk they would be willing to take, whilst closely considering patient safety and operational delivery. It was recognised this is an exciting piece of work in a time of huge challenge.

The Committee **noted** the update.

## 7.2 Property & Asset Management Strategy

Mr Neil McCormick presented the report to the Committee. It was highlighted that an interim report was brought to the Committee in March 2021. This iteration describes a work in progress at present, and the full strategy will be brought back to the Committee in November this year, which will detail direction of travel.

A full review is currently underway. One component is the State of the NHS Scotland Assets and Facilities Report (SAFR), which is driven by the estate of NHS Scotland. This looks at the whole of NHS Scotland and identifies what the common issues are. NHS Fife is required to complete a spreadsheet detailing statutory compliance, the state of the equipment and what backlog maintenance is required. The project plan advises that this should be complete by July; however, there may be a slight delay due to availability of the spreadsheet nationally.

A second component is that, as per one of the supporting frameworks, the Board need to ensure the estate is working for NHS Fife in terms of delivering strategy. As the Population Health and Wellbeing strategy develops over the next year, the PAMS document will be updated and this will highlight how the NHS Fife requires to respond to this.

The Committee **noted** the update.

## 7.3 Orthopaedic Elective Project Update

Mrs Janette Owens introduced the update to the Committee. It was noted that the project is progressing well and is in line with the programme timeline. However, there are some issues arising in respect of material availability and associated price increases. These issues are being mitigated and managed by the project team and programme board. NHS Fife are participating in the NSS Design Assurance to deliver on quality.

The project is engaging with Fife Health Charity to support a number of patient and staff enhancements, which will positively support the vision of creating a centre of orthopaedic excellence.

A workforce plan has been prepared, which has been shared nationally to support workforce planning and to ensure that the workforce in place ready for opening, with training also available.

A financial allocation of £33.2m has been granted by the Scottish Government and the project is being managed within that allocation. Key financial risks relating to Brexit and Covid have been transferred to Scottish Government. A more detailed financial report will come to the next Committee meeting in September 2021 as part of the regular quarterly report.

There are four risks outlined on the project: these are on Covid, Brexit, Ground Conditions, and Digital / eHealth. The eHealth initiatives have been identified and business cases have been developed. Funding has been requested from Scottish Government. However, Paperlite, for example, is an NHS Fife wide initiative and not specific to the Orthopaedic Centre.

A time-lapse calendar is now in place to allow updates and progress to be viewed and followed.

The Committee **noted** the status of the project and took reassurance from the current position. The Project Board will continue to provide governance as the project progresses through the construction stage and will escalate any significant matters arising to EDG.

#### **7.4 Robotic-Assisted Surgery Business Case**

Mr Andy Mackay was invited to present the Business Case to the group. It was noted that the Committee should be aware of the significant funding allocated that was agreed at the end of the previous financial year to procure a robot, this will enhance surgery in Fife and drive innovation forward. The robot is now in place within Phase 3 and staff training has now commenced. Following discussions, the financial projections have been updated to reflect recurring revenue costs. The paper details the rationale behind robotic surgery and highlights clinical benefits to patients, staff attraction and financial elements. The fluid situation of Covid will impact on the activity projected for this year and the revenue costs is slightly lower due to this for 2021/22. However, this will change going forward. Assurance was provided that Acute Services will continue to support potential offset savings within the directorate.

Dr Christopher McKenna emphasised the importance of this innovative technology. However, it was highlighted that the Committee need to be mindful that this is new technology, and this will have financial implications and staff implications. Whilst staff members participate in training, the number of procedures and level of activity in Fife will be reduced.

The Chair highlighted that Acute Services will require to reprioritise spend to deliver financial sustainability in terms of activity. The level of risk was queried in regard to this.

Mr Andy McKay advised that NHS Fife are currently outperforming on planned activity, which has attracted additional funding that helps raise the activity projections. It was felt

the risk is fairly low, given the position on waiting times nationally. Acute will look to identify efficiency savings within the core position. Length of stay should be improved once the service is up and running, which will also create a future benefit.

Mrs Margo McGurk noted that the in-year cost could be as high as £400k but this is unlikely due to potential stop/start of the service in the context of the pandemic. The current financial year focus should be cost offsetting.

The Committee agreed to **endorse** the final business case for the Robotic-Assisted Surgery.

## 7.5 Capital Formula Allocation 2021/22

Mrs Rose Robertson presented the report to the Committee on behalf of Fife Capital Investment Group, which provided the proposed budget distribution for 2021/22. In April 2021, Fife Capital Investment Group considered submissions from Capital Equipment Management Group, Minor Works and Backlog Maintenance, Digital and Information and individual business cases for capital projects. The core capital resource limit for 2021/22 is £7.4m. However, NHS Fife have agreed to commence payback over a 5-year period for the Infrastructure support received in 2019, which was related to capital sales, therefore, after payment has been made, the core allocation is £7.2m. The Committee were guided to the table in the paper, which highlights the proposed allocation across the main headings. Key points to note are NHS Fife are continuing discussions with Scottish Government colleagues in respect of HEPMA and they are also looking to consider whether there is potential for ADEL funding as part of Digital and information.

The Committee **endorsed** the report.

## 7.6 Transfer of Third-Party Leases

Mr Neil McCormick presented the report to the Committee. It was noted that this is a complicated issue. In 2017, a national Code of Practice for GP practices was published, which separates the GP service from ownership of their premises. The direction of travel is that the NHS will eventually become the owner or landlord for the GPs, either having their own buildings or leasing the buildings from third-party landlords. This seeks to make the practice more similar to a health centre. There have been ongoing discussions in NHS Fife to determine what requires to be done by the Board.

This process has been developed to ensure GP sustainability for services in the long term.

At present, two practices (Auchtermuchty and Primrose Lane) have flagged that they have third-party landlords and wish to move their lease to NHS Fife in order to be a sustainable practice. NHS Fife should consider this as it will help support the way forward.

NHS Fife are at the stage where they can take on these practices, as risks have been mitigated as much as possible and the requirements are well understood. The next step is that NHS Fife require to grant this lease, however, the BMA sublease is not yet ready.

Practices are now in the position where they are relying on this happening. NHS Fife can grant an interim one-year lease and once the BMA sublease is finalised this can be put in place retrospectively. The one-year lease is therefore a holding position.

It was highlighted that this process and the exciting projects ongoing within Kincardine and Lochgelly will require NHS Fife to develop a strategy for the estate as a whole and discuss the best way to develop primary care moving forward.

Mr Eugene Clarke questioned whether consideration is given to the physical condition of the properties and whether the location of these are suitable. Mr Neil McCormick advised that, going forward, NHS Fife will aim to look at the practices five years in advance to give due consideration of this. They will look to identify if the practice is in the right place and has the ability to support a multidisciplinary team. The understanding of the two practices to consider at present is that they are appropriate.

The Committee **endorsed** Option 1 in relation to the transfer of leases for the first premises and note the longer-term shift in direction for Primary Care Premises.

## **8. QUALITY/PERFORMANCE**

### **8.1 Integrated Performance & Quality Report**

Mrs Rona Laing introduced the Integrated Performance & Quality Report to the Committee and highlighted the huge pressure that NHS Fife staff are facing at present due to staffing levels and capacity. The Committee emphasised and provided absolute support to all staff members, with recognition of the significant pressure that everyone is under at every level across the whole system.

Mrs Margo McGurk was invited to provide an update on Financial Performance. It was highlighted to the Committee that this is the report to the end of May 2021. In terms of revenue, a £7.2m overspend was reported. However, if you look at the detail of this, the highest share of the overspend relates to Covid costs and unachieved brought-forward savings. There is a concerning additional emerging pressure of £0.8m within Acute services. This is being looked at closely with Acute.

By way of update, £11.6m has been received since this report was published and £5.4 of this relates to general Covid. Should this have been received in advance of the report, there would have been a significantly reduced overspend. What is not yet known is what the £5.4m Covid funding represents against the totality of costs. Scottish

In relation to capital, it was noted that there is a significant capital allocation this year of £25.3m, £18m of this is for the Orthopaedic Centre. It is important that this capital project progresses as well as it has throughout the year. There is an anticipated £1.1m allocation for HEPMA, the business case for which was approved earlier in the year. £0.8m has been allocated to Lochgelly and Kincardine Health Centres, and this is an estimate on what the expected cost profile will be this year.

It was noted that there is good progress with the Integration Scheme discussions and this was flagged earlier in the meeting.



Mr Andy Mackay was invited to provide an update on Acute Services performance. It was noted that Acute and the whole system is under more pressure than ever before. The emergency admissions for May 2021 were 5% higher than for May 2019, and ED attendance is higher than pre-Covid level. For every measure across the hospital the demand within Acute is higher than it is expected to be at this point in the year. This is with the additional complication of Covid, including separation of patients, testing, physical distancing and Green/Amber/Red pathways. All staff are doing their best to manage this activity. Within the IPQR, there has been success within the elective activity. NHS Fife have managed to outperform on the previous activity projections. Activity is based on clinical prioritisation and those patients who require urgent treatment, many of those are cancer patients.

It was noted that in terms of remobilisation the position improved throughout June; however, at present Acute is under significant pressure and are looking closely at how they prioritise activity. It was expected that activity will have been impacted in July 2021.

Mrs Nicky Connor was invited to provide an update on Health and Social Care Performance. It was noted that the IPQR relates to April 2021 and this highlights a worsening position in terms of delay. This reflects the increased pressures, challenges of Covid and self-isolation and the impact this has had across the system. Assurance was provided that this is the main focus each day and staff are working closely with colleagues across the whole system. HSCP are looking at a preventative approach to reduce admissions and supporting delay discharges through hospitals. Some of the challenges faced are due to Guardianship issues and delays to processes within courts - this is a national issue which represents a third of the delay figures. Great work has been undertaken in relation to the strategic approach towards a Home First model. A test of change has been implemented to provide patients with information on their expected pathway on admission.

It was noted in terms of smoking cessation, as an effect from the impact of Covid, there has been a loss of staff due to redeployment, the stay at home message and the loss of staff due to taking up other positions. It is hoped this will begin to improve. There is learning throughout this period, which will shape the model going forward.

The Committee will receive an in-depth update on CAMHS and Psychological Therapies at their September meeting. A development to note since March 2021 is that additional funding has been allocated through the National Mental Health Recovery and Renewal Fund. Through this, the HSCP have substantiated some of the temporary staff which were put in place and additional staff have been recruited to support addressing the longest wait and the treatment access. A trajectory of improvement over the next year will be discussed in detail in September. The HSCP continue to monitor and ensure that all those patients at highest risk are prioritised and seen in a timely manner.

The Committee **noted and considered** the contents of the report, with particular reference to the measures identified in Section 2.3.

## **9 ITEMS FOR NOTING**

### **9.1 Internal Audit Report B26/21 – Financial Process Compliance**

Mrs Margo McGurk highlighted the positive internal audit report on Financial Processes and noted that there was no requirement to revise any internal controls across the Board during Covid. It also highlighted the work undertaken to redistribute our staff to ensure Procurement and PPE were prioritised within the early stages of the Pandemic. It also flags the work done on establishing Guiding Principles and recording the financial impact of Covid.

All staff within Finance and Procurement have worked really hard to enable this work and should be commended for their efforts.

The Committee **noted** the report and its positive rating.

## **9.2 Minute of IJB Finance & Performance Committee, dated 8 April 2021**

The Committee **noted** the minutes of the meeting.

## **9.3 Minute of the Primary Medical Services Committee, dated 1 June 2021**

The Committee **noted** the minutes of the meeting.

## **10. ISSUES TO BE HIGHLIGHTED**

### **10.1. To the Board in the IPR & Chair's Comments**

The Committee discussed the importance of ensuring that the development of the Population Health and Wellbeing Strategy includes an appropriate review and consideration of the risk profile which will be associated with its delivery over the medium to long-term. This will be an important consideration for the Board over this financial year.

## **11. Any Other Business**

There was no other business.

**Date of Next Meeting:** 7 September 2021 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

**STAFF GOVERNANCE COMMITTEE**

**(Thursday 1 July 2021)**

The Chair highlighted the following items to be escalated:

**1. Staffing Pressures**

- To highlight concerns about the daily pressures staff are currently experiencing, noting the increased demands in terms of service delivery, arising from clinical activity including front door and remobilisation of services and also about staffing levels, including recruitment and retention, and the impact of the requirement for staff to self-isolate.

Noting that this is a very delicate situation at present and that these concerns were highlighted to the Committee by the Executive team for awareness and are being raised within a number of fora including with SG colleagues, but requesting that an overview is provided to the Board, describing the challenges being experienced by staff and within services and the measures available to mitigate these, including those already in place.

- To commend staff for their continued efforts in respect of the pandemic and maintaining services during these challenging times, particularly, but not exclusively, nursing staff.

**2. Sickness Absence**

- The deterioration of the position in relation to sickness absence from the March 2021% rate of 4.43%, with a rate of 5.07% in April and 5.31% in May 2021.

The average rate for the rolling year to date is 5.11%. This is an improvement of 0.34% from the same period within the previous financial year.

- It was noted that COVID-19 related absence affected approximately 1.52% of the NHS Fife workforce in March 2021, 1.22% in April and 0.62% in May 2021.

**(UNCONFIRMED) MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 01 JULY 2021 AT 10AM VIA MS TEAMS**

**Margaret Wells**

Chair

**Present:**

Margaret Wells, Non-Executive Director (Chair)	Christina Cooper, Non-Executive Director
Alistair Morris, Non-Executive Director	Carol Potter, Chief Executive
Wilma Brown, Employee Director	Janette Owens, Director of Nursing
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum	Andrew Verrecchia, Co-Chair, Acute Services Local Partnership Forum
Kirstie MacDonald, Whistleblowing Champion	

**In Attendance:**

Kirsty Berchtenbreiter, Head of Workforce Development  
Nicky Connor, Director of Health & Social Care  
Helen Denholm, Head of Payroll Services (Agenda Item 6.4 only)  
Claire Dobson, Director of Acute Services  
Linda Douglas, Director of Workforce  
Susan Fraser, Associate Director of Planning & Performance  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Sandra Raynor, Senior HR Manager  
Kevin Reith, Deputy Director of Workforce  
Rhona Waugh, Head of Human Resources  
Gillian Westbrook, PA to Linda Douglas (Minutes)

**Observer:**

Hazel Thomson, Board Committee Support Officer

**01. Apologies for Absence**

Apologies were received from Margo McGurk, Director of Finance & Strategy. Helen Denholm, Head of Payroll Services, deputised for the South East Payroll Services Consortium Update item only.

**02. Declaration of Members' Interests and Chair's Opening Remarks**

There were no declarations of interest made by members relating to any of the agenda items.

The Chair welcomed members and attendees to the meeting; along with Hazel Thomson who was observing in her new role as Board Committee Support Officer. The Chair formally welcomed Kirstie MacDonald, Whistleblowing Champion for NHS Fife, who was attending her first meeting as a member and requested an agenda item be added to the September 2021 Staff Governance Committee agenda to enable K MacDonald to speak to her role and provide an update.

**Action: R Waugh**

The Chair reminded members that the Echo pen will be used to record the meeting and acknowledged the Emergency Footing which continues across NHS Scotland until 30 September 2021

The Chair advised members that Helen Bailey, PA to Director of Workforce, has decided to return to her native Northern Ireland following her recent ill health. Helen leaves NHS Fife on 16 July 2021. The Chair thanked Helen for her contribution to the Staff Governance Committee over the years and offered the Committee's best wishes for her move and future in Northern Ireland. A collection is taking place for Helen and details will be circulated for those wishing to contribute.

The Chair also advised members that Gillian Westbrook, Interim PA to Director of Workforce, has secured a permanent role in the private sector. Gillian leaves on 23 July 2021. The Chair thanked Gillian for her contribution to the Staff Governance Committee over the last few months and wished her well in her new job.

### **03. Minutes of Previous Meeting held on 29 April 2021**

The minutes of the meeting held on 29 April 2021 were formally approved as an accurate record.

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

The Chair noted that all outstanding actions on the Action List are covered in the meeting's agenda items, except for Item 0.8, which the Chair invited Linda Douglas to provide a verbal update on.

**Item 0.8: Linked Committee Minutes and Annual Reports and Escalation** - L Douglas informed the Committee there is no formal connection of escalation from the LPFs to APF then APF to Staff Governance with regards to the Terms of Reference. The LPF Co-chairs on this Committee escalate appropriate items to either APF or Staff Governance Committee. The Secretariat of this Committee as a matter of course will ensure points of escalation, should there be any, are noted. There is also the opportunity via this Committee for Co-Chairs of LPF or APF to propose for consideration any items to be included routinely in the Staff Governance Committee Workplan. L Douglas confirmed to the Committee that there are therefore several different mechanisms which allow the assurance of the connection between other committees and the Staff Governance Committee.

This confirmation was **noted** by the Committee.

**Item 6.2:** S Fevre highlighted an error on this action item, it should read September 2021 not September 2001. This correction was noted.

#### **4.1 Staff Governance Committee Annual Statement of Assurance 2020/2021**

G MacIntosh confirmed there were no requests for additions or changes to the paper presented following the April 2021 meeting. The Staff Governance Committee Annual Statement of Assurance 2020/2021 will be signed by the Chair of the Staff Governance Committee and be presented to the Audit Committee and Board.

The Committee **noted** that these items are now complete and can therefore be closed on the Action List.

## **05. GOVERNANCE**

### **5.1 Board Assurance Framework – Workforce Sustainability**

L Douglas informed the Committee that there were no significant changes or additions to the content of the BAF or the appendices provided covering the linked operational risks. The development of the Workforce Strategy 2022-2025 will provide the opportunity for a thorough review of the BAF. Apart from an update from C Dobson on Community Paediatrics, the paper is presented for noting to the Committee.

C Dobson provided a staffing update on Community Paediatrics. A Consultant Paediatrician started in March 2021, replacement for a Consultant who retired in 2020. There are currently 1.7 WTE Consultants in post and a further 1.6 WTE Locum Consultants in post, with the aim to recruit a further two new Consultants in early 2022. At present there are 0.6 WTE Locum Consultant for Child Protection, 0.6 WTE Associate Specialist for Adoption, 2.6 WTE Specialty Doctors who work across the service and a further 1.0 WTE Specialty Doctor will join the service in August 2021. Recruitment for an Advanced Nurse Practitioner will also take place over the summer.

C Potter highlighted for awareness, within the context of these workforce risks, ongoing discussions which are taking place between Board Chief Executives and Scottish Government colleagues regarding the current workforce pressures and staff availability.

A Morris welcomed the plan for a thorough review of the BAF with staff recruitment and retention being critical and requested that further reports are brought to this Committee.

W Brown emphasised the delicate situation at present around nurse staffing, with vacancies across all areas. The pressures from much sicker patients presenting, not always in the correct location due to capacity, are causing concern amongst staff looking after patients outwith their specialities. These same staff have been through a pandemic and are struggling to take much needed annual leave due to filling gaps in rotas. W Brown has recently met with C Dobson and L Douglas for further discussions regarding staff wellbeing.

K MacDonald referred to A Morris's previous comment, noting the BAF doesn't necessarily give a complete overview of how staff are affected on the ground. With reference to Linked Operational Risk ID 90: Radiology, with such a long-term issue, could assurance be provided that this is being managed and how staff are impacted, requesting more hands-on reporting with a higher level of operational detail. The Chair highlighted that despite previous in-depth reports, these are ongoing issues and continue to appear on the BAF.

J Owens provided feedback in respect of nurse recruitment, noting approximately 200 students have been recruited and will be in post by September 2021, possibly earlier but is dependent on NMC registration. Students have been offered posts aligned to their final placements to provide continuity. There are currently 7.1% nursing vacancies in NHS Fife, which is a similar position to that within other Boards. Work is also progressing around International recruitment. A paper will be presented at EDG in early July 2021, highlighting the current staffing issues and proposed solutions.

A Verrecchia informed the Committee that the number of presentations to the Emergency Department is higher now than at any other time, the focus should be on why people are presenting and reducing this number, as solely increasing staffing will not resolve this issue. The Chair highlighted the link to the Clinical Governance Committee agenda and the critical issue of the routes individuals are having to take to access services due to waiting times, criteria and access to GPs.

C Cooper informed Committee that other Health Boards are now using recruitment platforms to recruit staff. Following an example provided by W Brown in respect of recent recruitment to a Band 6 nursing post, L Douglas advised that if a candidate was unsuccessful in a particular role due to their current skill set, alternative placements matching their experience would be considered. There is a fundamental supply issue and work will continue to recruit and develop staff. L Douglas will take on board the comments regarding additional reporting and review future reporting to provide the Committee with the assurance and oversight required.

**Action: R Waugh**

The Chair asked where the pressure is coming from and to what extent is the Remobilisation Plan adding to this? C Dobson advised that the Remobilisation Plan will be reviewed based on the current unprecedented pressures. Patients are presenting from a number of sources, including those who have been unwell for some time and are now acutely ill, resulting in increased hospital admissions and additional support at discharge. The number of patients now in delayed discharge is higher than during the pandemic. Staff may need to be remobilised into different areas to ease pressure, however, these are the same group of staff who have worked throughout the pandemic and to move staff again will be challenging.

N Connor advised that this is recognised as a whole system issue, with pressures in Primary Care and the Social Care system not unique to NHS Fife. It is essential that public messaging and communications, both locally and nationally, are informing public where to go for the correct support.

C Potter assured the Committee that everything possible is being done, however, there is no easy solution. This issue has been escalated through the Civil Service within the Scottish Government and highlighted to the Cabinet Secretary. Pressures are not solely due to the Remobilisation Plan, but also due to the current health of the population.

The Chair said it is not enough to depend on staff resilience and there is a requirement to look at solutions within the current resources, re-assessing the Remobilisation Plan and entry points to the system and requested a summary report should be presented to Board.

The Committee noted the report and approved the current risk ratings and Workforce Sustainability elements of the Board Assurance Framework. In addition, the Committee requested that the current staffing pressures, issues around recruitment and retention and steps being taken locally and nationally be addressed and taken to the Board, recognising this as a whole system issue across NHS Fife, the Health and Social Care Partnership and the Integrated Joint Board.

**Action: L Douglas**

## **5.2 Staff Governance Annual Monitoring Return 2020/2021**

S Raynor provided an update on the Staff Governance Annual Monitoring Return for 2020/2021 (referred to as the Return). The Scottish Government wrote to all Boards on 28 May 2021, with a return date of 24 September 2021. The template differs this year as the Scottish Government have already reviewed the range of information already provided by NHS Fife and the template reflects receipt of the NHS Fife Interim Joint Workforce Plan for 2021/2022.

The Return has been shared with APF, Staff Side members and other key individuals. The Health and Social Care Partnership and Acute Services LPFs have shared the work around producing their annual reports for 2021; the information which sits within these will feed into the overall return to Scottish Government. SG colleagues have yet to indicate the revised timescales for feedback to Boards from later receipt of the Return, but a second stage

analysis will involve a review of Board Returns. Board feedback conversations which will replace the existing paper mechanism for providing feedback and receiving further information are expected in Quarter 3. Finally, later in 2021 an overview is likely to be presented to the Scottish Workforce & Staff Governance (SWAG) group, in the form of a thematic paper for discussion.

S Raynor highlighted that the Return focuses on the five individual strands of Staff Governance, as well as staff experience and culture. The return covers areas around appraisals during the pandemic, partnership working and remobilisation, pre-existing equality issues regarding the BAME group and the new Whistleblowing standards. The population of the template is underway and will be presented to APF in July, EDG in August and circulated to this Committee for comment, prior to formal submission to the Staff Governance Committee meeting on 2 September 2021.

W Brown welcomed the new layout of the Return compared to the previous Staff Governance Action Plan. W Brown advised the Committee that an Interim Partnership Group has been created predominantly looking at issues around Agenda for Change. Both S Fevre and A Verrecchia as Co-Chairs of LPF sit on this group, as well as W Brown, as Chair of APF and Employee Director. The group will also review the completed Return to ensure inclusion of all necessary information. S Fevre and A Verrecchia have discussed producing LPF Annual Reports which will assist with the completion of this Return.

K Reith highlighted that the process of SG colleagues analysing existing data before submitting their requests to Boards has been welcome. While similar information has been requested nationally with slight variations between Boards, requests have been specifically tailored to each Board.

The Committee **noted** the content of the paper and the Staff Governance Annual Monitoring Return for 2020/2021.

### **5.3 Corporate Objectives 2021/2022**

C Potter presented the Corporate Objectives for 2021/2022, highlighting that these build on previous verbal updates given to the Committee and conversations within Board Development Sessions. The report will be presented to all Governance Committees in advance of going to Board. Slight changes have been made to the format of the 2021/2022 Corporate Objectives (Appendix 2), each objective is directly aligned to an Executive Director in terms of their leadership roles and also identifies Directors with a contributory or supportive role. C Potter advised that an exercise is taking place to ensure alignment of individual Directors personal objectives and all corporate objectives.

S Fevre raised concerns in respect of the objective “Ensure effective staff engagement and communication”, how is this measured given that issues have been raised by staff concerning StaffLink? W Brown highlighted that the quality and quantity of staff communications are excellent, however, the delivery platform via StaffLink means communications are lost if not seen within a few days of posting. Printing of comms for staff who don't have digital access has not been taking place on a regular basis. This was raised at the APF and there was a request for a workgroup to be set-up, however, this has yet to be established.

L Douglas highlighted to Committee that this was a review of a previous 2020/2021 corporate objective, but building on this work options for what can be measured to ensure effectiveness of communication can be explored. L Douglas took the opportunity to thank Kirsty MacGregor and her team for the delivery and development of these communications and will discuss the request for a working group with K MacGregor.



S Fevre advised the Committee that he has received feedback from staff that they don't find StaffLink effective and there is difficulty finding information, as there has been reinvestment in this system, it is important that the working group takes place to ensure it delivers what is required by staff.

C Potter emphasised the importance of the Staff Side and Communications Team meeting taking place and requested any comments or feedback be based around evidence and data. Given that there are no other system alternatives to StaffLink at present, the Committee needs the assurance from the proposed working group in respect of the effectiveness of all staff communication tools, if there are alternative approaches, these should be considered and implemented.

**Action: L Douglas**

The Committee **noted** the report and that the Corporate Objectives for 2021/2022 will be considered by the Board at their next meeting.

## **06 STRATEGY / PLANNING**

### **6.1 Workforce Strategy 2019-2022 Update and 2022-2025 Strategy Development**

K Reith advised the Committee that the extant Workforce Strategy is in its final year and the process of reviewing the delivery of strategy for the period 2022 onwards has begun. The work will be informed by the development of the Population Health & Wellbeing Strategy, which will build on the work of the Clinical Strategy 2016-2021. All Boards are required to develop and submit a 3 year Workforce Plan by 31 March 2022, which links in with the 3 year Financial Plan. In terms of the review of the existing strategy, the Operational Workforce Planning Group is reviewing the action plans, with oversight from the Strategic Workforce Planning Group. The 3 year Workforce Plan will be presented to Committee prior to publication in March 2022 and an overview of and update on 2019-22 actions will be provided at a future Staff Governance Committee meeting.

A Morris referenced the Workforce Strategies which are still extant and asked for confirmation of what percentage of existing action plans are still to be fulfilled, given the feedback on current workforce pressures and therefore the likelihood of there being capacity to fulfil the strategies? K Reith advised that extant action plans are currently being reviewed and will be used as the basis for a future report to the Committee. The strategies will direct attention to the longer term needs for workforce supply and demand and it is key to keep these at a high strategic delivery level. A Morris emphasised that it is essential staff don't perceive the senior management team as being remote, which is the danger with new strategies when staff are already feeling overwhelmed. K Reith agreed and recognised the balance needed to support staff.

L Douglas advised that the Workforce Strategy development will be led by the Organisational Population Health and Wellbeing Strategy, with engagement and participation by citizens and employees. Ensuring participation, engagement and communication will enable staff to recognise that it takes account of their experience. The Chair highlighted the importance of this point being considered in respect of the realities our staff are currently facing.

The Committee **noted** the content of this report.

### **6.2 Development of the Population Health and Wellbeing Strategy**

S Fraser provided an update following discussions held at the recent 29 June 2021 Board Development Session, noting points made in respect of the previous agenda item, which are also relevant to the development of the Population Health and Wellbeing Strategy. A good discussion took place at the Board Development session on communication, engagement and participation, confirming the commitment to engage with staff during the development and delivery of the strategy, considering the current pressures staff are experiencing.

The Committee **noted** the Development of the Population Health and Wellbeing Strategy and that further updates will be provided to the Committee on its progress.

### **6.3 East Region Recruitment Transformation Shared Services Agreement**

S Raynor provided an update on the progress of the recruitment transformation services for the East Programme Board and reminded the Committee that the preferred model is a single employer with multiple locations following an employer assessment process, with Lothian appointed as the host board. The model has been approved by the respective Boards, with delivery of the model structure still requiring approval. NHS Fife recruitment team TUPE transferred to NHS Lothian on 1 June 2021 and staff are currently working under a Memorandum of Understanding (attached to the paper). This covers the interim period from TUPE transfer through to the Shared Services Agreement taking effect, which will be subject to an agreed implementation plan. The Agreement was shared with EDG in June 2021 for awareness and will progress through each Board's local governance process during the summer period, with a conclusion by the end of July 2021.

A Morris asked if there had been any concerns raised by staff with regards to losing their NHS Fife identity? S Raynor confirmed this was a topic raised across all Boards involved and a Q&A was developed which covered the issue of identity. NHS Fife staff have been relatively comfortable with the transfer and recognise the service they want to improve and continue to deliver.

S Fevre requested clarification on item 2.3.2 around organisational changes taking place between June and August 2021, along with the content of item 2.3.7 requesting assurance that the Business Case was approved by APF Staff Side members? S Fevre also asked in relation to service users, what difference will they see in terms of the recruitment process and how will performance and accountability be measured within NHS Lothian?

L Douglas apologised for the error in wording on the paper as the APF has an endorsing and engagement role, rather than an approving role, which sits with EDG. All groups have been appropriately engaged within their remit in respect of the Business Case and Staff Side colleagues have been fully engaged on the Programme Board. In respect of service users, L Douglas is currently a recruiting manager and has experienced no change in the recruitment process, or services offered. Once the process is complete recruiting managers will have access to the same services with a wider staffing complement. Development of regional services also allows system updates to be completed in a single instance, rather than within individual Boards. Being part of a larger organisation will also benefit staff in respect of mentoring, coaching, development opportunities and promotion, not always available in a smaller team. Structural organisational changes may take place within the Regional Team, but there will be no detriment to the current post holders. S Raynor confirmed that staff will now participate in the process of organisational change in partnership with local Staff Side representatives.

A Verrecchia expressed concern regarding the TUPE transfer taking place prior to staff transferring having confirmation of any changes to their roles, saying this was raised by staff

members at their 1:1s. L Douglas confirmed that staff were aware that their current roles would continue within the new service and that opportunities for development and promotion would be generated through this process, which NHS Lothian will now progress.

The Chair requested clarification on how recruitment reporting will be brought to this Committee? L Douglas advised that any reporting required will continue to be available via NHS Lothian.

The Committee **noted** the progress in implementing the new model in relation to the East Region Recruitment Service.

#### **6.4 South East Payroll Services Consortium Update**

The Chair welcomed Helen Denholm to the Staff Governance Committee, representing Margo McGurk.

H Denholm reported that sustainability and resilience across the region continues to be problematic, due to recruitment and retention. The Regional Consortium has agreed the approach suggested by Directors of Finance with regards to a phased approach. NSS are mindful of staff concerns and have been engaging via workshops, this has been problematic due to current workload, but are ensuring staff are given time to attend and socialise with colleagues from other Boards.

S Fevre raised concerns regarding the loss of NHS Fife identity mentioned in previous papers. S Fevre asked about the workshops taking place, about the plans for these and are Staff Side able to attend alongside staff. H Denholm informed the Committee that the third workshop took place this week and Staff Side members of the Programme Board are attending. Managers are not attending to enable staff to have open discussions.

W Brown raised concerns regarding Payroll Services workload due to the recent AfC pay increase, back pay and staff vacancies, questioning why this model is being implemented when there is currently no capacity for support from other Boards due to workload? S Fevre pointed out that this highlights the staffing issues and pressures in other areas, not only clinical. C Potter requested that we defer a decision on this matter and refer back to M McGurk for further consideration with EDG and Regional colleagues.

**Action: M McGurk**

The Committee agreed to **defer** this matter for further consideration by M McGurk, EDG and Regional colleagues. In addition, the Committee asked H Denholm to express their thanks to the Payroll Team for their continued hard work.

### **07. QUALITY / PERFORMANCE**

#### **7.1 Integrated Performance & Quality Report**

L Douglas reported sickness absence levels within NHS Fife covering the period to the end of April 2021. The Board rate is 5.07% and all improvement actions are ongoing. A Morris expressed his disappointment in seeing the change in trend which has been encouraging over the previous months and would be interested to know the contributing factors to this. In terms of the HSCP position, N Connor advised that the top three causes for absence remain the same, including stress with an ongoing focus on what more can be done around staff wellbeing, tiredness and low resilience. Bitesize drop-in sessions have been taking place to ensure direct discussions with staff. C Dobson advised of a similar position within the Acute Service Division, work is taking place with colleagues within the LPF to ensure reviews and

improvement panels are in place. Discussions have also taken place around supporting Managers to ensure they are having positive conversations with colleagues who are experiencing difficulties.

The Chair commented on the absence of COVID-19 related absence figures, and with the sickness absence target never being achieved, why the sickness absence trajectory has been reduced? L Douglas advised the Committee that the COVID related absence data will be contained within the Health and Wellbeing Report which is scheduled for the September 2021 Committee meeting. It was noted that COVID-19 related absence affected approximately 1.52% of the NHS Fife workforce in March, 1.22% in April and 0.62% in May 2021. The trajectory for sickness absence targets was established nationally pre-pandemic in 2018, these figures do not consider the pandemic impact on staff health and wellbeing and absence figures. These will be subject to review, but no national feedback has yet been provided.

The Committee **noted** the IPQR and considered the NHS Fife performance, with reference to the levels of Sickness Absence and the continued caveats around this.

## **7.2 NHS Fife Workforce Information Overview**

K Reith informed the Committee that the NHS Fife Workforce Overview is an improvement journey developing and extending the availability of workforce information for all levels of management decision making. This is the first iteration of a proposed regular report to the Committee looking at the broader workforce issues, working alongside colleagues in other Boards using the Tableau visualisation tool, drawing information out of existing workforce and financial systems to provide the overview within this paper.

S Fevre requested that information around Equality and Diversity is included in future reports, as the Staff Side representative on the newly formed BAME network, part of his role is to raise the profile around Equality and Diversity issues. K Reith confirmed that this information can be extracted from our systems and will look at the possibility of including this in future reports.

The Committee **noted** the content of the NHS Fife Workforce Information Overview report.

### **8.1 Minute of the Area Partnership Forum dated 19 May 2021 (unconfirmed).**

The Committee **noted** the minutes.

### **8.2 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 12 May 2021 (unconfirmed)**

The Committee **noted** the minutes.

### **8.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 6 May 2021 (unconfirmed)**

The Committee **noted** the minutes.

### **8.4 Minutes of the NHS Fife Strategic Workforce Planning Group Meeting dated 18 May 2021 (unconfirmed)**

The Committee **noted** the minutes.

## **09. ISSUES/ ITEMS TO BE ESCALATED TO THE BOARD**

The Chair highlighted items to be escalated:

### **1. Staffing Pressures**

- To highlight concerns about the daily pressures staff are currently experiencing, noting the increased demands in terms of service delivery, arising from clinical activity including front door and remobilisation of services and also about staffing levels, including recruitment and retention, and the impact of the requirement for staff to self-isolate.

Noting that this is a very delicate situation at present and that these concerns were highlighted to the Committee by the Executive Team for awareness and are being raised within a number of fora including with SG colleagues, but requesting that an overview paper is provided to the Board, describing the challenges being experienced by staff and within services and the measures available to mitigate these, including those already in place.

- To commend staff for their continued efforts in respect of the pandemic and maintaining services during these challenging times, particularly, but not exclusively, nursing staff.

### **2. Sickness Absence**

- The deterioration of the position in relation to sickness absence from the March 2021% rate of 4.43%, with a rate of 5.07% in April and 5.31% in May 2021.

The average rate for the rolling year to date is 5.11%. This is an improvement of 0.34% from the same period within the previous financial year.

- It was noted that COVID-19 related absence affected approximately 1.52% of the NHS Fife workforce in March 2021, 1.22% in April and 0.62% in May 2021.

## **10. ANY OTHER BUSINESS**

The Chair informed the Committee that this was her final Staff Governance Committee meeting as Chair and thanked members for their support. L Douglas thanked the Chair on behalf of C Potter and all members of the Committee for her contribution to this Committee. W Brown also thanked the Chair on behalf of Staff Side for her support.

## **11. DATE OF NEXT MEETING**

The next meeting will be held on Thursday 2 September 2021 at 10.00am via MS Teams.

**COMMUNITIES & WELLBEING PARTNERSHIP**

**(Meeting on 7 June 2021)**

No issues were raised for escalation to the Board.

Unconfirmed

**Communities & Wellbeing Partnership**  
**Meeting by Teams, Monday 7<sup>th</sup> June, 2.00-4.00pm**  
**Notes**

**Present:** Judith Allison, Cllr Lesley Backhouse, Ruth Bennett, Archie Campbell, Lucy Denvir, Mike Enston, Andrew Gallacher, Cllr Judy Hamilton (chair), Kenny Murphy, Karen Pedder, Gavin Rennie, Helen Rorrison, Chief Inspector Adam Smith, Tricia Spacey, Karen Taylor, Jo-Anne Valentine

**Attending:** Gill Musk

**Apologies:** Nicky Connor, Cllr Fiona Grant, Nina Munday, Rona Weir, Margaret Wells

**1. Welcome and introductions**

Judy welcomed members, in particular those new to the group. Karen Pedder, Service Manager, has taken over from Lynn Gillies representing Children & Families and Criminal Justice Services. Adam Smith, Chief Inspector for Partnerships, will represent Police Scotland from now on. Andrew Gallacher, Community Manager for Dunfermline, and Helen Rorrison, Head of Community Development, FVA, are co-chairs of the CLD Partnership.

Apologies were noted as above. Judy shared a message of thanks and support to the partnership from Margaret Wells, whose term on the NHS Fife Board ends in July. On behalf of the group, Judy expressed appreciation for Margaret's contribution.

**2. Matters arising from meeting on 1<sup>st</sup> March**

Notes were approved as an accurate record.

Kenny has liaised with Nina and amended several parts of the volunteering action plan, to strengthen the focus on inclusion and diversity. Members agreed that the volunteering strategy and action plan should now go to Fife Partnership Board for approval. **ACTION: Kenny**

Helen noted that consistent language should be used in the new CLD Plan. **ACTION: Helen/Andrew**

**3. Plan for Fife update – Mike Enston**

Mike introduced the draft outline Plan (link circulated with agenda). The final revised Plan will go to Fife Partnership Board (FPB) in August. There is an opportunity from now to end July to consider and help shape the Plan.

The draft Plan sets out four renewal priorities plus 12 existing ambitions. A 13<sup>th</sup> ambition - on carbon emissions – has been agreed by FPB. Each ambition will be led by a senior officer, who will report annually to FPB; four leadership groups will lead work on the priorities. Partnerships are to have a role in shaping and scrutinising. Further discussion is needed to avoid duplication of membership.

Mike invited comments.

There was some discussion around the ambitions and renewal priorities, and the breadth of Communities & Wellbeing Partnership's interests.

Lucy asked for clarification of lines of accountability.

Mike confirmed that partnerships are not directly accountable to FPB – this is the remit of the four renewal groups and leaders for each ambition. The role of partnerships should be participating in, scrutinising and commenting on the agenda.

Kenny asked about who drives and owns the process.

Mike noted that the lead for each renewal priority/ambition will have as part of their brief the role of joining up agendas – e.g. the lead for anti-poverty work would need to link directly with CWP.

Leads will be drawn from different agencies; engagement on this is under way.

#### **4. Mental health and wellbeing – Ruth Bennett**

Ruth presented a series of slides (attached) and noted that a paper would follow.

She gave an overview of the Mental Health Strategy and noted that the MHSIG (Mental Health Strategic Implementation Group) will be chaired in future by Rona Laskowski. It reports to the Clinical & Care Governance Committee (chair - Cllr Brett).

Scottish Government's Action 15 funding has supported various strands of activity in Fife:

- Development of unscheduled care assessment teams (specialist staff to support people presenting at A&E, Police and other emergency settings)
- Peer support through Sam's Cafés in Kirkcaldy, Dunfermline and A&E at the Victoria Hospital
- CAMHS Primary Mental Health workers (new posts to support GP practices)
- Posts created to support the women's Criminal Justice team
- New Local Area Coordinators in primary care and Community Connector posts being recruited to help people access support in local communities. Based on Good Conversations model and involves working with wide range of partners
- Better than Well - coaching and support for people who've experienced childhood trauma (in Dunfermline, Glenrothes and Cowdenbeath)
- Community Wellbeing Hubs – a new proposal that will involve Psychology staff helping people to link with other services, to meet long-term needs. Details to follow.

Mental Health Strategy Commitment 1 focuses on prevention and early intervention. Mental health has been a priority throughout the pandemic, with much happening around employment, children and young people and suicide prevention.

Ruth chairs the multi-agency suicide prevention core group. They are working with Police Scotland to get real-time data, so they can be more responsive. Information resources have been revamped

Ruth also noted the huge uptake in workforce development online training in the last year and work to get messages out to communities, e.g. through working with football clubs.

Judith sits on the oversight group for the Community Mental Health and Wellbeing Supports work. (See papers previously shared by Rona Weir.) Kenny highlighted a lunchtime learning event being held by FVA/Rona Weir on 8<sup>th</sup> June.



Ruth highlighted the extensive data on the impact of the pandemic on mental health. Calls and referrals to Samaritans, NHS24, Breathing Space and others have increased markedly, and work is under way with education/colleges to better understand the impact on young people.

Adam welcomed Ruth's update and the focus on prevention/early intervention. He asked about staffing for unscheduled care. Ruth to include details in summary paper. **ACTION: Ruth**

Judith noted the big emphasis on youth work and early intervention in the Community Mental Health and Wellbeing Supports work and will connect with Adam to explore linking commissioned services with police.

Judy highlighted the important role of community groups and CLD in prevention/early intervention.

Tricia noted delays in court systems and a weaker link with Victim Support than previously. Support for victims may be a gap. Ruth suggested a further discussion.

## 5. CLD Plan – Helen Rorrison, Andrew Gallacher

(Andrew joined the meeting at 2.30pm.)

Helen outlined work to develop the CLD Partnership Group with appropriate representation. A recent workshop had input from a HMIE inspector, to help ensure the new plan is on track.

She emphasised the need for community focus. A tool for this has been developed, which will be tested internally. The group is also collaborating with other local authorities to ensure synergy.

Andrew asked for members' feedback on the CLD Plan and its relationship to the Plan for Fife.

Lesley suggested that learning around improving the health and wellbeing of mums and babies should be included.

Kenny welcomed the commitment to stronger community involvement and raised the need to tackle the digital divide with good support and learning opportunities.

Karen has taken the lead role for developing community social work and suggested collaboration over community engagement activities, to avoid duplication.

Tricia noted the potential to do more with feedback via social media channels.

Ruth pointed out that the child poverty action plan is in preparation and there should be join-up across both plans. Helen will flag this with the CLD Partnership Group. **ACTION: Helen**

Judy highlighted the potential to build on community activism over the pandemic; capacity building in communities will be key to the community wealth building agenda.

Archie raised the new community learning opportunities created during Covid.

Members:

- noted the CLD plan update for 2018 to 2021
- approved the CLD plan template for the period 2021 – 2024
- approved the processes outlined in the Terms of Reference around scrutiny and reporting

The new CLD Plan will be presented to Communities & Wellbeing Partnership in September.

## **6. Your Story, Your Community – Kenny Murphy**

Kenny provided a brief background to this project (discussed at previous CWP meetings). This has aimed to capture people's experiences during the pandemic, to gather intelligence to feed into the revised Plan for Fife.

Promotion began before Christmas and has been widespread, with support of FVA/Council/NHS Comms teams and other partners. Approx 110 stories have been submitted.

Analysis is now under way. Though not a statistically significant sample, this should provide valuable qualitative information.

## **7. Any other business**

Kenny noted work with the Council's Emergency Resilience team on how we can help people mobilise more quickly in future. Lunchtime training sessions are being launched for people thinking about volunteering.

Lucy asked when the redrafted Physical Activity and Sport Strategy would come back to partners for further feedback. Mike to advise. **ACTION: Mike**

## **8. Date of next meeting**

14th September 2021, 1.00-3.00pm

## ITEM 2

## Regional Cancer Advisory Group and East Region Programme Board

Date: Friday 30 April, 2021

Time: 1330-1500

Venue: Via Microsoft Teams



### MINUTES

#### Present:

C Campbell ( <i>Chair</i> )	Chief Executive, NHS Lothian, Chair of RCAG
B Alikhani	SCAN Network Manager
J Balkan	Regional Workforce Planning Manager, East Region
J Butler	Director of Human Resources, NHS Lothian
J Campbell	Chief Officer, Acute Services, NHS Lothian
C Dobson	Director of Acute Services, NHS Fife
L Douglas	Director of Workforce, NHS Fife
S Fraser	Associate Director of Planning & Performance, NHS Fife
T Gillies	Medical Director, NHS Lothian
S Goldsmith	Director of Finance, NHS Lothian
V Gration	Deputy Head of Strategic Planning, NHS Dumfries & Galloway
S Kerr	SCAN Lead Pharmacist
J Mander	SCAN Clinical Lead
L McCallum	Medical Director, NHS Borders
J McClean	Director of Regional Planning, East Region
C McKenna	Medical Director, NHS Fife
M Paterson	SCAN Project Support Manager
R Roberts	Chief Executive, NHS Borders
J Smyth	Director of Strategic Change & Performance, NHS Borders
C Stirling	Site Director, Western General Hospital, NHS Lothian
N Waters	Diabetes Programme Manager, East Region
<b>In attendance</b>	
J Browning	Pharmacy Lead for Regional Formulary – For ITEM 9
A Wall	Associate Director of Pharmacy, NHS Lothian – For ITEM 9

#### Apologies:

J Ace	Chief Executive, NHS Dumfries & Galloway
W Brown	Employee Director, NHS Fife
J Crombie	Deputy Chief Executive, NHS Lothian
C Potter	Chief Executive, NHS Fife
K Donaldson	Medical Director, NHS Dumfries & Galloway
L Hayward	Associate Medical Director, Cancer Services, NHS Lothian
A McMahan	Director of Nursing, NHS Lothian
M McGurk	Director of Finance, NHS Fife
D Phillips	Director of Regional Workforce Planning, East Region

		ACTION
1.	<b>Welcome and Apologies</b> C Campbell welcomed everyone to the meeting and noted apologies.	

2.	<p><b>Minutes of Previous Meeting</b></p> <p>The Minutes from the previous meetings of the Regional Cancer Advisory Group held 6<sup>th</sup> November 2020 and East Region Programme Board held 5<sup>th</sup> February 2021 were reviewed and agreed as an accurate record.</p>	
3.	<p><b>Programme of Clinical Audit</b></p> <p>J Mander updated the group on the five QPI Summary Reports circulated prior to the meeting. It was noted that the reports had been discussed at the recent Regional Cancer Planning Group.</p> <p><u>Prostate</u></p> <p>J Mander noted that no clinical concerns have been highlighted within the prostate QPI results, adding that some of the chemotherapy indicators are aspirational and are not being met by any board in Scotland currently.</p> <p><u>Brain</u></p> <p>J Mander highlighted performance against QPI12 (An identified key worker by first MDT) with SCAN scoring 0% in this report due to recording issues. The MDT document has been revised to include a new box to record whether a key worker is in place and this QPI is expected to improve in future reports.</p> <p><u>Gynaecology</u></p> <p>J Mander advised that NHS Lothian has been noted as an outlier in Endometrial QPI1 (Radiological Staging with an MRI of the pelvis performed prior to definitive treatment) with a different model compared to the rest of the country. Discussions between Gynaecology and Radiology leads have taken place and NHS Lothian will now alter practice to be in line with the QPI.</p> <p>J Mander also highlighted Ovarian QPI4 (Patients with early stage disease have an adequate staging operation) noting that SCAN performance against this QPI has decreased over several years. Cameron Martin, SCAN Gynaecology Lead has been asked by the RCPG to review cases to identify if any system challenges are contributing to performance. Feedback will be provided at the next RCPG meeting.</p> <p><u>Oesophageal Gastric</u></p> <p>J Mander advised that no clinical concerns have been highlighted through the QPIs and the oncological morbidity and mortality rates in SCAN are amongst the best in Scotland.</p> <p><u>Renal</u></p> <p>J Mander brought the groups attention to QPI11 (Patients with clear cell RCC who are assigned a Leibovich score following radical nephrectomy). NHS Fife score 0% against this QPI due to using a separate scoring system. J Mander confirmed that this is an acceptable alternative and patients are not being impacted.</p> <p>T Gillies asked how the QPIs might be more meaningful and relevant in improving clinical outcomes and noted that some QPI reports contain aspirational targets that are not consistently applied across the different tumour groups. T Gillies suggested that some of the national groups could look to support developing greater consistency so aspirational targets are within the same area of practise across tumour sites.</p> <p>It was agreed that T Gillies would meet with J Mander to discuss this further and feed back at a future meeting.</p>	JM/TG
4.	<p><b>Regional Approach to Strategic Planning for Cancer Services &amp; Cancer Capital Programme</b></p> <p>J McClean provided an overview of recent discussions with Board Chief Executives, which set out the current strategic planning activity underway in cancer services across the region, specifically development of the business case for the regional cancer centre, development of Board's local service strategies and government led policy and strategy. It was noted that</p>	

	<p>transformation of cancer services in the region has been discussed recently in a number of regional fora, with further discussion planned to understand the scope. J McClean asked RCAG to note the ongoing work and support continued collaboration across the region to ensure essential alignment of strategies and timescales with further discussion on transformation to clarify scope and ambition.</p> <p>C Campbell advised that J Crombie has been asked to schedule a meeting with partner board Chief Executives to understand board plans in support of the ongoing work programme.</p> <p>C Stirling provided an update on the Oncology Enabling Works on the Western General Hospital site highlighting:</p> <ul style="list-style-type: none"> <li>• The work involving car park 3 is underway, which will provide space for the additional LINAC machine.</li> <li>• The new Haematology unit will open to patients in July 2021 allowing other areas to be reconfigured to address current spacing challenges.</li> <li>• The Clinical Trials Team have moved to the Scottish Health Service Centre, which will provide long term capacity.</li> </ul> <p>RCAG noted the updates.</p>	<b>JCr</b>
<p><b>5.</b></p>	<p><b>NHS Dumfries &amp; Galloway Cancer Network Alignment</b></p> <p>V Gration provided an update on the strategic cancer network alignment of NHS Dumfries &amp; Galloway, advising that the forthcoming Board meeting will discuss the alignment of cancer services.</p> <p>The outcome of the discussion will be fed back at the next Regional Cancer Advisory Group meeting.</p>	<b>VG</b>
<p><b>6.</b></p>	<p><b>National Action Plan for Cancer Services</b></p> <p>B Alikhani provided an update to the group on national workstreams and the Scottish Government's National Cancer Action plan.</p> <p><i>Scottish Cancer Network:</i> National Services Scotland is to host the Scottish Cancer Network, which will act as a resource for the Scottish Government 'Once for Scotland' approach. The network will work on national clinical management guidelines as well as guidelines for lower volume cancers. A Clinical Lead has been appointed and is due to take up post in June.</p> <p><i>Prehabilitation and Single Point of Contact:</i> National short life working groups for Prehabilitation and Single Point of Contact have had their first meetings and both groups have representation from the SCAN boards via the Cancer Managers Forum.</p> <p>The Prehab group will also look to establish 3 subgroups to progress national frameworks for psychological and nutritional support and to deliver a national digital resource by the end of December.</p> <p>The Single Point of Contact group will look to focus on understanding what is meant by the single point of contact initiative and how it fits alongside other roles such as the CNS or the ICJ Key Worker roles. The aim is to implement pilots in this financial year and has one of the largest funding allocations attached to the Recovery Plan.</p> <p><i>Early Cancer Diagnostic Centres:</i> NHS Fife and NHS Dumfries &amp; Galloway were both successful with bids to pilot Early Cancer Diagnostic Centres. Both pilots are planning to go live next month.</p>	

	<p><i>Patient Reported Outcome Measures (PROMs):</i> A national PROMs Advisory Group has been established to oversee PROMs activity across Scotland. The group will also develop the principles for its use along with funding for all three Regions to implement pilot projects.</p> <p><i>National Funding Initiatives:</i> B Alikhani stated that, as far as he is aware, no NHS boards have been successful in the recent funding round with any proposals for 2021/22 onwards. Funding has been approved for national initiatives; however the Scottish Government have not formally announced these due to election reporting restrictions.</p> <p>Following discussion at the Regional Cancer Planning Group, the Chair, C McKenna, wrote to the Scottish Government to provide feedback on the process and to highlight concerns re the process.</p> <p>SAMD have also recently shared their considerations on the large number of objectives within the Cancer Recovery Plan, suggesting that it is creating a complex vision instead of concentrating on recovery and simplifying objectives. An SBAR has been shared with the Board Chief Executive Strategic Coordination Group setting out SAMD comments.</p> <p>The Chair of the Board Chief Executives has requested that Regional Cancer Networks assess the implications for delivery, identify regional priorities, and consider how these are linked to clear regional implementation plans focused on maximising impact, with a briefing prepared for the next Board Chief Executive Strategic Coordination Group meeting on the 19 May 2021.</p> <p>SCAN have scheduled an RCPG Sub-Group meeting on 11 May to review the potential regional priorities for 2021/22. Feedback from this group will be submitted to the RCPG and RCAG so a formal SCAN Work Plan can be agreed.</p> <p>T Gillies queried if the QPI programme can be used to build on success and help understand how to best utilise current resources. T Gillies added that it is important to understand what areas of the Cancer Recovery Plan will have the greatest impact on recovery and improve the patient experience and outcomes.</p> <p>R Roberts also noted that workforce will need to be considered as a limiting factor therefore there may be a requirement to prioritise based on existing workforce availability.</p> <p>The RCAG agreed the approach set out by B Alikhani and feedback will be provided to Board Executive Teams ahead of the 19 May BCE meeting.</p>	<p><b>BA/JM</b></p>
<p><b>7.</b></p>	<p><b>SCAN Skin &amp; Haematology Clinical Leads</b></p> <p>J Mander informed the group that following the appointment of E Brown to SCAN Regional SACT Lead, the SCAN Skin Group is without a chair. Currently two unsuccessful recruitment attempts have been made. J Mander will chair both groups in the interim period until a permanent chair has been recruited.</p> <p>J Mander also added that the SCAN Haematology Group is without a chair after the most recent chair stepped down at the end of 2020. J Mander added that the Haematology service is currently under pressure across the region with several vacancies within SCAN.</p>	

	<p>T Gillies noted that a discussion re broader Haematology services had previously been convened however, local challenges had been overcome on a short term basis with further discussions paused at that time.</p> <p>C Campbell requested that Board Medical Directors discuss this further with J McClean to support through agreement on a set of principles to underpin the discussions/future arrangements.</p>	<b>MDs/JMcC</b>
<b>8.</b>	<p><b>Regional Diabetes Programme</b></p> <p>N Waters updated the group on the regional diabetes programme. ERPB was advised that Directors of Finance have recently received a breakdown of the programme funding and asked to input suggestions to the evaluation of the programme.</p> <p>N Waters presented slides to the group, which provided an update on the programme including a more detailed update on the whole system pilots in 5 of the council/IJB areas.</p> <p>T Gillies commented that it was helpful to see the level of local connections being built as a result of the programme and asked if the hypothesis of the programme was to establish local connections or if communities move themselves towards a healthier life.</p> <p>N Waters advised that workshops were used to understand what was important to communities and ask them to explore the issues and develop a collective solution.</p> <p>J McClean noted that N Waters will be leaving her role in the next month and that this would be her last attendance ERPB. J McClean is working with N Waters on an assessment of the programme including future leadership and governance arrangements.</p> <p>J McClean highlighted the tremendous work achieved by N Waters and the team over the last 2 years and thanked her on behalf of the group.</p> <p>C Campbell noted that the group will keep this under review and asked for an update at the next meeting.</p>	<b>JMcC</b>
<b>9.</b>	<p><b>Regional Pharmacy Formulary</b></p> <p>J Browning was welcomed to the meeting and provided an update to the group on progress with moving NHS Lothian formulary to a digital platform. J Browning explained the next stage of the project is to move NHS Fife and NHS Borders onto the digital platform and create a single regional formulary for all three Health Boards with appropriate governance arrangements established. J Browning added that one of the benefits for NHS Borders and NHS Fife through this approach would be that boards would now have access to a paediatric and minor ailments formulary which not all boards have.</p> <p>C McKenna advised that he will arrange a discussion within NHS Fife to confirm their position.</p> <p>R Roberts added that NHS Borders will also require further local discussion prior confirming their position.</p> <p>C Campbell confirmed that ERPB noted the completion of NHS Lothian transfer to a digital platform and requested that NHS Borders and NHS Fife assess the proposal locally and feed back at a later date.</p>	<b>CP/RR</b>
<b>10.</b>	<p><b>Regional Health Protection Project Update</b></p>	

	<p>J McClean advised ERPB that since the last update a non-financial options appraisal has been completed with the preferred option presented to Board Chief Executives and Directors of Public Health. The preferred option describes a model where elements of Health Protection are organised and delivered regionally while retaining some local resources for routine work.</p> <p>The Project Leads have now set out a proposal for the approach to implementation, including indicative timescales. This proposal will be discussed with each Boards Executive Teams/Corporate Management Teams over the next few weeks to secure support for moving forward to implementation. A meeting with NHS Borders Executive Team has already taken place with a positive and constructive discussion.</p> <p>Initial discussions have been held with Directors of Finance seeking support with understanding the financial implications for Boards, developing a set of financial principles, and agreeing the information required to support Board governance requirements</p> <p>A Project Team will be required to support implementation with options currently being explored to identify support. In addition, support will be required from HR, Organisational Development and eHealth teams.</p> <p>R Roberts confirmed that the discussion with NHS Borders colleagues had been helpful and that NHS Borders are keen to support the project moving forward.</p> <p>ERPB noted the update and will receive further progress reports as the Project develops.</p>	<p><b>JMcC</b></p>
<p><b>11.</b></p>	<p><b>Review of Pilot of Versius Robot</b></p> <p>T Gillies spoke to a paper which provided a high level review of the Versius Robotic Surgery system being piloted in the Colorectal service at the Western General Hospital.</p> <p>T Gillies advised that the development of the platform has been slower than originally projected due to COVID-19 therefore it is proposed that the innovation stage is extended until the end of the year.</p> <p>T Gillies explained that the benefits for the service have been significant with several publications produced and attendances at virtual international meetings for colorectal surgery. The training benefits have also extended beyond surgeons with significant developments amongst nursing colleagues, who have engaged in education and training programmes. T Gillies also noted the financial implications of the pilot, adding that funding is in place until the end of the year, thereafter discussions are required on what further regional funding is available.</p> <p>S Goldsmith added that with the ongoing national expansion of robotic assisted surgery, a planned approach is required to manage financial implications for boards.</p> <p>C Campbell confirmed that the development of the regional strategy for robotic assisted surgery will pick up financial considerations as well.</p>	<p><b>DoFs/JMcC</b></p>
<p><b>12.</b></p>	<p><b>Regional Transformation Funds – Prioritisation for 2021/22</b></p> <p>J McClean confirmed that since the last meeting of ERPB, there had been confirmation that £605k underspend had been carried forward to 2021/22. Discussions between Directors of Finance and Scottish Government Health Finance have confirmed that there will be no further Transformation Funds allocated in 2021/22.</p>	



	<p>J McClean requested that ERP confirm support for the proposals set out in the previously circulated paper:</p> <p>Three existing commitments including:</p> <ul style="list-style-type: none"> <li>• Regional Recruitment Transformation until July 2021</li> <li>• Implementation of MSC in laboratories until December 2021</li> <li>• Physician Associate Education Leads until March 2022</li> </ul> <p>Further to this J McClean noted several other priorities for the group to consider.</p> <p><i>Clinical Viewer:</i> Plans to implement Clinical Viewer in Ophthalmology were paused due to COVID-19 and eHealth capacity, however has now been prioritised for implementation in NHS Borders and NHS Lothian. NHS Fife have adopted a different approach, however there is scope to include NHS Fife in the regional approach to information governance arrangements.</p> <p>C McKenna advised that he will have discussions locally to explore the NHS Fife position with potential to move to the same system as NHS Borders and NHS Lothian if appropriate.</p> <p><i>Health Protection Projects:</i> To establish a project team to implement the preferred option. J McClean noted that there was potential to look at a separate funding arrangement for this project which would include NHS Forth Valley.</p> <p><i>Cancer Transformation Posts:</i> Funding for continuation of Cancer Transformation posts currently in place in NHS Fife and NHS Borders.</p> <p>J McClean informed the group that the total spend for these priority areas would be £580,100.</p> <p>The ERPB supported the recommendations as set out in the associated papers and also requested that J McClean explore the alternative funding option for Health Protection Project.</p>	<p style="text-align: center;"><b>CMcK</b></p> <p style="text-align: center;"><b>JMcC</b></p>
<p><b>13. Regional Endoscopy Unit</b></p>	<p>J McClean spoke to the previously circulated paper updating on NHS Forth Valley's intention to withdraw from the Regional Endoscopy Unit based in Queen Margaret Hospital. Challenges with providing staffing for their 2 sessions per week and recent expansion of local capacity, has led them to this decision.</p> <p>The Directors of Finance will lead on the financial discussions required, with a stated intent from NHS Forth Valley to minimise any financial risk to remaining partners. NHS Fife operational leads are leading discussions on utilisation of the vacant sessions with NHS Lothian.</p> <p>The ERPB noted the decision taken by NHS Forth Valley and that discussions are underway to manage the next stages.</p>	<p style="text-align: center;"><b>DoFs/NHS Fife</b></p>
<p><b>14. Video-telemetry Monitoring</b></p>	<p>J McClean provided an update to the group on video-telemetry monitoring referrals within 2020/2 in line with the previous request by ERPB for a year end update. This followed the stated intention of East Region boards to reduce referrals to Quarriers Epilepsy Centre and maximise the additional capacity provided by the new DCN facility at RIE.</p>	

	<p>The COVID-19 pandemic and resultant pause in elective admissions has impacted on activity throughput in both DCN and Quarriers resulting in a significant backlog of patients awaiting video-telemetry monitoring.</p> <p>The paper sets out two options for Boards to consider in managing the backlog:</p> <p><i>Option 1:</i> Manage patients through the regional DCN service with only patients requiring additional care/support needs referred to Quarriers (i.e. the extant regional model).</p> <p><i>Option 2:</i> Support additional referrals to Quarriers for a defined period to support the management of waiting times.</p> <p>C Campbell asked boards to review the options presented in the paper and decide on the optimum approach for managing their patients, with a commitment that NHS Lothian will look at maximising DCN capacity in support of improving the waiting times.</p>	<b>Board Leads</b>
<p><b>15.</b></p>	<p><b>Board Updates</b></p> <p><u>NHS Fife</u></p> <p>C McKenna advised that in relation to Covid activity ITU levels and ward activity had reduced, with elective activity increasing. A&amp;E admissions are increasingly acute driven rather than COVID-19.</p> <p>The NHS Fife remobilisation plan has been submitted to Scottish Government and approved pending minor caveats. The board is also progressing with developing its priorities along with a Health and Wellbeing Strategy.</p> <p><u>NHS Borders</u></p> <p>R Roberts advised that COVID-19 activity has reduced within the hospital and community transmission levels are also low. The board is also reviewing its strategic direction and financial recovery process.</p> <p>The NHS Borders remobilisation plan has been signed off, with the intention to increase non COVID-19 activity as quickly as possible.</p> <p>NHS Borders have also carried out a review of trajectories for next year and noted that access will continue to deteriorate.</p> <p><u>NHS Lothian</u></p> <p>J Campbell advising that COVID-19 numbers have decreased, with the Critical Care footprint nearing normal capacity. Services are exploring how best to remobilise taking account of ongoing restrictions including the two-meter social distancing rule. Modelling of the scheduled care trajectory has been undertaken confirming that the referral profile has changed and urgent suspicion of cancer referrals are higher than pre-COVID-19 levels.</p>	
<p><b>16.</b></p>	<p><b>AOCB</b></p> <p><u>RCAG/ERP Format</u></p> <p>J McClean noted that the agenda for both the Regional Cancer Advisory Group and East Region Programme Board has begun to expand again and proposed a reinstatement of former arrangements, separating the agendas and extending the meeting times.</p> <p>The group agreed to the change, which will take effect at the next meeting.</p>	<b>JMcC/BA</b>



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 23 APRIL 2021 AT 10.00 AM

- Present**
  - Councillor Rosemary Liewald (RL) (Chair)
  - Christina Cooper (CC) (Vice Chair)
  - Fife Council, Councillors – David Alexander (DA), Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW)
  - NHS Fife, Non-Executive Members – Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW)
  - Janette Owens (JO), Nurse Director, NHS Fife
  - Wilma Brown (WB), Employee Director, NHS Fife
  - Amanda Wong (AW), Associate Director, AHP’s, NHS Fife
  - Debbie Thompson (DT), Joint TU Secretary
  - Ian Dall (ID), Service User Representative
  - Kenny Murphy (KM), Third Sector Representative
  - Morna Fleming (MF), Carer Representative
  - Paul Dundas (PD), Independent Sector Representative
  - Simon Fevre (SF), Staff Representative, NHS Fife
- Professional Advisers**
  - Nicky Connor (NC), Director of Health and Social Care/Chief Officer
  - Audrey Valente (AV), Chief Finance Officer
  - Helen Hellewell (HH), Associate Medical Director
  - Kathy Henwood (KH), Chief Social Work Officer, Fife Council
- Attending**
  - Lynn Barker (LB), Associate Director of Nursing
  - Fiona McKay (FM), Interim Divisional General Manager
  - Lynn Garvey (LG), Interim Divisional General Manager
  - Jim Crichton (JC), Interim Divisional General Manager
  - Dona Milne (DM), Director of Public Health
  - Scott Garden (SG), Director of Pharmacy and Medicine
  - Norma Aitken (NA), Head of Corporate Services
  - Hazel Williamson (HW), Communications Officer
  - Wendy Anderson (WA), H&SC Co-ordinator (Minute)

**NO HEADING** **ACTION**

**1 CHAIRPERSON’S WELCOME AND OPENING REMARKS**

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board (IJB) meeting.

Members were advised that Alistair Morris will replace Les Bisset on the Board but due to previous diary commitments he was unable to join today’s meeting.

The Chair formally recorded her thanks for the significant contribution Les Bisset had given to the IJB over the years.

Professor Paul Cameron, Head of Service & Clinical Lead, NHS Fife Pain Management Service who is shadowing Nicky as part of his professional development was welcomed to the meeting.

**NO HEADING****ACTION****1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)**

The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

**2 CHIEF OFFICERS REPORT**

The Chair handed over to Nicky Connor for her Chief Officers Report.

A Briefing has been issued to members on the Adult Protection Inspection which will start on 10 May 2021 in Fife. Board members will be kept updated as this progresses.

As confirmed at the Development Session on 12 March 2021, Fife IJB is now a Category 1 Responder. Nicky Connor has been meeting with resilience colleagues who work with our partners. Nicky will attend national workshops which will begin in May 2021. Further updates will be brought to the Board and Development Sessions as appropriate.

The Annual Performance Report, which is normally presented to the June IJB will be presented to the November meeting as a result of an extension to the Coronavirus Act.

Nicky Connor expressed her thanks to Suzanne McGuinness who has held the role of Professional Social Work Lead since July 2020. Suzanne leaves the organisation in early May 2021 to take up a post as Executive Director, Social Work at the Mental Health Commission. Work is ongoing to recruit to this role.

**3 CONFIRMATION OF ATTENDANCE / APOLOGIES**

Apologies had been received from Chris McKenna, Alistair Morris, Steve Grimmond, Carol Potter, Katherine Paramore, Eleanor Haggett and Suzanne McGuinness.

**4 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**5 MINUTES OF PREVIOUS MEETING 26 MARCH 2021**

Following two small changes to the draft Minute, the Minute of the meeting held on Friday 26 March 2021 was approved.

**6 MATTERS ARISING**

The Action Note from the meeting held on 26 March 2021 was approved.

**7 COVID 19 / REMOBILISATION UPDATE**

The Chair introduced Nicky Connor and colleagues to provide updates on Covid-19 and Remobilisation. This update will be discussed at a future Development Session to shape it going forward.

**NC/RL**

**7 COVID 19 / REMOBILISATION UPDATE (Cont)**

Dona Milne began the update by advising that Fife currently has 23 cases of Covid per 100,00 head of population. There had been 86 new cases in the past 10 days, this was a test positivity rate of 1.1%. Significant changes to lockdown rules will be introduced from Monday 26 April 2021 and the public health team is ready to support any potential increase in cases. Symptomatic and asymptomatic testing continue and the team are working with Scottish Government colleagues to ensure test centres are located in the most appropriate places.

Scott Garden advised that over 240,000 Fife residents have had vaccinations, over 47,000 of these have received both doses. Care Homes and over 80's continue to be a priority. Community Nursing staff are working with housebound patients. From Monday 26 April 2021 appointments will be offered to patients in the 40-49 age group and four new vaccination centres are being set up to work alongside existing centre. Fife is above average for delivery of first doses. Work is ongoing with homeless people and those with learning disabilities. Nicky Connor congratulated the whole team for the amazing work done so far.

Janette Owens updated on the excellent progress which is being made on remobilisation. A winter review workshop was held last week and it has been agreed to hold meetings throughout the year to focus on winter planning. Staff health and wellbeing continues to be a priority and new posts in Occupational Health have been recruited to. The pack of material on health and wellbeing, which was launched last year, is being reviewed and updated. Psychological Services have held sessions for Managers on the range of staff support which is available, these have been oversubscribed and further sessions will be arranged. Recruitment of final year students is going well.

Helen Hellewell updated from a Primary Care perspective. GP's continue to look at access to appointments for patients, will continue with near me and phone appointments but looking to increase face to face appointments where necessary. Work is continuing with Secondary Care colleagues to ensure robust pathways into care. Dental staff are looking at how best to increase access to services in a safe way. Optometry is working well. Community Pharmacies have continued to provide services through the pandemic and are increasing minor ailment work.

Fiona McKay advised there are currently less than 5 Care Homes closed due to Covid. All staff and residents have been offered their second vaccination. Work is ongoing to reopen planned respite for the highest risk clients. Opening with Care is a government programme which is looking to open up visiting from professionals and family members in Care Homes. A cautious approach will be taken. External providers are being supported to ensure they are confident about reopening to visitors.

Paul Dundas updated on care home expanding visiting opportunities. Care Home staff are self-testing twice weekly and all have been vaccinated. The Immunisation Team are currently working to ensure recent admissions

**7 COVID 19 / REMOBILISATION UPDATE (Cont)**

to care home and those who were unable to have the vaccine earlier are being included in programme. Recruitment challenges continue within the sector and Paul will speak with Janette Owens offline to discuss nursing student placements.

Kenny Murphy advised that the third sector are at varying stages of remobilisation, some have returned to business as usual and others are looking at providing services in a different way. Fiona McKay's team and Public Health are working with services to provide the required support. Work is ongoing with assertive outreach to increase take up of vaccinations in some groups of residents.

Martin Black raised the issue of establishing a field hospital to assist with issues being experienced with dentistry. Discussion took place around staffing, resources and the difficulties these could cause.

In response to Margaret Wells questions around how we identify those in need of our services and enable people to access care pathways, Nicky Connor spoke of a document which had been received recently called Planning with People. This could be discussed in more detail at a future Development Session.

Eugene Clarke asked if a review of the Digital Strategy is being undertaken as a result of Covid-19. Nicky Connor advised that Fife Council and NHS Fife both had their own Digital Strategies and the partnership engages with partners on this. It was suggested that these issues could be looked at in more details at a future Development Session.

**8 FINANCE UPDATE**

The Chair introduced Audrey Valente who presented this report which had been discussed at the Finance & Performance Committee on 8 April 2021.

The report detailed the financial position of the delegated and managed services based on 28 February 2021 financial information. The forecast surplus is £4.851m. Full funding for Covid-19 costs has been made available by the Scottish Government in recognition of IJB priorities over this financial year to respond to the pandemic.

At 28 February 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £4.851m.

Four key areas of underspend that are contributing to the financial outturn overspend:-

- Community Services
- Older People Residential and Day Care
- Adult Supported Living
- Nursing and Residential

The report provided information on in year additional funding allocations to provide clarity and transparency in terms of additional funding made available by the Scottish Government to IJB's.

NO	HEADING	ACTION
8	<b>FINANCE UPDATE (Cont)</b>	
	Audrey Valente and Morna Fleming will discuss spend on Carers outwith the meeting, prior to information being taken to Finance & Performance Committee.	
	Discussion took place on the content of the report including unallocated funding, carry forward of unspent funds and reducing alcohol specific deaths.	
	It was agreed that a further discussion on Alcohol and Drug Partnership funding would be brought back to a future Finance & Performance Committee meeting.	<b>AV/FM/ KH</b>
	Tim Brett asked about Acute Set Aside and it was agreed to discuss this further at a Development Session.	<b>NC/RL</b>
	The report was for awareness, for member's information only. The Board were asked to examine and consider the implications of the report.	
9	<b>PERFORMANCE REPORT – EXECUTIVE SUMMARY</b>	
	The Chair introduced Fiona McKay who presented this report which had been discussed at the Finance & Performance Committee on 8 April 2021.	
	The report provided an overview of progress and performance in relation to National Health and Social Care Outcomes, Health and Social Care – Local Management Information and Management Information.	
	The Executive Summary highlights areas of highest risk and priority and work is underway on each of these. STAR beds in Care Homes have been an issue during Covid-19 and this continues to be managed in conjunction with external care providers. Recruitment has been a challenge in some areas. A new recruitment portal has been set up to widen interest and access to roles in the care sector. Nicky Connor advised that she has recently met with Fife College to look at ways to promote care as a career path.	
	Paul Dundas advised that Scottish Care have arranged a Teams meeting on Wednesday 28 April 2021 entitled Recruitment – Creating Pathways to Social Care, which IJB members would be able to attend. Paul will circulate details.	<b>PD</b>
	Discussion took place around youth investment in workforce, the Scottish Living Wage (which all providers in Fife must pay), an increase in University applications and the increased recruitment of men into the care sector.	
	The report was brought to the Board for awareness.	
10	<b>FIFE INTEGRATION JOINT BOARD DIRECTIONS POLICY</b>	
	The Chair introduced Nicky Connor who presented this report. The report had been discussed at the Audit & Risk Committee on 17 March 2021, the Finance & Performance Committee on 8 April 2021 and the Clinical & Care Governance Committee on 16 April 2021.	

**10 FIFE INTEGRATION JOINT BOARD DIRECTIONS POLICY**

Discussion took place around the Directions Policy, how this would be implemented and assurance provided around Directions issued. Nicky Connor advised that the Policy would continue to be reviewed as it was implemented.

Nicky Connor and Rosemary Liewald both thanked Norma Aitken for the work done on getting this Policy ready for approval.

The Board discussed the Directions Policy and approved the Policy, accompanying Guidance and Template.

**11 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED**

The Chair asked David Graham, Eugene Clarke and Simon Fevre for any items from governance committees / Local Partnership Forum that they wish to escalate to the IJB.

**David Graham – Finance & Performance Committees (F&P) – 5 and 18 March 2021**

David had left the meeting prior to this item to attend another meeting. On his behalf Norma Aitken advised that there was nothing to escalate to the board and the Minutes were accurate and confirmed from the respective meetings. David had intimated that he would be happy to answer any questions relating to these meetings outwith the IJB meeting should it be required.

**Eugene Clarke – Audit & Risk Committee (A&R) – 17 March 2021**

Eugene had nothing to escalate to the Board but wished to raise two points:-

- 1 The Committee had discussed the Directions Policy and approved it, subject to several small changes which had been made prior to the Policy being brought before the IJB today.
- 2 Discussions on all aspects of Risk have taken place at A&R and it was felt that further discussion at a future Development Session would be of value.

**Local Partnership Forum (LPF) – 10 and 24 March 2021**

Nicky Connor advised there was nothing to escalate from these meetings but that the LPF continues to focus on issues such as staff health and wellbeing and lateral flow testing for employees.

Simon Fevre advised that the LPF Annual Report was on schedule to be discussed at the LPF meeting on 12 May with the final version going through the governance route to the IJB for the June 2021 meeting. The meeting on 24 March 2021 focused on budget discussions.



**NO HEADING****ACTION****11 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED (Cont)****Tim Brett – Clinical & Care Governance Committee (C&CG) – 16 March 2021**

Two areas of interest arose at this meeting:-

- 1 Helen Hellewell provided an updated on Primary Care Improvement Fund which is going well and has good plans in place.
- 2 Kathy Henwood presented her Chief Social Work Report which Tim felt would be of interest to board members as it showcased the huge range of work undertaken by Social Work.

In response to a concern raised by Martin Black on the number of topics which had been suggested recently for future Development Sessions, Tim Brett thought that for some subjects a Briefing Note would be sufficient, rather than discussion at a Development Session.

Rosemary Liewald and Nicky Connor agreed to have a discussion on the items which have been suggested and would tailor a programme of issues to be discussed at the remaining Development Sessions in 2021.

**NC/RL****12 AOCB**

Rosemary Liewald informed members that this had been Dona Milne, Director of Public Health's final meeting before she moves to a new post in Lothian. Rosemary thanked Dona on behalf of the Board for her incredible work during her time in Fife and wished her well for the future. Joy Tomlinson will be invited to the June meeting as she will have taken up the post of Director of Public Health by that time.

**13 DATES OF NEXT MEETINGS**

**IJB Development Session – Friday 28 May at 9.30 am**

**IJB Meeting – Friday 18 June at 10.00 am**

**Fife Partnership Board**  
**(Meeting on 18th May 2021)**

No issues were raised for escalation to the Board.

All partners were requested to finalise relevant sections of the Plan for Fife 2017-2027 in advance of the next meeting which will be held on 17<sup>th</sup> August 2021.

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

18<sup>th</sup> May, 2021

10.00 a.m. – 11.10 a.m.

**PRESENT:** Councillors David Ross (Convener), David Alexander and Dave Dempsey; Steve Grimmond, Chief Executive, Fife Council; Carol Potter, Chief Executive, Dona Milne, Director of Public Health, Tricia Marwick, Chair of NHS Fife Board, NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Jim Grieve, Interim Partnership Director, SESTran; Gordon MacDougall, Head of Operations, Skills Development Scotland; Elaine Morrison, Head of Partnerships East Region, Scottish Enterprise; Kenny Murphy, Chief Executive, Fife Voluntary Action; Bryan Todd, Group Commander, Scottish Fire and Rescue Service (substitute for Mark Bryce) and Sue Reekie, Chief Operating Officer, Fife College.

**ATTENDING:** Ken Gourlay, Head of Assets, Transportation and Environment, Assets, Transportation and Environment; Gordon Mole, Head of Business and Employability, Economy, Planning and Employability Services; Michael Enston, Executive Director - Communities, Communities; Tim Kendrick, Community Manager (Development), Samantha Pairman, Policy Officer, Communities and Neighbourhoods and Michelle Hyslop, Committee Officer, Legal and Democratic Services.

**ALSO ATTENDING:** Joy Tomlinson, New Director of Public Health, NHS Fife,

**104. MINUTE OF FIFE PARTNERSHIP BOARD MEETING OF 23RD FEBRUARY, 2020**

The Board considered the minute of the Fife Partnership Board Meeting of 23rd February, 2021.

**Decision**

The Board approved the minute.

**105. COVID-19 UPDATE - VERBAL UPDATES ON RECOVERY ACTIVITY BY PARTNERS**

Partners provided updates to the Board on the current activities surrounding the Covid-19 pandemic within their respective services.

Services have continued to work differently during the pandemic, and it was noted that partners continue to look at new ways of working as part of the increase in agile working policies in line with the recovery plan.

Dona Milne welcomed Joy Tomlinson to the Board, as the new Director of Public Health, NHS Fife.

It./

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It was noted that additional Covid-19 testing facilities had been set up within the Kirkcaldy area in response to a small cluster of the Covid-19 Indian variant haven been detected within the Kirkcaldy area. Partners were asked to encourage the public to come forward for Covid-19 testing even if they were asymptomatic, and to highlight the importance of attending for Covid-19 vaccinations.

### **Decision**

Kenny Murphy to provide a report on the proposals for the volunteering action plan to the next Board Meeting on 17th August, 2021.

## **106. DRAFT PLAN FOR FIFE**

The Board considered a report by the Executive Director, Communities which sought partners views on the initial draft of the three-year update of the Plan for Fife 2017-2027, as the basis for Fife's recovery and renewal following the Covid-19 pandemic. The report set out the processes and timescales for developing and finalising the plan over the next four months.

### **Decision**

The Board considered and commented on the: -

- (1) initial draft of the three-year recovery and renewal plan;
- (2) gaps and areas of work which needed to be more developed;
- (3) proposed delivery and monitoring arrangements for the plan;
- (4) suggested process and timescales for developing and finalising the plan;  
and
- (5) proposal to add an additional ambition to the Plan for Fife on carbon emissions.

Over the next 2 months, partners were asked to work on finalising the content of the draft plan and identify any service implications. The final version of the report to be brought to the Board Meeting of 17th August, 2021 for approval.

## **107. DATE OF NEXT MEETING - TUESDAY 17TH AUGUST, 2021 AT 10.00AM**

The next Board Meeting shall take place on Tuesday 17th August, 2021 at 10.00am. This meeting shall be held remotely, as necessary, and subject to Scottish Government advice on Covid-19.

**MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON 13 MAY 2021 AT 2 PM VIA MS TEAMS**

**Present:**

M Black, Non-Executive Member & Chair

S Braiden, Non-Executive Member

Cllr D Graham, Non- Executive Member (part)

A Lawrie, Non-Executive Member

K Macdonald, Non-Executive Member

**In Attendance:**

C Potter, Chief Executive

K Booth, Head of Financial Services & Procurement

A Clyne, Audit Scotland

P Cumming, Risk Manager

P Fraser, Audit Scotland

P King, minutes

T Gaskin, Chief Internal Auditor

B Hudson, Regional Audit Manager

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

M McGurk, Director of Finance & Strategy

H Thomson, Observer

**1. Welcome / Apologies for Absence**

The Chair welcomed everyone to the meeting, in particular Kirstie Macdonald, the new Non-Executive Whistleblowing Champion, as a new member of the Committee, Pauline Cumming as a regular attendee at the Committee going forward, and Hazel Thomson who will provide the secretariat to the Committee from June 2021, after she joins NHS Fife as the new Board Committee Support Officer.

The notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible future reference.

There were no apologies for absence.

**2. Declaration of Members' Interests**

There were no declarations of interest made by members.

**3. Minute of the last Meeting held on 18 March 2021**

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

**4. Action List / Matters Arising**

The Committee **noted** the outstanding action, which would remain a standing item until it had been resolved at year end.

## **5. GOVERNANCE - GENERAL**

### **5.1. Committee Assurance Principles**

Mr Gaskin introduced the paper, which outlined the development of a consistent and coherent approach to the provision of assurance in line with the governance mapping principles recommended for adoption by all NHS Scotland Health Boards, under the Scottish Public Finance Manual. The main purpose of the paper was to inform the Board and Committees' approach to considering ways in which to focus attention on key areas and giving clear guidance on how to support delivering strong assurance and due prominence to risk awareness and risk management. The Committee Assurance principles were attached as Appendix 1 of the paper.

It was noted that the paper had previously been considered by the Executive Directors' Group and had received full support. Initial discussion had also taken place with the Board Chair and Vice Chair about how to introduce it wider across committees. It was proposed to discuss with individual Committee Chairs in the first instance, as a means to aiding the agenda planning process with Executive Leads, and then with a view to bringing to the Board as part of the work being undertaken in the Autumn around active governance, which will cover how the Board should continue to best seek assurance and undertake scrutiny.

The Committee **considered** the principles and **endorsed** them for use by committees in the manner described in the paper, following further discussion with Committee Chairs.

Cllr Graham joined the meeting.

### **5.2. Committee Annual Workplan 2021/22**

The Annual Workplan 2021/22 was presented to the Committee. It was noted that the workplan for the year reflected the September 2021 date for consideration of this year's annual accounts and a timetable had been agreed with Audit Scotland. Work was progressing and draft accounts were due to be passed to Audit Scotland by 31 May 2021.

Ms Fraser asked that the workplan be updated under the Annual Accounts section to include the ISA260 report to those charged with governance, and this was agreed.

**Action: G MacIntosh**

The Committee **approved** the Annual Workplan 2021/22, with the addition of the ISA260 report noted above and subject to any necessary changes being made to reflect potential scheduling alterations due to the current Coronavirus pandemic.

### **5.3. Audit & Risk Committee Self-Assessment Report**

Dr MacIntosh introduced the self-explanatory report, which is undertaken across all committees each spring. It was noted that the response rate across committees as a whole was not as good as previous years, as a result of operational pressures on staff due to Covid-19 at the time responses were being sought. Full details on the outcome of the self-assessment exercise were listed in the Appendix to the paper.

The areas for improvement were highlighted, namely membership vacancies (which had largely since been addressed, though noting that the current recruitment round for a new Non Executive Board Member is expected to include a specific request for financial skills as part of that recruitment campaign). There was an appetite for further training opportunities and a session had been agreed with the External Auditors for June 2021. Members were asked to send on any potential topics for future sessions to either the Chair or Board Secretary. Members were also encouraged to complete various audit & risk associated modules on the e-learning platform Turas, links to which had been previously circulated to members.

The Committee **noted** the outcome of the Committee's recent self-assessment exercise and **agreed** the actions to be implemented.

#### **5.4. Draft Audit & Risk Committee Annual Statement of Assurance 2020/21**

Dr MacIntosh advised that this was a draft version of the Audit & Risk Committee Annual Statement of Assurance and this was presented for Members' comments, before coming back to the Committee in final form at the September meeting, once final statements of assurance had been received from the other Board committees and the Integration Joint Board. The difference in the timing for the annual accounts process of the Integration Joint Board was commented upon, but it was noted this was due to Councils having a later timeframe for annual accounts than NHS Boards. Margo McGurk confirmed that work continued to integrate and co-ordinate with the Integration Joint Board as much as possible, though the disconnect on timing was unlikely to be resolved.

Noting the content, the Audit & Risk Committee **approved** the content of the draft Audit & Risk Committee Annual Statement of Assurance as it currently stands and asked that any comments, amendments or additions be forwarded to the Board Secretary.

#### **5.5. Payments to Primary Care Practitioners**

Mrs McGurk presented the annual report for assurance to the Committee around the accuracy and validity of all payments made to Primary Care Practitioners, which is a key element of the financial control arrangements across that aspect of our resources.

As a consequence of Covid-19, it was noted that NHS Fife had not met routinely with representatives from Practitioner Services Division (PSD) to monitor the payment verification work undertaken by PSD on behalf of the Health Board for Medical, Dental or Ophthalmic services. The majority of visits had been suspended nationally during lockdown, with staff redirected to essential work related to the pandemic, in particular Test and Protect. A number of local review activities did continue and where there were issues there was nothing of significance to report. Section 2.3 of the report detailed the range of updates received throughout the year. Of particular note, the Primary Medical Services (Directed Enhanced Services) Directions 2018 had been amended to include

the Covid-19 vaccination programme, which can be aligned with the level of reporting and scrutiny to the committees of the Board and the Board itself as a key area of focus.

In summary, the report provided an update on the process for payments to Practitioner Services, with an assurance that whilst the payment verification element was suspended, local controls were maintained and close attention paid to any process changes in year.

A few drafting comments had been left on the report and the report would be amended to ensure these were removed prior to the papers being published.

**Action: M McGurk**

The Committee **noted** the findings of the report.

## **5.6. Annual Review of Code of Corporate Governance**

Dr MacIntosh presented the updated Code of Corporate Governance, which incorporated recent reviews by each Board committee of their individual Terms of Reference and ensured the current text reflected present structures, terminology and job titles. It also proposed clarifying changes to the Standing Financial Instructions, recommended by the Director of Finance and Head of Financial Services & Procurement, bringing the Code up-to-date and reflective of current practice.

Mr Booth stated that a review of the underlying Financial Operating Procedures would be undertaken in late summer/early autumn, which might prompt further review of the Standing Financial Instructions thereafter.

The Committee **recommended approval** of the updated Code to the NHS Fife Board.

## **5.7. NHS Fife Strategy Development**

It was noted that this work is in the early stages of development and an update will be provided to the next meeting of the Committee. Any reflections or comments since the presentation to the Board Development Session held in April could be forwarded to the Chief Executive or Director of Finance & Strategy.

The Committee **noted** that an update would be provided to the next meeting of the Committee.

## **6. GOVERNANCE – INTERNAL AUDIT**

### **6.1. Internal Audit Progress Report and Summary Report**

Mr Hudson spoke to the paper, which provided comprehensive assurance to the Committee on the progress of the 2020/21 Internal Audit Plan. Internal Audit had experienced some delays in progressing audits but Members were assured that all work will be completed to allow consideration as part of the Annual Report for 2020/21. Section 2.3 of the SBAR provided details of further advice/input provided to NHS Fife, together with ongoing improvement activities undertaken since the last meeting of the Committee in March 2021. These were highlighted to the Committee.



Appendix A provided detail around the internal audit progress and showed those reports which are at the stages of finalised draft and work in progress.

Mrs McGurk took the opportunity to thank both Mr Gaskin and Mr Hudson for the positive engagement in terms of the categorisation of findings and for including the additional category of Moderate. She also thanked them for the advice, guidance and support received over the past few months and in particular for securing solid improvements in the area of information governance and security.

The Committee **noted** the ongoing progress on the delivery of the Internal Audit Plan and **approved** the revised recommendation priorities and assurance definitions for use in all future audit reports as set out in Appendix B.

## 6.2. Draft Internal Audit Plan 2021/22

Mr Gaskin reported that Internal Audit had produced a draft operational plan for 2021/22, which has been mapped to the extant Board Assurance Framework and the highest risks from the risk register and Covid-19 risk register. The Plan is different in style from previous years, reflecting the impact of Covid on business-as-usual activities, and that areas for review have been based on discussions with the Director of Finance & Strategy with input from the wider Executive Directors' Group. Given that NHS Fife is in the process of revisiting the risk profile and reassessing the Corporate Risk Register, the plan focuses on short-term needs and known strategic objectives for the year. It was highlighted that this is an interim plan, which will require to be reviewed later in the year based on the updated risk register. Members were asked to feedback any comments/observations to Mr Gaskin.

The Audit & Risk Committee **discussed** and **approved** the current iteration of the draft Internal Audit Plan 2021/22.

## 6.3. Internal Audit – Follow Up Report

Mr Hudson spoke to the standard follow-up report provided by Internal Audit showing the status of all remaining internal audit recommendations as at 28 April 2021. He advised that work continued to evolve and enhance the audit report, taking on board feedback received, noting in particular the outcome of the review of historic recommendations and an enhancement to Appendix C whereby audit has assessed progress made in relation to recommendations with extended target dates and the inclusion of 'Red / Amber / Green' (RAG) status in Appendix F. The Audit Follow-Up Protocol had also been amended to reflect a change in focus to address outstanding recommendations and improve response times. Feedback on the report style was welcomed from Members of the Committee.

In response to a query, Mrs McGurk directed Members to Appendix C and the column entitled 'original and extended due dates' as the area of particular interest in terms of Audit & Risk scrutiny on progress. Mr Gaskin suggested that once the current outstanding actions had been completed, a colour coding system could be used to highlight the recommendations that had been extended for some time and this was agreed.

The Committee **considered** the current status of recommendations detailed in the report; **noted** the exercise undertaken to rationalise recommendations; and **approved** the revised internal audit follow-up protocol.

## **7. GOVERNANCE - EXTERNAL AUDIT**

### **7.1. Audit Planning Memorandum – Patients’ Private Funds**

Mr Booth explained that the report set out the timeframe and proposed approach for the external audit of Patients’ Private Funds Abstract of Receipts and Payments for 2020/21, carried out by Thomson Cooper Accountants. Attention was drawn to section 2.3 of the covering SBAR, which referred to the term “limitation of scope”. This meant that the auditors may be unable to do the level of testing that they would normally do to validate the financial position of the Patients’ Private Funds, as there are potential restrictions around access to wards due to Covid-19, although the auditors were planning to visit Queen Margaret and Lynebank Hospitals. This is a national issue and there will be a national co-ordination of how this is reflected in the annual accounts.

The Committee **noted** the Audit Planning Memorandum for the Patients’ Private Funds.

### **7.2. Audit Planning Memorandum – Fife Health Charity**

Mr Booth noted that this report was similar in content to the previous paper and advised that the audit will be carried out by Thomas Cooper Accountants. Attention was once again drawn to section 2.3 in the cover paper related to the potential “limitation of scope”.

The Committee **noted** the external Audit Planning Memorandum for Fife Health Charity.

## **8. RISK**

Mrs McGurk introduced the suite of papers related to risk, noting this was an important area of focus and consideration by the Committee. She commented that the sequencing of the Board Assurance Framework (BAF) and supporting documentation was largely out-of-date, as the versions provided referenced the position at the end of January (as the BAF was not considered at the March Committee meetings due to the reprioritisation of agendas in the light of Covid-19). As part of the broader work on risk management, the sequencing and timing of submitting the BAF to this Committee will be reviewed to bring in line with reporting to other Board committees, thus ensuring Audit & Risk had the most recent iterations.

Ensuring NHS Fife’s commitment as an organisation to embed an effective risk culture, a detailed review of the current arrangements supporting the co-ordination of risk management across the organisation was undertaken. The Executive Directors’ Group approved a recent proposal to elevate the profile of risk management and fully integrate with the strategic planning process and a paper would be submitted to the next meeting of the Committee detailing this.

### **8.1. Board Assurance Framework**

Mrs McGurk introduced this report.

There were two proposed changes related to the Financial Sustainability BAF, where the risk score was lowered from high to moderate on the basis that NHS Fife had confirmed a small underspend position in 2020/21. A more strategic term risk for financial sustainability was being considered and would be reported to the next meeting. A change was also being proposed to the Strategic Planning BAF to reflect work on the development of a new Health and Wellbeing Strategy.

Questions were asked in relation to the number of high risks that had been at that level for over one year, the risk around cyber security and the rationale for introducing a Corporate Risk Register and these were responded to. It was noted that future reports to the Committee would provide more detail on the Corporate Risk Register. The detailed review underway would also enable a more structured focus to understand the arrangements and processes in place with a view to informing discussion, considering the risk appetite of the organisation to try and manage down the level of risks.

Discussion also took place around the connections and linkages between directions from the Integration Joint Board and the resulting impact on the NHS Fife risk profile. As Chief Internal Auditor of the IJB from April 2021, Mr Gaskin assured Members that one of the key areas of his work in that sphere would be on the IJB Risk Management Strategy, which should reflect the relationship of the IJB as a commissioning body and NHS Fife as a delivery body.

The Committee **noted** the report and **noted** the developments on the key risk ratings.

## **8.2. Risk Management Key Performance Indicators (KPIs)**

Mrs Cummings spoke to the update report on performance since the previous report in January 2021 and referred Members to Appendix 1, which provided an assessment of compliance against the KPIs. These are in place and are used to measure if the organisation is on track to meet its objectives. There are currently seven indicators within this dashboard.

Work on the KPIs would be further developed, given the increased focus on the risk management agenda, and a key part of that work will be to engage more with the services. Attention was drawn to section 2.3 of the covering SBAR and the improvement actions agreed in response to the Adverse Event Management audit. An update report would be provided to a future committee meeting.

The Committee **noted** the report.

## **8.3. Update on Risk Management Workplan 2020/21**

The paper provided the Committee with an update on progress against the NHS Fife Risk Management Workplan 2020/21.

The Committee **noted** the delivery of the Workplan 2020/21 and thanked Mrs Cumming for her input.

**9. OTHER**

**9.1. Issues for Escalation to NHS Board**

There were no issues to highlight to the Board.

**10. ANY OTHER BUSINESS**

None.

**Date of Next Meeting:** 17 June 2021 at 2pm via MS Teams

**MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON 30 APRIL 2021 VIA MS TEAMS**

**Present:**

Christina Cooper, Chair	Martin Black, Non-Executive Member
Sinead Braiden, Non-Executive Member	David Graham, Non-Executive Member
Chris McKenna, Medical Director	Dona Milne, Director of Public Health
Janette Owens, Nurse Director	Margaret Wells, Non-Executive Member

**In Attendance:**

Gemma Couser, Interim Head of Quality & Clinical Governance	Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance (for Margo McGurk)	Scott Garden, Director of Pharmacy & Medicines
Helen Hellewell, AMD H&SCP	Gillian MacIntosh, Board Secretary
John Morrice, AMD, Women & Children Services	Elizabeth Muir, Clinical Effectiveness Co-ordinator
Norma Beveridge (for Lynn Campbell)	Heather Bett (for Nicky Connor, for Item 9.2)
Catriona Dziech, Note Taker	Hazel Thomson, Observer

Christina Cooper, as the new Chair of the Clinical Governance Committee, welcomed everyone to the meeting. She opened the meeting by thanking Dr Les Bisset, the previous Chair, for the huge contribution that he made to the Committee and to NHS Fife, wishing him well for the future.

Looking forward to the year ahead, with a new Chair and a new Head of Quality & Clinical Governance, there are a few workstreams that the Committee will be progressing. The Committee will have to continue to work against the background of an ever-evolving world following the Pandemic. NHS Fife has responded outstandingly over the past year and the Chair thanked all the staff for their incredible effort. The Committee will continue to be sighted on business relating to COVID but, in addition, there is a requirement to ensure that all other relevant business to the Committee is progressed.

This year will see the development of the NHS Fife Health & Wellbeing Strategy. The Committee will also be refreshing the Clinical Governance Strategy, which will involve consulting with key stakeholders. Development of these strategies will also include a review of all internal audit findings to date, with a view to ensuring that these are each addressed. Given the pivotal year that we have ahead, the Committee agenda has also been amended to ensure that the Committee is obtaining assurance in relation to all key business areas, including transformation. We will also be looking at the administrative support and processes for preparing Committee business, to enhance and clarify these. Christina Cooper advised she very much looks forward to working with Committee members going forward.

Members were advised that a recording pen would be in use at the meeting to assist with minute taking.

## 1. **Apologies for Absence**

Apologies were noted from Wilma Brown, Rona Laing, Aileen Lawrie, Carol Potter and attendees Lynn Campbell, Dr Cargill, Nicky Connor and Margo McGurk.

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

There were no declarations of interest made by members.

## 3. **Minute of the Meeting held on 11 March 2021**

The note of the meeting held on 11 March 2021 was approved following an amendment to page 5, paragraph 2, where “workstreams provide the required levels of care and support patient satisfaction” should be amended to read “workstreams provide the required levels of care and take account of patient experience”. The Committee noted and approved this change.

### 3.1 **Action (14.01.21) – Public Engagement & Consultation**

Janette Owens advised that this report, requested at the last meeting, had been prepared by Donna Hughes. In NHS Fife, a working model was put in place for participation and engagement, an Advisory Group was established, and processes put in place to support any service developments or change. The Participation & Engagement Advisory Group (PEAG) is made up of professionals across healthcare, health and social care and the localities. The model has been well received and there has been a request to share the model across Scotland, including support of a National review which is taking place in Moray. A part of the model is having a large directory of public contacts who are interested in supporting the work being taken forward in Fife.

Last year there were twenty-four requests to the PEAG and these were listed within the report. There are some larger pieces of work, one of which is to inform urgent care redesign. Two EQIAs have taken place for phase 1 and 2 and the first one has been completed, with a good number of participants from across a wide variety of community and voluntary sector groups. The participants provided a broad range of references to health access, inequalities, and possible recommendations for the urgent care work.

Moving forward, consideration is being given to setting up an inequalities group, as reflected currently within the vaccination group, which has been working well.

Janette Owens advised that she would be meeting with Nicky Connor, Dona Milne and others to look at how to complement the work that is already happening with Planning with People guidance, which has been issued around participation and engagement. This will be fed back to the Committee in due course. In taking comment it was noted it would be good to have feedback on patient experience, particularly in relation to the urgent care changes.

**Action: JO**

Christina Cooper advised that, following separate conversations with Janette Owens, she is assured there is integrated cross sector involvement in moving this forward and the Committee will await further updates.

#### **4. Action List**

All outstanding actions were discussed and will be updated on the separate rolling Action List.

#### **5 MATTERS ARISING**

There were no other matters arising.

#### **6 COVID-19 UPDATE**

##### **6.1 Covid-19 Vaccination Programme Update**

Scott Garden advised that, as at 30 April 2021, Fife has now given over 265,000 vaccine doses, including 70,000 completed courses, and continues to sit 'above average' nationally in number of vaccinations. The vast majority of those living and working in care homes have received two doses and the programme of second doses for health and social care staff is progressing as planned. With increased supply of vaccine, we have been able to significantly step up the pace of the programme from this week and we are now vaccinating, on average, around 4,000 people per day with a mix of first and second doses. 70,000 second dose appointments are currently scheduled for those who received their first vaccination in February, and GPs are expected to complete second dose vaccination of the vast majority of those over the age of 80 this week. Our community nursing teams continue to support the vaccination of our housebound patients.

This week we also started first dose vaccination of those aged 40-49 (cohort 10) at our four new large scale clinics in Kirkcaldy, Glenrothes, Dunfermline and Methil. Each of these clinics will open over two days this week as we appoint around 5,000 people across them, allowing us to test and embed our new systems and ready them for upscaling to 10,000 appointments next week (with a further 20,000 to be completed by 17 May 2021). Scottish Government has confirmed that cohorts 10-12 will be vaccinated sequentially, with Pfizer stock preserved where possible for cohort 12 (18-30s).

We continue to monitor our Do Not Attend (DNA) rate by venue on a daily basis. Fluctuations in the DNA rate have been noted; however, last week the average rate dropped to 3%, indicatively due to the focus on second doses. This is below the Scottish average of 5%. The National team will write to those who have DNA'd in the coming weeks offering the opportunity to book an appointment

Fife has responded quickly to changes in clinical guidance related to the Astra Zeneca vaccine and has rescheduled vaccination for those under 30 in community clinics and ensured other cohort pathways respond accordingly. There have been several changes to the guidance from the JCVI with respect to vaccination of pregnant women. The recommendation is that pregnant woman can now receive the Pfizer vaccine at

our vaccination clinics. In advance of their appointment, women are encouraged to speak to their midwife or GP or can speak to a vaccinator at their clinic appointment. Public Health Scotland has updated pregnancy leaflets to support these conversations for informed consent.

A public health led group focussing on inclusivity within the programme has been stood up and is progressing actions from the EQIA alongside development of pathways. The current area of focus is for those with learning difficulties and our homeless population. Links have been made across partner organisations, particularly Fife Council, to support agreed actions. The Fife approach to inclusivity was recently noted as an example of best practice at the National Programme Board. Scottish Government have issued a national inclusive planning action plan for Boards to use to assess planning in this area. A mapping exercise has been undertaken in Fife against this plan.

Arrangements have been put in place to safely vaccinate those patients at risk of anaphylaxis at the Emergency Department and the Victoria Hospital in Kirkcaldy. This is being managed through an appointments system.

The Board has total of 150 Healthcare Support Worker Vaccinators (Band 3) trained and available at present. However, with the majority of these individuals being part time, the programme is currently progressing recruitment of a further 55. Over 1000 people are now registered as vaccinators in the Board, lending resilience should this be needed.

Work has been progressing to review the future delivery model, associated structure and governance for immunisation programmes in Fife. The outputs of this work will be presented to the Executive Team next week and this will inform the transition to business as usual arrangements.

Christina Cooper thanked Scott Garden for his report and the continuing efforts of his team. In taking comment it was noted it was reassuring that DNAs were being followed up, to ensure widespread coverage of the vaccination programme across all age groups.

## **6.2 Expansion of Covid-19 Testing**

Dona Milne advised that, at the previous meeting, there had been discussion around the proposal going to SGHD for the extension of asymptomatic community testing sites. SGHD have now come back and asked that our proposal be submitted, confirming it will be for an initial period of six months, with the possibility of this extending to a year. The extended period would make it easier to manage workforce around the testing sites. We are aiming to have asymptomatic testing sites within the seven main localities in Fife and to locate these where they are needed. This will be decided by the Testing Oversight Group.

The testing programme is huge and not just for asymptomatic testing sites. Testing will continue for care home residents, occupational testing, health and social care, education and now food processing and other manufacturing workplaces. There is



also asymptomatic testing for vulnerable communities and the new universal test, which will be branded LFD elect / collect.

Testing is available to everyone and people can have lateral flow testing either delivered or collected. Work is still required in relation to policies and messages to the public. Work is underway with Comms to get the message out to the public that people who have been vaccinated still need to be tested.

There is a challenge around the low uptake of staff use of lateral flow devices. An extra piece of work is underway looking at how to increase staff awareness and uptake. This work is being led by Rhona Waugh in HR.

There has been lots of positive feedback from people coming into the Community testing centres. It is known that infections are being prevented and families are receiving support for isolation. The Team are preparing an evaluation report to try and answer some of the questions raised around impact. Learning has been received from the test sites used in Wales and the impact that those made in terms of identifying cases that might not have been detected and the prevention of onward transmission. Local evaluation will be fed into the Scottish evaluation, which will be doing the same work as the evaluation in Wales.

Dona Milne highlighted that there is a useful summary in the Elected Members briefing, which includes an update on testing in all of the testing sites currently available within NHS Fife. This brief is available on the website.

In taking comment it was noted there has been no change to the isolation guidance and this remained important. Noting the increasingly complex number of testing routes, the importance of working with Comms to simplify the message on testing for the public was recognised by members.

Christina Cooper thanked Dona Milne for her verbal update.

## **7 REMOBILISATION OF CLINICAL SERVICES**

This item was discussed in the Private Session held after the main meeting.

## **8 GOVERNANCE**

### **8.1 Board Assurance Framework – Quality & Safety**

Dr McKenna highlighted the changes to the current BAF. There have been changes to risk ownership for Risk ID 1652 – Community Paediatric Staffing – lack of medical capacity and Risk ID 1296 – Emergency Evacuation, Victoria Hospital, Phase 2, Tower Block.

Following review, two linked operational risks have been closed: namely Risk ID 1667 - Infusion pumps, volumisers and syringe drivers in Paediatrics and Neonatal Unit and Risk ID1514 - Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices. There are still a number of operational quality risks being reviewed, with decision still to be taken by the Medical Director and the Director

of Nursing as to whether to link them to the BAF. There are no new risks added to the BAF for Quality and Safety.

In taking comment it was noted that any changes to the BAF are set out within the paper, though this could be clearer in the actual document. Work has still to be done in highlighting gaps in control and assurance. Margo McGurk will be taking on the Executive lead for Risk and it is hoped in time to release the Risk Manager to do more of this work. The review of the risk process will be shared in due course.

The Committee noted the content and current position of the Quality & Safety BAF.

## **8.2 Board Assurance Framework – Strategic Planning**

Dr McKenna advised that reporting of the Strategic Planning BAF will change to Margo McGurk, Director of Finance & Strategy, as Executive Lead for Strategic Planning, with agreement from the Medical Director and Nurse Director.

Susan Fraser advised that the risk associated with this BAF has been reviewed and renewed. The previous risk which has been in place since 2017 was: *There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost with the consequence the clinical strategy does not reflect the current priorities.*

It was noted that we have been in emergency measures over the past year and, although transformation activity has happened at pace, it has not been within the boundaries of the original transformation programmes, so it was felt the time was right to look at this risk. The risk has been rewritten and now reads: *There is a risk that the development and the delivery of the new NHS Fife Population Health & Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.* This is being brought to the Committee for consideration and to accept the changes within the BAF. The other columns within the BAF around the mitigation have also been updated to reflect what is happening now.

In taking comment it was noted this was a big change, but we should not lose sight of the good work that has already been undertaken and delivered via the existing strategies. It was noted that a piece of work is being undertaken reviewing the recommendations within the original workstreams and strategies, to ascertain where we have got to, which will act as a baseline for implementing the new strategy.

It was noted that the original historic risk may not be fully reflected in the proposed new risk, and there was thus some hesitancy about agreeing the suggested wording. Losing the reference to transformation was an issue. It was however noted that this does not mean transformation is not happening, though we remain in the process of developing this into a format with appropriate reporting and governance. The four risks are still part of the key strategic priorities for the organisation and will continue to be reported on.

It was agreed an adjusted version will be brought to the next meeting, taking account of the comments made.

**Action: CMcK/MMcG/SF**

### **8.3 Board Assurance Framework – Digital & Information**

Dr McKenna advised that there is a lot of work underway around the Digital & Information risks and the BAF. The Governance for Digital & Information and Information & Security have been revised, with the creation of two amended groups; the Digital & Information Board, which considers operational and strategic functions of digital, and the Information & Security Steering Group, which considers information governance and the security of our systems. Work is underway to align the risks to these new groups with the Associate Director of Digital and Information, the Medical Director and Margo McGurk as SIRO. Ongoing work continues with the Risk Manager and auditors to pilot a revised BAF for Digital and Information.

There are no significant changes to the current BAF, apart from a minor change in ownership to Risk 226.

The Committee noted the content and current assessment of the Digital & Information BAF.

### **8.4 Clinical Governance Committee Self-Assessment Report**

Gillian MacIntosh advised that members and attendees are asked annually to complete an online questionnaire on the Committee's performance. It was noted for this year timing wise had not been ideal, due to clashing with high activity around Covid, and the same high number of responses from previous years had not been received. The SBAR summarises some of the findings from the exercise but in general there had been positive feedback from Members about how the Committee had operated over the past year during the Pandemic. Members had been clear about their roles, scrutinised effectively and participated appropriately in discussion. There have been a few areas highlighted for improvement, as highlighted by Christina Cooper at the start of the meeting. Further work is required on agenda management and excessive data within reports. A new post is being brought into the Corporate Services Team at the end of May to take on the administration and minuting of the Committee, and the role holder will work closely with Gemma Couser and her team to bring forward more of the preparation and planning work.

The Committee noted the findings of the report.

### **8.5 Annual Assurance Statements/Reports from Sub Committees/Groups**

Gillian MacIntosh advised that the Committee has four formal sub groups who are each asked to provide an annual report on their activities. The reports are presented to provide assurance the sub groups are taking forward work on behalf of the Committee. As previously highlighted by Dr McKenna, there has been a lot of work done for Digital & Information and Information Governance. The sub groups have been asked to follow a standard format for these reports, as there has been variation in

previous years which has not been helpful. The sub groups have also been asked to reflect on the impact of the Pandemic on this year, so this is factored into each.

The one report that is slightly different in content is the Clinical & Care Governance report and Gillian MacIntosh suggested that she feed back to them with the request that they follow some of the same structures that are being used within NHS Fife to provide improved assurances and reflection on what business had been considered during the past year.

Christina Cooper thanked Gillian MacIntosh for the summary and said it was assuring to see the improved level of detail within the reports, which is very valuable and helpful to members.

Dr Hellewell advised that the Clinical & Care Governance Committee follows the assurance framework for the IJB and suggested it may be worth considering how they both align. It was agreed Dr Hellewell and Nicky Connor would discuss this further with Gillian MacIntosh outwith the meeting.

The Committee noted the paper and the assurances and information provided within.

## **8.6 Draft Assurance Statement for the Clinical Governance Committee**

Gillian MacIntosh advised that the annual accounts had once again been delayed due to the impact of the Pandemic. The annual accounts are normally approved in June but this year Audit Scotland will be reviewing these in September. Part of this report and previous ones are part of that that year-end process.

This report outlines the items the Committee has considered over the year, with particular reflection on the impact of the Pandemic. This is a draft version of the report and, given the papers on Glenrothes Hospital and Adamson Hospital Inspections tabled to this meeting, Gillian MacIntosh proposed that some of the detail be referenced within the Assurance Statement. The final report will then be brought back to the July meeting for final sign off.

**Action:GMaCl**

Christina Cooper thanked Gillian MacIntosh for her update and supported the proposal to reference the inspections in more detail within the Assurance Statement.

Dr McKenna also supported this proposal and thanked Gillian MacIntosh for all her efforts in preparing the draft Assurance Statement. A lot work has gone in to preparing this robust and comprehensive report. Christina Cooper echoed Dr McKenna's comment.

## **8.7 Annual Workplan**

Gemma Couser advised that the Committee Workplan for 2021/22 has been developed with the input of the Chair, Dr McKenna and a number of other Directors. This is a sizeable agenda / workplan so it important to identify and ensure all relevant items are on the workplan and any items that are now reporting into other Committees have been removed.

Key changes have been amendments to reflect the new strategy and remobilisation plan, which will be a key focus of the Committee for the coming year. Following discussion with Janette Owens, the patient centredness and patient participation and engagement section have been augmented within the workplan. The workplan will require to be reviewed at regular stages throughout the year. Gemma Couser advised that after each meeting she will review all the items so as a Committee can be assured that key business has been covered and track any items that have been delayed.

Christina Cooper thanked Gemma Couser and her teams for their efforts in reviewing and pulling the workplan together.

The Committee noted and endorsed the workplan and approach to keep this under regular review.

## **9 REQUESTED PAPERS**

### **9.1 Guidance on Deceased Organ and Tissue Donation in Scotland: Authorisation Requirements for Donation and Pre Death Procedures**

Janette Owens advised that she chaired the Organ Donation Committee last year so was presenting the paper today. This paper has been prepared by Dr Thomson, who is a Consultant in Anaesthesia and Intensive Care Medicine in Fife and is also our Clinical Lead for Organ Donation. Jill Adikari is the Senior Nurse for Organ Donation.

The report has been prepared following changes to legislation, which came into effect on 26 March 2021. A core principle in current good practice, enshrined in the new duty to inquire under the Human Tissue (Authorisation) (Scotland) Act 2019, is that health workers should make every effort to establish the decision or views of the potential donor, and then to support their decision being fulfilled. Secondly, the 2019 Act moves towards a default position of deemed authorisation where the decision of the person to be an organ donor upon death is unknown: proceeding to authorisation should only occur following a discussion with the person's next of kin to ensure that donation does not take place against their wishes. Thirdly, the 2019 Act provides a new statutory framework for pre-death procedures, which is tailored to the practical and ethical issues relating to donation.

In NHS Fife there are presently around eight to ten organ retrievals performed per year and it is anticipated with the changes to legislation this may increase to around fifteen. All staff have attended seminars and completed on line training modules around the legislation to ensure they are up to date with the changes.

Going forward Nicola Robertson, Associate Director of Nursing, will chair the Organ Donation Committee. Nicola Robertson has already been in touch with the Regional Lead for Scotland for Tissue and Organ Donation and also the Chair of the National Scotland Group to take issues forward.

Christina Cooper thanked Janette Owens for her update. The Committee noted the paper for awareness and noted the steps being taken in view of the changes in legislation.

In taking comment it was agreed Janette Owens and Dr McKenna would discuss amending the current text of Item 2.4 (*NHS Fife Board members and senior managers should be aware of the three noteworthy changes that the 2019 Act introduces (as detailed above), and **provide the support required** to ensure that a high quality organ donation service is maintained*), to reflect that the Board will be supporting in principle the Organ Donation service (and that this should not be read as having financial consequences).

**Action: JO/CMcK**

## **9.2 Improvement of Healthcare & Forensic Medical Services for Adults, Children and Young People who have experienced Rape, Sexual Assault or Child Sexual Abuse**

Heather Bett joined the meeting for this item. She advised that this report is an update on progress made on this work over the last three years since the taskforce was established by the Chief Medical Officer, placing an emphasis on healthcare for people who suffer this experience.

A considerable amount of work has been undertaken in Fife over the last three years in order to progress and we have created facilities and services for patients who come to the service here, brought directly by the Police. There has been focus on the aftercare for patients, making sure it is as trauma informed as possible and reducing the impact of trauma of patients who undergo this experience. There are two aspects: care for adults and care for young people and children. The paper sets out the arrangements for both adults and children. In Fife the decision was taken to keep adults and children separate. There is a facility for adults at Queen Margaret Hospital and a facility for children at Victoria Hospital alongside the Paediatric ward.

The Gender Based Violence Team lead this work and prepare an annual report. The next stage in this work is to allow people who have experienced rape or sexual assault to self-refer. At the moment victims can only be referred through the Police. A newly passed Bill will allow for self-referral, which means that any individual can refer themselves to the Forensic Medical Examiner without Police involvement. This should allow victims to access healthcare and support without the need to report a crime and will allow forensic evidence to be collected at the time for a potential criminal prosecution in the next two years. It is unclear what the level of impact will be on the Service with this new Bill but work is ongoing to assess.

Christina Cooper thanked Heather Bett for her report and update and said it looks like a very proactive, integrated cross sector approach, which is holistic and person centred. In taking comment Heather Bett was asked to take thanks back to the Team during this post Pandemic period. It was noted that regular

updates, along with the Gender Based Violence Annual Report, will be brought to the Committee.

The Committee noted the information presented within the update, in particular the significant steps being undertaken to sustain, improve and develop the services delivered.

## **10 SAFETY, QUALITY AND PERFORMANCE**

### **10.1 Integrated Performance & Quality Report**

Dr McKenna advised that issues remain on a good or equal footing in terms of quality and performance, including performance around C Section SSIs (these remains consistent), SABs (which remain a good new story) and CDiff (these continue to remain positive for the organisation).

For Inpatient Falls, Janette Owens advised a considerable amount of work has been undertaken around falls. The increase in falls compared to the previous year has been around the changes in the hospital due to the Pandemic. A Falls Audit is underway and work is underway to re-establish the Falls Champion Network where there is a Falls Champion in each of the areas to drive forward the falls pathway. There is also an improvement collaborative in some of the mental health wards to support falls improvement work, so hopefully we will start to see the benefits going forward.

Complaints remain a challenge, particularly to clear the backlog from the Pandemic. There has been an increased in complaints due to treatment delays as we start to remobilise. Janette Owens will be meeting with Gemma Couser, Donna Hughes and the Associate Nurses to consider on how best to report lessons learned and themes. The Patient Relations Team is now back to full strength so this will hopefully reduce the delays in Stage 2 complaints.

Christina Cooper thanked Dr McKenna and Janette Owens for their updates. Christina Cooper welcomed the detail. There is a great deal of investment in joint working to manage complaints, compliments and patient opinion. Committee members would welcome some narrative to balance and explain the statistics. At present the report does not show the amount of investment, progression and developments that we invest in. This would provide assurance moving forward and provide a more balanced discussion rather than just looking at numbers. This was agreed as a helpful suggestion.

In taking comment Janette Owens advised the Patient Relations Team will be looked at to ensure there is the correct number of staff to support the complaints process.

The Committee noted the IPQR.

### **10.2 Winter Performance Report**

Claire Dobson highlighted that as the number of patients admitted to hospital with Covid-19 declines, there are still significant demand for other care pathways through the hospital. Emergency Care Department attendances are increasing as are admission rates. Close work continues with the H&SCP to manage delay in flow and this is shown in performance throughout the report. Services are remobilising as well as recovering and are mindful of this when deploying staff.

There were seventy attendees on Teams at the recent Winter event. It was a good opportunity to hear from staff and from groups across all care sectors about the Winter experience and understand what had worked well, less well, and what is required for planning moving forward. There was recognition that Winter is not just a season in terms of system pressure and is experienced throughout the year. There is therefore the opportunity for significant learning from Winter and Covid.

Christina Cooper thanked Claire Dobson for her update and said this gives the Committee assurance that planning of this nature is not just for Winter but for all-year flow and pressures. In taking comment, it was noted that Winter this year had been a huge piece of work, against the backdrop of the pandemic, and staff should be commended for their efforts. This was echoed by the Committee.

The Committee noted the content of the final Winter Report.

### **10.3 HAIRT Report**

Janette Owens highlighted that, in relation to the workforce challenges, four new trainee Infection Control Nurses have been recruited. There has been difficulty trying to recruit to a Lead Infection Control Nurse at a Band 8A, so this will be realigned to a Deputy Infection Control Manager, so hopefully this will help bolster the team. Nationally we are looking at workforce development for Infection Control Teams and building tools to work out how many staff are required.

Christina Cooper thanked Janette Owens for her update. The Committee noted the report.

### **10.4 Healthcare Improvement Scotland – Unannounced Inspection Glenrothes Hospital Report**

Janette Owens advise that this report provides an update on the HIS Inspection which took place a Glenrothes Hospital in July 2020. The inspection resulted in four areas of good practice and five requirements.

The five requirements were:

- 4 requirements in relation to people’s health and wellbeing being supported and safeguarded during the Covid19 Pandemic;
- 1 requirement relates to the condition of the patient equipment



A robust Improvement Action Plan has been implemented, which outlined the prioritisation of actions aligned with each of the five requirements to ensure compliance with national standards, guidance and best practice in healthcare and nursing. HIS have fed back they are happy the actions have been completed.

The Committee noted the contents of the paper.

### **10.5 Healthcare Improvement Scotland – Unannounced Inspection Adamson Hospital Report**

Janette Owens advised that this report provides an update on the HIS Inspection which took place at Adamson Hospital in July 2020. This inspection resulted in three areas of good practice and eight requirements.

The eight requirements were as follows:

- 6 requirements in relation to people’s health and wellbeing being supported and safeguarded during the COVID-19 pandemic
- 2 requirements in relation to infection control practices supporting a safe environment for both people experiencing care and staff

A robust Improvement Action Plan has been implemented, which outlined the prioritisation of actions aligned with each of the eight requirements to ensure compliance with national standards, guidance and best practice in healthcare and nursing. Feedback from HIS is still awaited.

The Committee noted the contents of the paper.

### **10.6 Tarvit SBAR**

It was highlighted that this report was not dated and is assigned to Helen Buchanan. Janette Owens advised this was the original report for the agenda item above, submitted in error, and apologised for that.

## **11 STRATEGIC PLANNING & TRANSFORMATION**

### **11.1 Corporate Objectives**

Dr McKenna advised that there are no further updates other than what has already been discussed and what was covered at the Board Development Session earlier in the week. Susan Fraser however advised the plan had been to have a verbal update around the Corporate Objectives and Strategy Development, as given at the Staff Governance Committee on 29 April 2021.

In relation to the Corporate Objectives, Susan Fraser advised there has been a delay in getting agreement from the Committee and Board. A process has been progressed around the Strategic Planning and Resource Allocation and from that process directorate objectives have been agreed for each of the Directors within NHS Fife. These have been used as a basis for many discussions with EDG.

The strategic priorities have been used and these are:

- 1 To Improve Health and Wellbeing
- 2 Improve the Quality of Health and Care Services
- 3 Improve Staff Experience and Wellbeing
- 4 Deliver Value and Sustainability

Each of the objectives agreed upon have been allocated to one of these four sections. EDG have met twice to discuss the Corporate Objectives and they have evolved through those conversations. As part of the discussion around the Corporate Objectives, there will be a Lead Director for each objective and then the other Directors will be contributors, supporters or for information. There will be a team approach to the objectives, so everyone has responsibility for the objectives.

Christine Cooper thanked Susan Fraser for her update and noted a written paper will come to the next meeting of the Committee, where more time can be allocated for further consideration.

## **11.2 Strategy Development**

Susan Fraser advised that we are in the process of developing our Population Health and Wellbeing Strategy. Those present at the Board Development Session will have noted Carol Potter's presentation about the background. Susan Fraser highlighted the key points.

The Corporate Objectives have been based on our four strategic priorities, so this will be followed through and aligned with the Population Health and Wellbeing Strategy. In terms of how this is being aligned nationally, there is a National Care Programme and the strategy will be aligned against those care programmes.

These care programmes are:

- 1 Healthy Living and Wellbeing
- 2 Preventative and Proactive Care
- 3 Integrated and Unscheduled Care
- 4 Integrated Planned Care

In terms of the guiding principles that will be used to develop the strategy, this will be values driven with collaboration and partnership with all our stakeholders. We will continue to embrace Research, Development and Innovation and put technology first. We will also be looking and using data analytics intelligently to move the strategy forward. In terms of approach, the Clinical Strategy will be reviewed and assessed and ascertain what progress has been made. A strategy will then be structured around the key priorities and linking the care programmes. Governance will be through the EDG Strategy meetings.

There has been discussion about whether we need to go out to consultation, but the agreement is that we will have an enhanced engagement with all our

stakeholders. As the strategy does not detail any major service change, enhanced engagement will be the way forward. In terms of a timeline we are looking to complete by March 2022. There is a draft timetable but this may change.

Dr McKenna highlighted that he wished to put a caveat under Susan Fraser's update, noting that this is a work in progress and high-level detail that still has to be agreed by the Directors. This is a very active process at the moment in its early stages. In due course a more detailed report with support from the Directors will come to the Committee.

In taking comment it was noted conversations are taking place to balance out the legislative requirements around strategy and planning for certain services.

Christina Cooper thanked Susan Fraser for her update and was assured everything will be aligned to other strategies that are being reviewed and implemented, with cross referencing to risk.

## **12 PUBLIC ENGAGEMENT & CONSULTATION**

### **12.1 Planning & People SBAR**

Janette Owens advised that 'Planning with People' (Community Engagement and Participation Guidance for NHS Boards, IJBs and Local Authorities that are planning and commissioning care services in Scotland) was published in March 2021. It has been ten years since guidance was last issued. A high level framework has been developed by Healthcare Improvement Scotland (HIS), and they are working with the Care Inspectorate and stakeholders to develop a quality framework for community engagement, ensuring it is aligned to the Human Rights approach and to Derek Feeley's recent report.

Janette Owens is meeting with Nicky Connor and Dona Milne and a written SBAR around Planning with People and the model for engagement will be brought to the next Committee meeting. Christina Cooper thanked Janette Owens for her update and welcomed a written report being brought to the next meeting.

## **13 DIGITAL & INFORMATION**

### **13.1 Information Governance & Security Steering Group – Terms of Reference (ToR)**

Dr McKenna, as Executive Lead for Digital, advised this update would normally be from Margo McGurk in her role as SIRO and Chair of the Information Governance and Security Steering Group. These ToR give assurance to the Committee that this new group has been formed and its ToR defined and agreed.

The Committee noted the revised ToR.

## 14 ANNUAL REPORTS

### 14.1 Medical Education Report

Dr McKenna advised that this abbreviated Medical Education Annual Report was being brought in SBAR format this year to keep the Committee up to date around the activities within medical education, medical students and junior doctors. Dr McKenna acknowledged the efforts that junior doctors have made in the last year. At the start of the Pandemic, registration was brought forward for junior doctors from August to April, which proved to be a challenging experience. This resulted them in not being afforded the same privileges as previous years due to social distancing. We have done our utmost to maintain the education they receive and Morwenna Wood and her team are dedicated to ensuring the quality of their education is maintained.

NHS Fife remains committed to teaching and training of undergraduates and the report sets out the large numbers of students who come to Fife every year. Scotgem is a graduate entry medical school delivered in partnership with St Andrews University, Edinburgh and Dundee. We are now into the third year, which is a more clinical year in secondary care, so we have had to adapt how we deliver secondary care teaching for St Andrews, Edinburgh and Dundee students. Undergraduate and post graduate training surveys are included and highlighted that these demonstrate the excellent quality of education that is provided in NHS Fife, along with the challenges faced.

One of the areas that does require improvement is around handover. With support from the digital team we are now going to be implementing within the next year a formal digital handover function from shift to shift. This will increase patient safety and junior doctor experience.

Christina Cooper thanked Dr McKenna for his update and welcomed the report's findings. The Committee noted the report.

### 14.2 Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework (PAF)

Janette Owens advised that this report should have come to the Committee earlier but, due to the Pandemic, was delayed. The PAF was supported and approved by the Committee and Board in 2018. Each year we undertake a stocktake/survey to ensure we are meeting the four drivers that have been identified within the PAF, as set out in the report.

The survey was carried out electronically last year thanks to the Comms teams, which made it easier for people to access. There was a 77% return rate on the survey. Under each of the primary drivers within the report, actions are highlighted, which will or are being taken forward. There is no specific action plan against this as all actions are picked up within other action plans or objectives.

Going forward the PAF is being updated to ensure all the references in the framework are current and up to date. New models are being identified and the questions will be reframed for this survey this year.

Christina Cooper thanked Janette Owens for her introduction to the report. The Committee noted the report.

## **15 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION**

All items under this section were taken without discussion.

- 15.1 Acute Services Division Clinical Governance Committee (17/03/2021)
- 15.2 Fife Drugs & Therapeutics Committee (03/02/2021)
- 15.3 Fife HSCP Clinical and Care Governance Committee (26/02/2021)
- 15.4 NHS Fife Clinical Governance Oversight Group (25/02/2021)
- 15.5 Research Governance Group (25/03/2021)
- 15.6 Health and Safety Sub-Committee (12/03/2021)
- 15.7 Integration Joint Board (IJB) (19/02/2021)
- 15.8 Digital and Information Board (16/02/2021)
- 15.9 Infection Control Committee (03/02/2021)
- 15.10 Public health Assurance Group (25/02/2021)

## **16 ITEMS FOR NOTING**

There were no items for noting.

## **17 ISSUES TO BE ESCALATED**

There were no items for escalation.

## **18 ANY OTHER BUSINESS**

There was no other business. In closing, Christina Cooper thanked everyone for their participation in what had been a lengthy meeting. Moving forward, efforts will be made to slim down the agenda for priority business and a short break factored in for members' comfort.

## **19 DATE OF NEXT MEETING**

Wednesday 7 July 2021 at 2pm via MS Teams

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING  
HELD ON 11 MAY 2021 AT 09:30AM VIA MS TEAMS**

**RONA LAING**  
Chair

**Present:**

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Ms A Lawrie, Non-Executive Director	Mrs M McGurk, Director of Finance
Mrs D Milne, Director of Public Health	Mr A Morris, Non-Executive Director
Ms J Owens, Director of Nursing	Mrs C Potter, Chief Executive

**In Attendance:**

Mrs C Dobson, Director of Acute Services  
Mrs N Connor, Director of HSCP  
Mr S Garden, Director of Pharmacy & Medicines  
Mr N McCormick, Director of Property & Asset Management  
Dr G MacIntosh, Head of Corporate Governance & Board Secretary  
Mrs R Robertson, Deputy Director of Finance  
Miss L Stewart, PA to the Director of Finance (minutes)

**1. Welcome / Apologies for Absence**

Aileen Lawrie was welcomed to her first meeting as a new member of the Committee, having recently taken up post as Chair of the Area Clinical Forum.

The Chair, on behalf of the Committee, thanked Dona Milne for all her hard work, contribution, input, and support, as she leaves NHS Fife to take up a new role in NHS Lothian. Dona was wished well in the future.

Apologies for the meeting had been received from Dr Chris McKenna, Medical Director.

**2. Declaration of Members' Interests**

There were no declarations of interest made by members.

**3. Minute of the last Meeting held on 16 March 2021**

The Committee formally **approved** the minute of the last meeting.

**4. Matters Arising/Action List**

The Chair reviewed the action list and highlighted those that were not otherwise covered in the meeting agenda.

It was advised that, for Action 133 (Kincardine and Lochgelly Health Centres), an update will be provided at the July 2021 meeting of the Committee.

It was advised that, for Action 140 (Mental Health Strategy), an update will be provided at the September 2021 meeting of the Committee.

## **5. GOVERNANCE**

### **5.1 Board Assurance Framework – Financial Sustainability**

Mrs Margo McGurk presented the report to the Committee on Financial Sustainability. The risk to financial sustainability has remained static at high; however, it is proposed that, due to achieving full funding for Covid and a break-even position at year-end within NHS Fife, the rating should be amended to moderate for the financial year 2020/21. It was noted that longer term, one of the key risk areas is delivering the savings required on a recurring basis.

The Chair highlighted that the BAF should be a dynamic document and it is important that this is updated to reflect the current position faced by NHS Fife.

Mr Alistair Morris highlighted to the Committee that the risk can be looked at in a number of ways and there will also be many associated risks which stem from this. It was felt that the risk can be reduced to moderate given the projected outturn for 2020/21 however, it is important to not lose sight of the elements within this risk which could still be viewed as high in the longer term. For example, as discussed, the deliverability of unachieved savings.

Mr Scott Garden advised that in some directorates it can be restrictive to identify where savings can be achieved. Mrs Margo McGurk advised that moving forward the SPRA process will help to support directorates with this process.

It was identified within the BAF that risk 522 is noted twice. It was agreed that this would be amended on Datix and Scott Garden would be the risk owner.

The Committee **approved** the Financial Sustainability section of the Board Assurance Framework and agreed that this risk should be amended to Moderate.

### **5.2 Board Assurance Framework – Strategic Planning**

Mrs Margo McGurk presented the report to the Committee on Strategic Planning. It was highlighted that this report is similar to the Financial Sustainability BAF, where the risk has remained High since 2016. It was proposed that this risk requires redefinition and that a new risk should be introduced on the effectiveness of Strategic Planning. The new risk should focus on the delivery of the new Health and Well-being Strategy.

This BAF was also discussed at Clinical Governance and the Committee were supportive of the change in principle but felt that the suggested wording needed revised to ensure it captured transformation.

The Committee **discussed and agreed** the change in the risk associated with the BAF for Strategic Planning, noting that further work was required on its wording.

### **5.3 Board Assurance Framework – Environmental Sustainability**

Mr Neil McCormack presented the report to the Committee on Environmental Sustainability.

It was highlighted that there are three residual operational links, two of which relate to the orthopaedic theatres and the tower block, and for all of which plans are in place to resolve. By September 2022, the last remaining inpatient area will be moved from the tower block and there will be a functioning new orthopaedic theatre.

The third operational risk relates to flexible hoses and this is a legacy issue. Consort are working through the replacement at present and an update on expected completion will be provided at the next meeting.

The Committee **approved** the Environmental Sustainability section of the Board Assurance Framework.

### **5.4 Annual Committee Workplan 2021/22**

Mrs Margo McGurk introduced the workplan to the Committee. It was highlighted that this is submitted annually outlining what business should be expected at each Committee meeting.

Mrs Carol Potter highlighted that the RMP3 should be amended to 'Remobilisation / Annual Operational Plan' as the title of this will update and change throughout the year as they move through versions and iterations.

The Committee **approved** the proposed workplan.

### **5.5 Committee Self-Assessment Report**

The Chair noted that this report is undertaken every year and the SBAR provides a good reflection of the main themes identified by members' feedback. On pages 2 and 3 of the report, details are given of a number of areas that the Committee should consider going forward in terms of planning the agenda and how information is presented.

Dr Gillian MacIntosh thanked the Committee members who were able to complete the self-assessment exercise, especially due to the pressures of Covid that coincided with its timing.

Following discussion, it was agreed that hour-long development sessions should recommence twice yearly and the timing of these will be discussed by the Chair and Director of Finance & Strategy.



The Chair highlighted that, within today's pre-meeting of non-executives, it was discussed that improvement could be made within the SBARs on how information is presented. For example, recommendations could be more explicit, and acronyms are frequently introduced before detail is provided on what they stand for. The new Board Committee Support Officer role should be able to help with this and improve consistency across committees.

The Committee noted the report and plans to take forward the relevant findings.

## **5.6 Draft Annual Committee Assurance Statement 2021/22**

The Chair introduced the report to the Committee, and it was highlighted that this is an excellent report, which clearly details the work of the Committee over the past year. Dr Gillian MacIntosh advised that this has been an extraordinary year and the report aims to reflect some of the changes the Committee introduced to support Covid, whilst providing assurance that the role and key functions of the Committee were sustained during this time.

It was highlighted that further changes can be incorporated within the report, as there is an opportunity that an updated report can come back to the Committee for final sign off in July. If no further comments are received, however, this report can be taken as the final document.

Mrs Carol Potter emphasised that this is a very good report, which provides a qualitative and detailed assessment of what the Committee has covered this year, and that the information included is a great improvement on the less-comprehensive format used previously.

The Committee **approved** the Annual Committee Assurance Statement 2021/22, subject to members' advising Dr MacIntosh directly of any amendments necessary.

## **5.7 Review of General Policies & Procedures**

Dr Gillian MacIntosh was invited to present a verbal update to the Committee. It was advised that normally a written report would be presented to the Committee at this time of year; however, the administrator who supports this area has been absent from work since January and therefore it has been challenging to progress work in this area.

A new role within Corporate Services will have future responsibility for this work and it is hoped that, once the new post holder commences at the end of this month, further progress can be made in this area. A full update will be provided to the Committee as scheduled in November.

The Committee **noted** the update.

## **6. PLANNING**

### **6.1 Strategy Development / Strategic Planning & Resource Allocation**

Mrs Carol Potter was invited to provide a verbal update to the Committee on the Strategy Development and Strategic Planning & Resource Allocation Process.

It was advised that a written report was due to be presented to all governance committees and the Board on the next steps of Strategy Development. However, following the April Board Development Session and after further conversations with Mrs Tricia Marwick and Mrs Rona Laing, it was felt that further time was required to reflect on discussions at the Development Session and determine the next steps. Further thought is required in terms of the challenge received from members at that session, the role of an anchor institution, appropriate support of the wider wellbeing of the community and how all this will underpin the strategy in terms of delivering clinical excellence. Further comments and feedback were welcomed on any of the matters discussed at the recent Development Session.

It was noted that there will be regular meetings with EDG, which will focus specifically on strategy as there is a lot of work which needs to be undertaken moving forward.

Mrs Rona Laing identified that one area that requires to be refined is performance, and how this can be best scrutinised. Performance in the past has been scrutinised through the IPQR, and it will be expected, going forward, to relate the new strategic challenges and ambitions to those measures.

Mrs Carol Potter identified that, moving forward post-Covid, there requires to be an increased focus of the performance of the NHS Scotland against the national framework.

Mrs Carol Potter advised that a slide was used within the Board Development Session which can be shared with the Committee, which focuses on the National Performance Framework for Scotland - it looks at each quadrants and identifies the contribution the NHS has made towards those targets.

The Committee **noted** the update.

## **6.2 Corporative Objectives 2021/22**

Mrs Carol Potter provided a verbal update to the Committee. It was highlighted that the intention was to bring a written paper to the Committee however further work is required to refine the objectives. EDG are focusing on concluding this and a report will come to the next meeting of the Committee. .

The Committee **noted** the update.

## **6.3 Winter Plan & Performance Report**

The Chair introduced the Winter Plan & Performance Report to the Committee and highlighted that the action plan in appendices reflects the huge amount of effort and ongoing work undertaken throughout the winter period. The staff should be proud of the work achieved.

Mrs Janette Owens was invited to provide an update to the Committee. It was advised that a HAI inspection took place last week and informal feedback from this has been very positive.

This was the final position to report in 2020/21. It was produced to provide an update on the metrics and the actions within the winter plan.

The Emergency Directorate has not met the 95% standard since September, but the Board has been above the Scottish average since mid-December 2020. Attendances at ED are continuing to climb. The number of inpatients peaked beginning of January to mid-February due to Covid. Occupancy in the VHK has been at 90% for most of March and particularly busy in the amber pathways. In Community hospitals the occupancy has been between 90 – 95% during winter. Most of the delayed discharges are due to guardianship issues, which is challenging to resolve due to courts being closed. The Partnership has achieved an average of over 100% of placements during winter. Most of the winter plan actions are complete on Trak. The two outstanding relate to the implementation of Home First and the restructure of medical assessment. 70 participants took part in the Winter Review Event which was held in April. Feedback from this session will be used to plan and implement the next iteration of the plan, and a further event will be held in August.

Mrs Nicky Connor advised that it has been a challenging year but the joint working that has taken place and continues has been really positive. There is pressure all year around, and there is commitment to work together to develop solutions and work to ensure there is capacity across the system to do the best for the people of Fife. Some actions are outstanding, but this is due to creating sustainable solutions and are ensuring effective engagement with stakeholders.

Mrs Claire Dobson advised that the activity is unrelenting, it was highlighted that on 10 May there were 249 attendances at the ED. Capacity and Demand is challenging but there is a joint approach to ensure individuals are seen by the most appropriate service. The action on Medical Assessment is still outstanding - at present there are two segregated pathways but there is a new General Manager in post who is working to develop efficiency and effectiveness at the front door.

Mr Eugene Clarke highlighted that the Winter Plan is in fact a dynamic and flexible document that varies dependent on the circumstances. There is a concern that the 'Winter Period' is not directly relating to the plan. It was felt that the name of the document should be reconsidered.

Mrs Nicky Connor advised that, following a meeting with Senior Teams, it was agreed that there should be 365 planning. Scottish Government however requires a return of the Winter Plan and the Board will continue to do this. The local plan will however focus on 365 planning. This would be linked to strategic planning as well as reactive planning to drive improvement and have flexibility.

Mr Alistair Morris emphasised that there is pressure on the system 365 days per year. However, it is challenging to have a plan to simply deal with managing pressure and not actually address the underlying capacity issues. It was questioned if there was support

from the Scottish Government to ensure the VHK was not always at capacity, since as the population grows there will be further a challenge.

Mrs Rona Laing agreed, and it was advised that this is part of the work within transformation. The redesign of urgent care also supports this, where they are diverting people away from A&E to more appropriate services. This is included in many conversations and should be considered whilst looking at the longer term.

It was agreed that this topic should be put forward for a future Board Development Session.

The Committee **noted** the report and thanked all staff for their efforts in managing what had been a difficult period.

#### **6.4 Robotic-Assisted Surgery Business Case**

Mrs Claire Dobson was invited to present the Business Case to the group. It was clarified that this is an interim business case rather than a final business case. The paper is to highlight the progress towards finalising the business case, which they hope to bring forward to the July Meeting.

The Committee were made aware of the procurement of the robot at the prior session. The robot arrived onsite in March. Robotic-assisted surgery is a positive development not only for the patients but for the workforce and Fife will see significant benefits of this.

The Committee were directed to the table within the report detailing financial information and expenditure over the next two years. Two Band 7 theatre staff will join the team in quarter two, and there are consumable costs which have an offset in quarter one. There is a maintenance and sim cost in year one. Decontamination is provided by Tayside; however, they are requesting significant investment to decontaminate the tools and instruments. NHS Fife is reviewing this and a potential alternative service from NHS Lothian.

The team are currently exploring the experience of other boards who have a robot, and they are looking at impact on lengths of stay and the impact of the surgical programme more widely.

The Final Business Case will come forward in July, but the Committee was made aware that there is a Robot Implementation Group already established, which is led by the lead consultant.

Margo McGurk provided assurance that the Finance Team are working closely with the Acute Services team on this project. It was emphasised that clinical pathways will require to go to Clinical Governance Committee for consideration prior to the robotics service becoming operational.

Mrs Rona Laing highlighted that within the SBAR it notes the impact and assessment of stage 1. It was questioned whether robotic-assisted surgery in relation to disabilities could be highlighted as a positive rather than a known fact. It was agreed that this would be amended and updated to reflect this.

Mr Alastair Morris questioned whether the timing of the subsidy from the supplier is linked to when the robot becomes operational, as it could create a loss in revenue and supplies. Mrs Margo McGurk advised that the timing of the subsidy will not create an issue.

It was advised that a surgeon who is already skilled in robotic-assisted surgery, is coming to Fife to support staff in August. Training at present is also underway but the Board may also incur further training costs next year as the service is rolled out.

The Committee **discussed and noted** the contents of this paper and the progress towards the presentation of the final business case for the robotic-assisted surgery.

## 6.5 Budget Setting 2021/22

Mrs Margo McGurk introduced the report, which gave the annual budget setting confirmation, and noted this is presented to the Committee for awareness and assurance.

The opening budgets were identified by the end of April to all directors and budget holders, and the finance team have worked closely with directors throughout the year with the SPRA process to inform this process.

Assurance was provided to the Committee that the budgets which have been set, fully reflect the financial plan for 2021/22 that was recently approved by the Board. This includes an increased level of investment in several areas.

It was emphasised within the letter that the budgets were set on the basis that the full savings challenge will remain until confirmation of funding support has been provided by Scottish Government. Each budget holder will have two saving lines identified - the first is a share of the £8m which was agreed as the in-year target; and the second is a share of the legacy saving of £13.6m which NHS Fife has requested Scottish Government support for in 2021/22. It is expected that there will be continuing cost offsetting in the first part of the financial year due to services not being fully up and running. It is likely that Scottish Government may take the view that cost offset should be used to part fund the legacy savings.

Scottish Government have highlighted that they are looking to have a more detailed conversation with NHS Fife on the 2021/22 Financial Plan, particularly in relation to the savings.

The Committee **noted** the budget setting process for 2021/22.

## 7 PERFORMANCE

### 7.1 Integrated Performance & Quality Report

The Committee reviewed and discussed the latest Integrated Performance & Quality Report.

Mrs Claire Dobson was invited to provide a verbal update on Acute Services performance. The Committee were advised that this report shows figures for February 2021. It was noted that the 4-hour emergency access performance has improved slightly as capacity was less challenging across the hospital at that time. The patient TTG, new outpatients and diagnostics shows a slow-down and deterioration in performance, as they worked to manage the second wave. There was also challenges within cancer services particularly in relating to staging and investigations.

Mrs Nicky Connor was invited to provide an update on Health and Social Care Performance. The Committee were advised that this performance report highlights the challenges against delayed discharge, which was discussed under the winter plan item. This is something that they are actively working across the service to deliver on. An update was provided on Smoking Cessation services and the challenges faced in the year, and the plans to support recovery and to improve performance in that area. In relation to CAMHS and Psychological Therapies performance in February 2021 was 88.1% for CAMHS and 84% for Psychological Therapies. It has been recognised for these services that there is an ongoing challenge of prioritising one area as it has a negative impact on the other. A request for funding has been proposed for short term funding to support the increase of capacity to help improve this. The recruitment process is ongoing for permanent staff and it is hoped that by the next update there will be a noticeable trajectory improvement. Mental Health is a priority area in NHS Fife to support the local population.

Mrs Margo McGurk was invited to provide an update on Financial Performance. It was highlighted to the Committee that, in terms of the revenue position, it relates to the Month 11 position, however the draft year-end position has also recently been confirmed. It was highlighted that, in terms of the Month 11 position, an underspend of £4.2m was noted. The year-end forecast improves this position to an underspend of £0.4m.

This has been a very challenging year in terms of the level of uncertainty on the financial impact of COVID on core service costs and new costs which have been incurred in the response to the pandemic. The report details the complexity and the specific work in the last quarter to manage the position in line with the RRL break-even requirement.

The year-end position notes that there will be a transfer of resource of £11m to the Partnership for use of specific and detailed purposes.

Mrs Margo McGurk advised that, in terms of the Month 11 capital position detailed, the Board were on track to achieve the full spend. It was confirmed that this has been achieved at year-end.

The Committee **noted and considered** the contents of the report, with particular reference to the measures identified in Section 2.3.

## **8 ITEMS FOR NOTING**

### **8.1 Minute of IJB Finance & Performance Committee, dated 5 March, 18 March and 8 April 2021**

The Committee **noted** the minutes of the above meetings.

## **9. ISSUES TO BE HIGHLIGHTED**

### **9.1. To the Board in the IPR & Chair's Comments**

The Committee considered the important NHS Assure report on the progress with the EOC Programme build phase. They welcomed the opportunity to review the findings of the report and the action plans in place within NHS Fife to respond to issues raised. The Committee took assurance that the report was considered fully from a technical perspective by the programme team and that the NHS Fife team were working collaboratively with NHS Assure to deliver the programme safely and to the standards required.

## **10. Any Other Business**

There was no other business.

**Date of Next Meeting:** 11 May 2021 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

**MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 29 APRIL 2021 AT 10AM VIA MS TEAMS**

**Margaret Wells**

Chair

**Present:**

Margaret Wells, Non-Executive Director (Chair)	Christina Cooper, Non-Executive Director
Wilma Brown, Employee Director	Janette Owens, Director of Nursing
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum	Andrew Verrecchia, Co-Chair, Acute Services Local Partnership Forum

**In Attendance:**

Lynn Barker, Associate Director Nursing, H&SCP (deputising for Nicky Connor)  
Kirsty Berchtenbreiter, Head of Workforce Development  
Claire Dobson, Director of Acute Services  
Linda Douglas, Director of Workforce  
Susan Fraser, Associate Director of Planning & Performance  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Sandra Raynor, Senior HR Manager  
Kevin Reith, Deputy Director of Workforce  
Rhona Waugh, Head of Human Resources  
Gillian Westbrook, PA to Linda Douglas (Minutes)

**Observer:**

Kirstie Macdonald

**01. Apologies for Absence**

Apologies were received from Alistair Morris, Non-Executive Director, Carol Potter, Chief Executive, Nicky Connor, Director of Health & Social Care and Margo McGurk, Director of Finance & Strategy.

**02. Declaration of Members' Interests and Chair's Opening Remarks**

There were no declarations of interest made by members relating to any of the agenda items.

The Chair welcomed members and attendees to the meeting; along with Kirstie Macdonald, Whistleblowing Champion designate for NHS Fife who was attending the meeting to observe, and Lynn Barker who was attending on behalf of Nicky Connor.

The Chair reminded members that the Echo pen will be used to record the meeting.

The Chair confirmed that the NHS is still on an emergency footing across Scotland until 30 June 2021; and conveyed her thanks to everyone for their continued efforts to maintain services throughout the pandemic, particularly with the extended lockdown measures, albeit these are now reducing.



**03. Minute of Previous Meetings held on 4 March 2021 and Reconvened Meeting held on 9 March 2021**

Minutes of Meeting held on 4 March 2021: The Chair highlighted agenda items 6.1, 6.2, 6.3 & 6.4 and 7.1 where the Committee were asked to note these items. In future minutes the Committee's decision should be noted rather than the action. The minutes of the meeting were **formally approved** subject to these changes.

The minutes of the reconvened meeting held on 9 March 2021 were formally **approved** as an accurate record.

**04. Action List**

**Item 6.2: Covid-19 Staff Experience Everyone Matters Pulse Survey Report**

The Chair asked for an update on item 6.2 in relation to the proposed staff engagement meetings with C Potter and W Brown within all areas of the Board. W Brown advised the Committee that she and C Potter have a full schedule of meetings and walk-arounds arranged across all sites, and will ensure that iMatter is discussed. S Fevre asked how this could be emulated within the Health & Social Care Partnership? The Chair asked L Barker to follow up this point with N Connor.

**Action: L Barker / N Connor**

**Item 6.6: Payroll Consortia**

L Douglas provided an update on item 6.6 on behalf of M McGurk. The Regional Programme Board has accepted the proposal to stage this development and are preparing plans for all the Boards involved. This is likely to involve:

- commencing recruitment to the management team over the summer months
- liaising with the Boards to commence sharing best practice and standardisation of processes once the management team are in place
- commencing the full consortia arrangement including progressing the transfer of staff in line with the Transfer of Undertakings (Protection of Employment) [TUPE] legislation early in 2022/2023

**05. Matters Arising**

There were no matters arising not otherwise covered in the meeting agenda.

**06. QUALITY, PLANNING & PERFORMANCE**

**6.1 Integrated Performance & Quality Report**

L Douglas reported sickness absence levels within NHS Fife covering the period to the end of February 2021. The rate is 5.03% which was a slight decrease from 5.04% month on month from January 2021. This compares favourably to the figure of 5.51% for the same period last year, however, we are aiming for further improvement and work will continue to achieve a sustained positive trajectory. Actions to support this will be covered by R Waugh in Item 6.2 of the agenda.

The Chair noted that this is the absence rate without Covid related absence and asked, when out of emergency measures, at what point Covid related absences will be included in the sickness absence figures? LD highlighted that absences related to Covid which are not categorised as-sickness absences and are therefore not included in these figures, with Covid absences reported separately. R Waugh confirmed that Covid related absence was affecting approximately 1% of the workforce. At present there is no intention to remove the

Covid related absence codes, these are available for use within the payroll system for the foreseeable future

W Brown commented that despite training taking place on the new Promoting Attendance policy, she considers that more training is required as she recently came across a situation where managers were misinterpreting the policy in terms of staff on long-term sickness having their annual leave incorrectly pro-rated. In relation to W Brown's comment, R Waugh and Workforce Directorate colleagues will address this in terms of a communication to managers and within the promoting attendance sessions. S Fevre welcomed the fact that there is no intention to bring Covid non-sickness related absences into the total sickness absence figures at present, as members of staff can be off work due to other effects of Covid, not only sickness.

L Douglas acknowledged and welcomed everyone's comments, confirming S Raynor's team can lead targeted training in specific areas which require further support. Guidance and knowledge of Covid and long Covid will be developed over time and will be a debate both nationally and locally in terms of how this will be most appropriately addressed.

The Committee **noted** the report.

## **6.2 Staff Health & Wellbeing Update, including Promoting Attendance**

R Waugh provided an overview of some of the current staff health and wellbeing activities:

- Mindfulness – highlighting the ongoing success of these course, the latest 8 week course was fully booked within a short time of being advertised, demonstrating its popularity and success in terms of staff engagement. Drop-in sessions are continuing.
- Staff returning from shielding – a further series of support sessions have commenced, positive feedback has been received from both staff and facilitators.
- Support sessions for Managers – sessions have been popular and oversubscribed, the intention is that these will be filmed and shared on StaffLink
- Inspiring Kindness in Fife Conference will be held on 26 May 2021 - flyers will be distributed to Committee members. R Waugh invited members to attend to hear first-hand the work undertaken in Fife over the past year in terms of staff wellbeing.
- Peer Support: work is ongoing with Psychology and other colleagues, targeting support based on a peer support and reflective practice model.

In terms of sickness absence: the March 2021 rate reduced to 4.43%, with an average for the last financial year of 5.04% which takes us back to the average rate last seen in 2016/17. Notwithstanding this, the trajectory has not been met and as already acknowledged more work needs to be done to improve the position.

R Waugh highlighted the contents of the paper which provides data on the trends for the Committee's perusal. As discussed at the previous meeting, rates and reasons for absence within operational units have been included. The top reason for absence during this year is anxiety, stress and mental health related reasons. R Waugh has received a report on the Occupational / Mental Health input support for staff and this will feature at a future Committee meeting.

To provide assurance to the Committee, a round of Promoting Attendance Review and Improvement panels looking at the top short term and 10 long term cases within each of the business units has just been completed. A series of short Once for Scotland policy awareness sessions in for the new Promoting Attendance policy have been undertaken and Staff Side colleagues have participated and supported these sessions.

In relation to investment for staff wellbeing as part of remobilisation plans, C Cooper enquired if there is a risk that NHS Fife cannot sustain some of these support services for staff in the future, and sought an update on return to work interviews for staff? R Waugh advised that the current commitment to health and wellbeing initiatives in place is on a sustainable basis, with funding agreed for additional occupational health resources and a similar investment within psychology support services. National work is considering the recovery support required for staff and what resources may be required longer term is ongoing. With regards to return to work interviews, this has been a focus at recent training sessions and HR Officers / HR Advisors are working alongside Line Managers to ensure they are being undertaken.

Following attendance at the Emergency Care Review and Improvement Panel, A Verrechia highlighted the support required for Line Managers in dealing with long-term staff sickness and the effects it has on them as well as the staff member. L Douglas acknowledged that targeted support was offered during the first half of 2020 and that specific management led support is ongoing. The Chair requested that this point is followed up at a future meeting providing an overview of the support and the impact of Covid on the number of cases.

S Fevre highlighted that it was pleasing to see the balance of this report focusing on health and wellbeing of staff and the impact this has had on absence figures. The longer term effect of Covid on staff may be worse than the immediate impact, and the actions highlighted in this paper shows a real commitment to provide the necessary support.

The Chair commented that having both management and staff side Local Partnership Forum representatives present gives the opportunity to share details regarding staff experience. This is a critical aspect of informing the Board in terms of strategy and policy. The Chair thanked those involved for their contributions.

The Committee **noted** the content of the paper.

### **6.3 Interim Joint Workforce Plan 2021/2022**

K Reith reminded the Committee that the normal workforce plan reporting to the Scottish Government was suspended last year, however, Boards and IJBs received a request in early March 2021 to complete an Interim Workforce plan to be submitted by 30 April 2021. The document provided is the draft NHS Fife submission using the new national template. From 2022, this will return to a 3 year workforce planning cycle with the interim plan being completed in the 2 years between the 3 year plan submissions.

Minor adjustments are being made to the document ahead of the submission deadline and a final version will be shared with members of this Committee. This is a joint plan for NHS Fife and the Health & Social Care Partnership. K Reith highlighted the following points:

- Section 2: references the new Strategic planning resource allocation process, bringing strategy, finance and workforce elements together.
- Section 3: emphasis on staff wellbeing agenda, focusing on the ongoing implications of Covid delivery in terms of test and protect, staff and patient testing, vaccination, occupational health and infection control.
- Safe Staffing legislation: response to new statutory provisions.
- Medium-term drivers for Workforce Strategy 2022-25: long-term Covid management, redesign of urgent care, waiting times, regional priorities.
- Transformational change factors: including lessons learned from Covid.

Following extensive engagement the draft plan was presented to EDG last week.

C Cooper highlighted that section 2.3.7 of the covering paper regarding communication, involvement and consultation doesn't include reference to cross sector 3<sup>rd</sup> and independent sector input. R Waugh advised that feedback has been received from Paul Dundas, the nominated representative of the Independent Sector for Fife and his comments have been factored into a subsequent iteration of the document and this reference was now captured within the draft submission.

C Cooper also noted Section 2.3.4: in relation to risk and assessment no specific details are included asking if this would be included in future plans? K Reith advised that there is a need for general risk reporting, however, this planning approach is still evolving and there may be feedback from the first use of this template in terms of how risks are captured and reported. There will be further extensive reporting of risk included with the 3 year plans.

S Fevre was pleased to see a more rounded approach to all staff (not only clinical staff), the Covid pandemic has highlighted the contribution of all staff, which is reflected in this document along with clear consultation and involvement.

The Chair highlighted that it is critical to have assurance around implementation, impact and timings going forward. With regards to the supplementary workforce, the Chair enquired if processes are in place to provide additional staff to fulfil posts and skill mix, and raised concerns regarding GP recruitment and sustainability? R Waugh advised that primary care staffing is addressed via the Board's Primary Care Improvement Plan through review of the implementation of the new GMS contract. In terms of specific GP recruitment issues in East Fife, R Waugh was pleased to report that these have been resolved recently. R Waugh will arrange for feedback at a future meeting in relation to the implementation of the Primary Care Improvement Plan.

J Owens gave an update on supplementary staffing:

- Students will fill a number of the present vacancies, however, additional staffing is still required.
- Learning from the Covid vaccination programme is that we can recruit and train staff quickly.
- Increasing the bank workforce will assist in the immediate term.
- Retaining and attracting staff working alongside universities and practice development to ensure staff feel supported is key.

K Reith highlighted that the monitoring of this plan is critical, the existing workforce strategies and implementation plans underpin these, which are being reviewed to ensure we have a clear view across NHS Fife and the Health and Social Care Partnership.

The Committee **noted** the content of the paper and that it will be submitted to Scottish Government by 30 April 2021.

#### **6.4 Corporate Objectives 2021/2022**

S Fraser provided the Committee with the following information regarding the production of this document:

- Core information for corporate objectives have been developed through the strategic planning and resources allocation process introduced earlier this year.

- During discussion at EDG meetings Directorate objectives were agreed for each Director and key objectives for 2021/22.
- Objectives are grouped under 4 strategic priorities:
  - Improve health & wellbeing
  - Improve the quality of health and care services
  - Improve staff experience and wellbeing
  - Deliver value & sustainability
- Lead Directors remits are colour coded for each objective. The lead Directors roles have been agreed for each objective, with other Directors included in a contributory role.

L Douglas advised that EDG requested this was brought to committee cycles, with Staff Governance Committee and Clinical Governance Committee receiving a verbal update at present, with the plan to share an SBAR report thereafter.

In terms of workforce, L Douglas will take a lead role in the following key strategic objectives:

- Item 2.12 - Implementing safe staffing legislation: Wider workforce matters, with key contributors J Owens / C Dobson / N Connor to facilitate delivery.
- Item 3.1 - Enhance Staff Health and Wellbeing by developing and delivering the action plan: Referencing previous plans R Waugh and W Brown have discussed in terms of work taking place in Fife.
- Items 3.2 - Develop and then deliver Phase 1 - a framework to improve leadership capability and embed the framework for talent management and succession planning: This is a regular feature of corporate objective setting and recognises the desire to ensure further improvement.
- Items 3.3 - Delivery of workforce plans that attract, recruit, and retain a high-quality Workforce: Refer to Interim Joint Workforce Plan and comments from K Reith and R Waugh.
- Item 4.10 - Develop the NHS Fife Workforce Strategy 2022 to 2025 for publication in Q1 of 2022/2023: 3 year strategy K Reith referenced earlier, published in 1<sup>st</sup> quarter of the next financial year.

The Committee **noted** the update and looked forward to receiving further updates in due course.

## 6.5 Winter Report 2021/2022

J Owens thanked S Fraser for producing the paper which included a monthly report relating to the key performance matrix agreed in the Winter Plan using data up to 4 April 2021. Weekly meetings take place between Health and Social Care Partnership, Planning and Acute Services in respect of patient flow. J Owens provided a summary of the monthly report, noting the impact of the combined Covid and winter pressures on A&E standards, hospital occupancy, delayed discharge and partnership placement, noting challenges in previous months but some improvement over the last month.

In terms of the Winter Plan most actions are either complete or on track with 2 actions on hold; Implementing home first model and Restructure of medical assessment and admissions.

A Winter Review event was held on 12 April 2021 covering 2 group work sessions:

- what worked well and not so well last winter

- what key learnings and actions could be taken forward for 2021/2022.

In relation to risks, C Cooper asked whether learning has been documented to reflect on our previous risk averseness and to assist in the development of services moving forward? S Fraser advised that the process of learning from Covid has been documented through the Remobilisation Plan, as well as the opportunity for colleagues to share their learning via the Winter review.

The Committee **noted** the content of the paper and the Chair thanked everyone involved for their efforts.

## 6.6 Renewal of NHS Fife Population Health and Wellbeing Strategy

L Douglas presented on behalf of M McGurk. This strategy is in the early stages of thinking, with the focus for its development around the four strategic priorities previously referred to under Corporate Objectives item.

The four National Care programmes were also noted as key influences on our strategic approach:

- Healthy Living and Wellbeing
- Preventative and Proactive Care
- Integrated Unscheduled Care
- Integrated Planned Care

The guiding principles to develop the strategy will include:

- Values driven
- Develop in collaboration and partnership with all stakeholders
- Embrace research, development and innovation
- Technology first
- Intelligent use of data and analytics

The approach which will be followed will be to:

- Review and assess current strategy
- Refresh the assessment of population health in Fife and use that to inform areas of focus
- Structure strategy around key priorities
- Governance will be managed through a Steering Group (EDG Strategy meeting) and Operational Group, with involvement of APF and Partnership and development of the strategy being presented to the cycle of committees. The aim will be for the strategy to be signed off by the Board and IJB in March 2022.

S Fraser highlighted the discussion around whether consultation or engagement should take place. As this process does not feature major service changes, it will be a process of engagement, ensuring an enhanced engagement plan is in place to cover staff, public and patients to gain their views around the policy. A workstream for this aspect is the next piece of work to take place.

S Fevre commented on the Strategy's relevance to this Committee in terms of the impact it will have on staff and whether papers presented in future meetings could focus on the impact to our staff or people living within Fife. S Fraser advised that when developing the

strategy, it will be underpinned by a delivery and action plan. The strategy and implementation of the strategy will be two distinct aspects, and advised this Committee will have an overview of the whole strategy, however, the focus will be on the workforce and staffing elements.

K Reith informed the Committee that the Health & Wellbeing Population strategy will be running in parallel with the Workforce strategy. K Reith and S Fraser will have ongoing engagement to ensure this happens effectively.

The Committee **noted** the update on the plan for the renewal of the NHS Fife Population Health & Wellbeing strategy.

## **07. GOVERNANCE**

### **7.1 Board Assurance Framework Workforce Sustainability**

L Douglas presented the regular report to the Committee, noting one high risk remains in relation to the right composition of our workforce with the right skills, in the right place, at the right time. It is significant to note that there continues to be a great deal of work in terms of control and mitigation and this remains a challenging environment. The workforce strategy and key corporate objectives will support the development of mitigation and control actions and the delivery plans that will flow from these.

The Chair asked for an update on the community paediatric service staffing and the 2<sup>nd</sup> advert for Speciality Doctor posts within Cameron and Glenrothes community hospitals? L Douglas informed the committee that interviews had not concluded. C Dobson advised that they are currently exploring Advanced Nurse Practitioner roles within Community Paediatrics. C Dobson will provide an update to Committee at a future meeting.

**Action: C Dobson**

The Committee **noted** the content of the report and **approved** the current risk ratings and workforce sustainability elements of the Board Assurance Framework.

### **7.3 Draft Staff Governance Committee Annual Statement of Assurance 2020/2021**

Dr G MacIntosh advised that this is an annual report outlining the business covered by the Committee throughout the past year, with relevant changes reflecting the impact of Covid. The content is for comment and, as accounts will not be approved until September 2021, this provides additional time for comments to be reviewed again if necessary at the July 2021 SGC meeting.

The Chair drew the Committee's attention to paragraph 4.2 relating to the agendas for the Committees which reflected the Board's response to Covid 19 and the process to formulate the agendas for Committee meetings from July 2020 until present. The Chair asked it to be noted that under emergency measures the Committee stood down for the first 3 months and requested 2 changes to the document:

- Paragraph 3.1, 9 March 2021, wording changed from "outstanding" to "deferred" to highlight the decision taken
- Paragraph 7.1, change May 2021 to April 2021 with reference to this meeting taking place on 30 April 2021

Dr G MacIntosh will present the paper again at the July 2021 meeting.

**Action: Dr G MacIntosh**

The Committee **approved** the content of the Annual Assurance Statement, subject to the changes discussed above.

## 7.2 Committee Self-Assessment Report 2020/2021

In outlining the report, Dr G MacIntosh highlighted that an additional question was included in this year's assessment asking members to comment on how the Committee conducted its affairs during the Covid pandemic. Positive feedback was received, which confirmed that the Committee had the right level of focus throughout the year. The request for feedback was circulated in February 2021, at a time when many Committee members' workloads were under considerable pressure, therefore the level of response was not as high as in previous years. The following comments were highlighted for further discussion:

- To review number of attendees at meetings, or clarify their role and expected contribution
- To continue to enhance agenda management to ensure discussions remain focused on key governance / strategic items
- To review of information and papers provided to ensure material is succinct and data meaningful and give a clear indication of what the Committee is expected to do in response

In response to the feedback on the agenda management process, the Chair commented that there was already a tightly managed agenda setting process in place. The Chair highlighted how performance and operations are linked into the governance and strategic roles, to ensure the Committee is sufficiently informed to enable it to fulfil its governance function.

The Committee **discussed** the content, **noting** the observations and considerations set out in the report going forward.

## 7.4 Draft Staff Governance Committee Annual Workplan 2021/2022

L Douglas highlighted that the Workplan would have been routinely completed earlier in the year and it will continue to be under review due to the ongoing Covid situation.

The Committee **approved** the Staff Governance Committee Annual Workplan for 2021/2022.

## 7.5 Staff Governance Annual Monitoring Return 2020/2021

S Raynor updated the Committee on the annual monitoring return for 2021. The return for last year was paused in response to the current pandemic. Scottish Government has confirmed returns for 2021 are to be submitted by 31 August 2021. Taking a different approach this year, the Scottish Government are drawing on data and information which has already been submitted by the Board. From early March 2021, the Scottish Government has been reviewing this information and the anticipated template will look to seek further information and assurances. The template is expected at the beginning of May 2021, and this Committee will have the opportunity to review and comment on the Annual Monitoring Return at the July 2021 meeting, before sign off by the Chair and Employee Director ahead of submission to the Scottish Government.

S Raynor will present the paper at the July 2021 meeting.

**Action: S Raynor**



The Committee **noted** the plan for the development of the Staff Governance Annual Monitoring Return for 2020/2021.

## **08. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS**

C Cooper enquired whether items escalated from the linked Committees which develop the agendas of the Governance meetings are noted? LD advised that she will take this offline and will feedback to the Committee.

**Action: L Douglas**

### **8.1 Minute of the Area Partnership Forum dated 24 March 2021 (unconfirmed).**

The Committee **noted** the minutes.

### **8.2 Minutes of the NHS Fife Strategic Workforce Planning Group Meeting dated 31 March 2021 (unconfirmed)**

The Committee **noted** the minutes.

### **8.3 Minutes of the Health and Safety Sub-Committee on Friday 12 March 2021 (unconfirmed)**

The Committee **noted** the minutes.

### **8.4 Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework Survey November 2020**

The Committee **noted** the survey.

### **8.5 Medical Education Report**

The Committee **noted** the report.

## **09. ISSUES/ ITEMS TO BE ESCALATED TO THE BOARD**

The Chair highlighted items to be escalated:

- The progress in relation to staff absence, noting the COVID-19 related absence position.
- To commend staff for their continued efforts in respect of the pandemic, particularly during the extended lock down period and also in respect of their efforts during the past winter, reflected within the Winter Plan.

## **10. ANY OTHER BUSINESS**

There was no other business to discuss.

## **11. DATE OF NEXT MEETING**

The next meeting will be held on Thursday 1 July 2021 at 10.00am via MS Teams.



# Fife Integrated Performance & Quality Report

Produced in May 2021



# 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 LDP Standards and local Key Performance Indicators (KPI).

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

## **I. Executive Summary**

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indiciary Summary
- d. Assessment

## **II. Performance Assessment Reports**

- a. Clinical Governance
- b. Finance, Performance & Resources
  - Operational Performance
  - Finance
- c. Staff Governance

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

# I. Executive Summary

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

Colour-coding is used in this table and also in the various drill-down charts and tables to illustrate performance relative to target and to other Mainland Health Boards.

In response to the COVID pandemic, a spreadsheet showing projected activity across critical services during the final 3 quarters of FY 2020/21 has been created and populated with actual figures as we go forward. The final version of this is shown in Appendix 1.

Improvement Actions in the drill-downs carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY. They are shaded in **BLUE** if they are assessed as being complete or no longer relevant.

## a. LDP Standards & Key Performance Indicators

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The current performance status of the 29 indicators within this report is 12 (41%) classified as **GREEN**, 3 (10%) **AMBER** and 14 (49%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- ECB infection rate – with only 17 infections in the final quarter of FY 2020/21, the rate is at its slowest since we started reporting against this measure
- FOI Request Closure Rate – only 8 out of 163 closed requests in the final quarter of FY 2020/21 were closed outwith the 20-day target, giving a performance of 95.1%, over 20% higher than in the final quarter of FY 2019/20
- Sickness Absence – the rate in March (4.43%) was the lowest monthly figure for over 3 years, and only marginally above the end-year target of 5.39%

## b. National Benchmarking

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National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 7 (25%) within upper quartile, 14 (48%) in mid-range and 8 (27%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

# Indicator Summary

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

Benchmarking	
<span style="color: green;">●</span>	Upper Quartile
<span style="color: orange;">●</span>	Mid Range
<span style="color: red;">●</span>	Lower Quartile

Section	LDP Standard	Standard	Target 2020/21
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A
	N/A	HSMR	N/A
	N/A	Inpatient Falls	5.97
	N/A	Inpatient Falls with Harm	2.16
	N/A	Pressure Ulcers	0.42
	N/A	Caesarean Section SSI	2.5%
	N/A	SAB - HAI/HCAI	19.5
	N/A	SAB - Community	N/A
	N/A	C Diff - HAI/HCAI	6.7
	N/A	C Diff - Community	N/A
	N/A	ECB - HAI/HCAI	36.6
	N/A	ECB - Community	N/A
	N/A	Complaints (Stage 1 Closure Rate)	80%
	N/A	Complaints (Stage 2 Closure Rate)	65%
Operational Performance	90%	IVF Treatment Waiting Times	90%
	95%	4-Hour Emergency Access	95%
	100%	Patient TTG (Ongoing Waits)	N/A
	95%	New Outpatients Waiting Times	N/A
	100%	Diagnostics Waiting Times	N/A
	95%	Cancer 31-Day DTT	N/A
	95%	Cancer 62-Day RTT	N/A
	90%	18 Weeks RTT	N/A
	29%	Detect Cancer Early	29%
	N/A	Freedom of Information Requests	85%
	N/A	Delayed Discharge (% Bed Days Lost)	5%
	N/A	Delayed Discharge (# Standard Delays)	N/A
	80%	Antenatal Access	80%
	473	Smoking Cessation	473
	90%	CAMHS Waiting Times	N/A
	90%	Psychological Therapies Waiting Times	N/A
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
	N/A	Dementia Post-Diagnostic Support	N/A
	N/A	Dementia Referrals	N/A
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£17.315m
Staff Governance	4.00%	Sickness Absence	4.39%

Reporting Period	Year Previous	Previous	Current
Month	Mar-20	Feb-21	Mar-21
Year Ending	Dec-19	Sep-20	Dec-20
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Quarter Ending	Dec-19	Sep-20	Dec-20
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Quarter Ending	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Year Ending	Jun-19	Mar-20	Jun-20
Quarter Ending	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Nov-19	Oct-20	Nov-20
YTD	Jan-20	Dec-20	Jan-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
YTD	Mar-19	Dec-19	Mar-20
Month	Jan-20	Dec-20	Jan-21
Annual	2017/18	2018/19	2019/20
Annual	2017/18	2018/19	2019/20
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21
Month	Mar-20	Feb-21	Mar-21

Reporting Period	Fife	Scotland
N/A		
YE Dec-20	1.01	1.00
N/A		
N/A		
N/A		
QE Dec-19	2.3%	0.9%
QE Dec-20	20.6	18.8
QE Dec-20	12.8	9.6
QE Dec-20	7.7	16.1
QE Dec-20	2.1	4.3
QE Dec-20	50.3	40.9
QE Dec-20	27.0	37.9
2019/20	71.5%	79.9%
2019/20	35.7%	51.8%
N/A		
N/A		
Feb-21	91.1%	86.2%
Dec-20	64.3%	37.0%
Dec-20	57.0%	47.8%
Dec-20	96.0%	55.9%
QE Dec-20	99.0%	98.6%
QE Dec-20	84.5%	86.2%
QE Dec-20	67.6%	71.7%
2018, 2019	26.1%	25.6%
N/A		
QE Sep-20	6.8%	5.1%
Mar-21	12.85	13.18
FY 2019/20	89.0%	88.3%
FY 2019/20	92.8%	97.2%
QE Dec-20	82.8%	73.1%
QE Dec-20	73.6%	80.0%
FY 2019/20	79.2%	83.2%
QE Dec-20	94.3%	95.7%
2018/19	93.7%	75.1%
2018/19	60.9%	43.4%
N/A		
N/A		
YE Mar-20	5.49%	5.31%

## d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
<b>HSMR</b>	1.00	N/A	N/A	YE Dec-20	1.01	YE Dec-20	●
<p>The HSMR for NHS Fife for the year ending December 2020 was unchanged from that for the year ending September 2020, and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.</p>							
<b>Inpatient Falls (with Harm)</b>	2.16	Mar-21	2.16	Mar-21	1.87	N/A	N/A
<p>Reduce falls with harm by 20% by December 2020</p> <p>There is a continued higher rate of falls with harm in in-patient settings than recorded at the same period last year. Activity described in the refreshed workplan includes the learning from care delivery during this time, with local review and improvement work underway. The impact of COVID on community inpatient wards led to a pause in improvement activity however this work has now re-started.</p>							
<b>Pressure Ulcers</b>	0.42	Never Met	0.42	Mar-21	1.22	N/A	N/A
<p>50% reduction by December 2020</p> <p>ASD: Two clinical areas have been identified to participate in the next pressure ulcer improvement project. Project teams were given 4-6 weeks to carry out preparatory study before the project period began. Regular meetings are scheduled throughout the project.</p> <p>HSCP: The pressure ulcer rate in the community inpatient setting was 0.80 in February, significantly higher than in most previous months. However, there have been no grade 4 and only 4 grade 3 (4%) pressure ulcers reported in the last 12 months.</p>							
<b>Caesarean Section SSI</b>	N/A	QE Dec-20	2.5%	QE Dec-20	2.4%	QE Dec-19	●
<p>We will reduce the % of post-operation surgical site infections to 2.5%</p> <p>Since the start of the Covid-19 pandemic, all mandatory SSI surveillance has remained paused. However, Maternity Services have continually monitored Caesarean Section SSI cases and where required (in the case of Deep or Organ Space) carried out SSI Clinical Reviews. This remains the case at the present time. Please note that the performance data provided is non-validated and does not follow the agreed NHS Fife Methodology. It is important to note that there has been no national comparison data published since Q4 2019.</p>							
<b>SAB (MRSA/MSSA)</b>	18.8	QE Mar-21	19.5	QE Mar-21	16.5	QE Dec-20	●
<p>We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022</p> <p>Surveillance of SABs has continued throughout the COVID-10 pandemic. There were just two HCAI in February, and NHS Fife is achieving the trajectory for the 10% reduction target, to be met by March 2022. There has been one further ventilator associated pneumonia SAB in ICU in March, following two cases in January, but the incidence of these is expected to reduce as ICU COVID case incidence decreases.</p>							
<b>C Diff</b>	6.5	QE Feb-21	6.7	QE Mar-21	10.2	QE Dec-20	●
<p>We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022</p> <p>CDI surveillance has continued throughout the COVID-19 pandemic. NHS Fife remains below the national rate for HCAI and CAI CDIs, and also below the improvement trajectory for a 10% reduction by March 2022. Reducing the incidence of recurrence of infection continues to be addressed, to assist reducing the rates further.</p>							
<b>ECB</b>	33.0	QE Mar-21	36.6	QE Mar-21	21.6	QE Dec-20	●
<p>We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022</p> <p>ECB surveillance has continued throughout the pandemic. The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022 and we are currently below the trajectory line and in line to achieve this. Reducing CAUTI ECBs and UTIs is the focus for quality improvement, to achieve this target.</p>							
<b>Complaints - Stage 2</b>	N/A	Never Met	65%	QE Mar-21	25.0%	FY 2019/20	●
<p>At least 75% of Stage 2 complaints are completed within 20 working days</p> <p>There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. Complaint numbers continue to rise and there is a noted increase in the complexity of the complaints received. Although starting to reduce, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid vaccination appointments.</p>							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
<b>4-Hour Emergency Access</b> 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Sep-20	95%	Mar-21	90.8%	Mar-21	●
Attendances remain below projected numbers, and there was a slightly improved performance in February, with a significant reduction in breaches for bed waits indicating a better overall hospital occupancy position.							
<b>Patient TTG (Ongoing Waits)</b> All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	Mar-21	49.7%	Dec-20	●
Waiting times performance recovery continued to slow in January and February as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic and cancelled non-urgent elective surgery. At the end of February, the waiting list was 16% lower than at the end of February 2020 but 51% were waiting greater than 12 weeks for treatment compared to 15% in February 2020. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals whilst routine activity recommenced in March. A recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
<b>New Outpatients</b> 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Mar-21	53.4%	Dec-20	●
Waiting times performance recovery continued to slow in January and February as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic which resulted in the suspension of routine activity. At the end of February, the waiting list was 42% higher than at the end of February 2020, with 52 % waiting more than 12 weeks compared to 5% waiting more than 12 weeks in February 2020. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals whilst routine activity recommenced in March. A recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
<b>Diagnostics</b> 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	N/A	Mar-21	80.6%	Dec-20	●
Having recovered performance for diagnostics in Q3 of 2020/21 the onset of the second wave of the COVID-19 pandemic resulted in the suspension of routine activity during January and February and a resultant deterioration in performance, with 76% of patients waiting more than 6 weeks at month end. There were breaches both for Endoscopy and Imaging tests, however urgent (including urgent cancer) diagnostic tests were prioritised. It will be a major challenge to recover this performance in the new FY, with referrals anticipated to rise and activity continuing to be restricted due to the need for social distancing. With routine activity recommencing a recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
<b>Cancer 62-Day RTT</b> 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	N/A	Mar-21	80.3%	QE Dec-20	●
February continued to see challenges in the 62 day performance. There were delays to breast surgery due to vacancy, but a locum is now in post. Routine staging and investigations contributed to the majority of breaches seen and the range of breaches were 4 to 55 days, with an average breach time of 17 days.							
<b>FOI Requests</b> At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE Mar-21	85%	QE Mar-21	95.1%	N/A	N/A
NHS Fife has now completed 6 months under the new process for responding to requests for information, managed by specialist FOI staff. In that period, 287 requests have been closed. The rollout of newly drafted FOISA training for NHS and IJB personnel has started, in order to assist with the team interaction and engagement with FOI duties and obligations as well as solidifying sign-off arrangements for responses to requests. Planning for the delivery of a new Publication Scheme for NHS Fife is now underway.							
<b>Delayed Discharge</b> The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jan-21	5%	Mar-21	5.9%	QE Sep-20	●
The number of bed days lost due to patients in delay rose in February and is again above the target 5%. This is due to a combination of normal winter pressures (occupancy levels, ward closures due to significant covid outbreaks and care home closures across Fife), and the continued requirement to accommodate amber pathways to manage the pandemic.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile	
<b>Smoking Cessation</b> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Jan-21	50.0% FY 2019/20	●
Remote service provision is continuing, including established pathway to medications, and there has been a steady increase in number of clients self referring to the service (over 450 clients have contacted the service during the pandemic). From January, the specialist stop smoking midwife service staff have been deployed to clinics / long term absence, but the specialist service has agreed to provide support to pregnant mums until normal service can resume. The midwife service operates an opt-out service, requiring a call to every pregnant mum identified as a smoker following referral from midwife at booking. To date, over 60 mums have been referred, with a third of these keen to engage in a quit attempt.						
<b>CAMHS Waiting Times</b> 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	N/A	Mar-21	73.0% QE Dec-20	●
Fife CAMHS RTT has continued to increase towards the national standard of 90%, however this reflects the current need to focus the majority of the staffing resource on priority and urgent presentations at the expense of those who have waited the longest. Funding approval for additional staff has been provided by Fife HSCP. Once posts are recruited to, this will provide the capacity to achieve a more sustainable approach to reaching the RTT whilst at the same time permanently reducing the waiting list.						
<b>Psychological Therapies</b> 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Mar-21	84.3% QE Dec-20	●
February's improved RTT performance is influenced by expansion in capacity in cCBT services with low waiting times and also reduced activity due to staff AL. In addition, pressures in some areas to deal with urgent/priority referrals mean that relatively few longest waiting patients began treatment. The waiting list profile and demand-capacity gap in some service tiers remains of most relevance to the RTT trajectory.						

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile	
<b>Revenue Expenditure</b> Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Mar-21	-£ 0.337m N/A N/A	
The Board has delivered an underspend of £0.337m against the statutory revenue resource limit target; confirmation of this is however subject to finalising the annual external audit year-end review process. The year in review has been particularly complex to manage given the wide range of revenue streams beyond core funding. To mitigate this, NHS Fife put in place expanded financial reporting arrangements to ensure sound financial governance and tight cost control in our response to the Covid-19 pandemic.						
<b>Capital Expenditure</b> Work within the capital resource limits set by the SG Health & Social Care Directorates	£17.315m	N/A	£17.315m	Mar-21	£17.326m N/A N/A	
The total Capital Resource Limit for 2020/21 is £17.315m including allocations for specific projects. The capital position for the year to March records spend of £17.326m – this difference of £0.011m can be accounted for by an allowable overspend of £0.013m on net book value and an underspend of £0.002m on the CRL. Therefore, 99.98% of the total capital allocation has been spent in the 2020/21 financial year.						

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile	
<b>Sickness Absence</b> To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Mar-21	4.43% YE Mar-20	●
Sickness absence levels continued to fluctuate during the 2020/2021 financial year. It is positive to note that the rates have improved when compared with the 2019/2020 financial year, with a reduction of 0.53% from the average rate. This is the best yearly average since 2016/2017.						



# II. Performance Exception Reports

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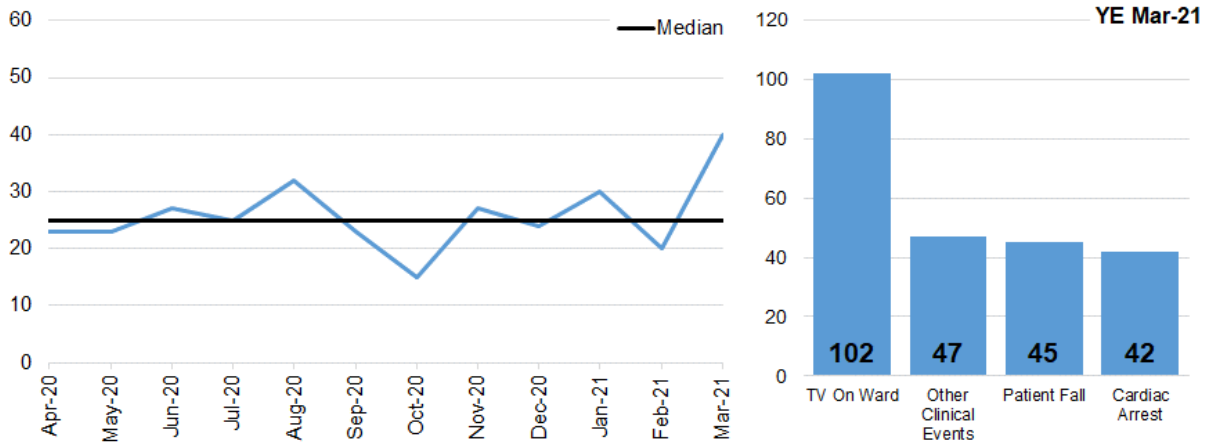
## Staff Governance

Sickness Absence	44
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# Clinical Governance

## Adverse Events

### Major and Extreme Adverse Events



### All Adverse Events

		2020/21											
Month		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ALL	NHS Fife	890	1066	1123	1328	1243	1286	1337	1302	1245	1282	1196	1316
	Acute Services	371	475	463	561	506	604	555	638	598	570	524	598
	HSCP	486	558	627	730	695	640	748	634	620	692	645	694
	Corporate	33	33	33	37	42	42	34	30	27	20	27	24
CLINICAL	NHS Fife	608	726	740	908	837	923	899	950	924	899	840	907
	Acute Services	342	432	421	515	469	556	506	594	555	531	488	555
	HSCP	248	279	299	373	352	349	377	340	359	357	337	341
	Corporate	18	15	20	20	16	18	16	16	10	11	15	11

### Commentary

There is nothing exceptional to report in the data.

Following a pause in local and significant adverse event review activity due to the pandemic, a recovery plan scheduling delayed reviews according to service and organisational priorities has been developed; this will be approved by the Medical Director and the Director of Nursing.

The NHS Fife Adverse Events/Duty of Candour Group which oversees the development and implementation of local adverse events management policy will consider a plan for review of the policy at its meeting later this month.

# Clinical Governance

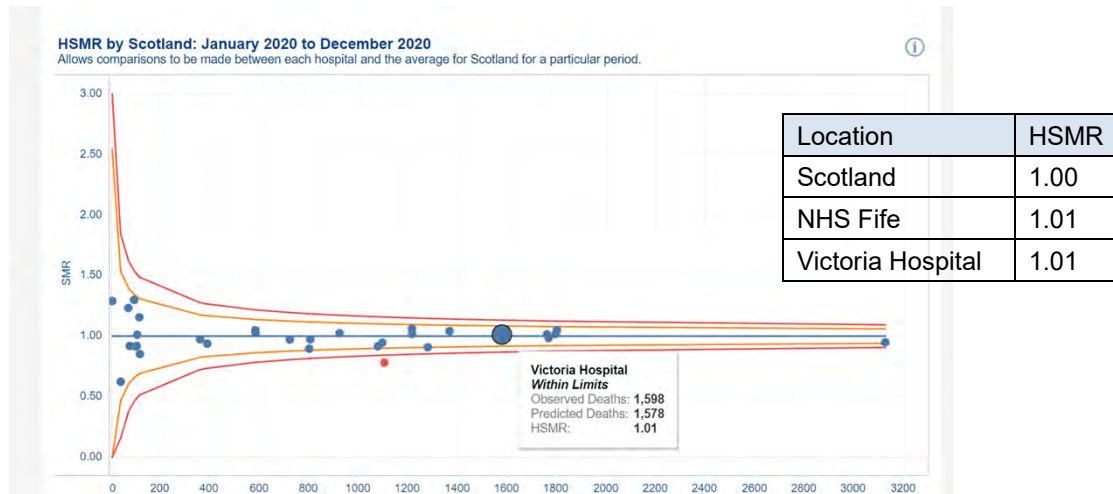
## HSMR

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

### Reporting Period; October 2019 to September 2020<sup>a</sup>

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 rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself, are shown in the table within the Funnel Plot.



### Commentary

The annual HSMR for NHS Fife remained unchanged from Q3 to Q4 of 2020, with the difference between actual and predicted number of deaths producing a ratio just over 1. This should be seen as normal variation, but we will continue to monitor this closely.

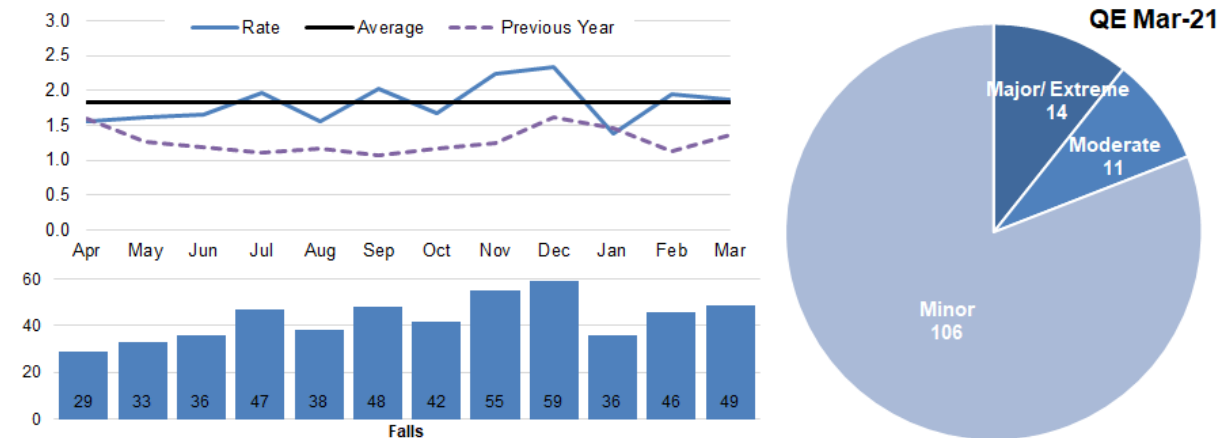
## Clinical Governance

### Inpatient Falls with Harm

*Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)*

*Improvement Target rate (by end December 2020) = 2.16 per 1,000 OBD*

#### Local Performance



#### Service Performance

		2020/21											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
With Harm	NHS Fife	1.56	1.62	1.66	1.97	1.56	2.03	1.68	2.24	2.35	1.39	1.95	1.87
	Acute Services	1.78	1.21	1.18	1.17	1.08	1.37	1.11	1.54	1.67	1.24	1.36	1.39
	HSCP	1.44	1.95	2.08	2.66	1.96	2.62	2.17	2.87	2.96	1.53	2.47	2.29

#### Key Challenges in 2020/21

As previously reported, the changes in service delivery, in clinical area function and staff deployment has been a significant challenge over this last year. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. As services remobilise, continued review and a focus on local approaches aim to recover to a reducing trend in falls with harm.

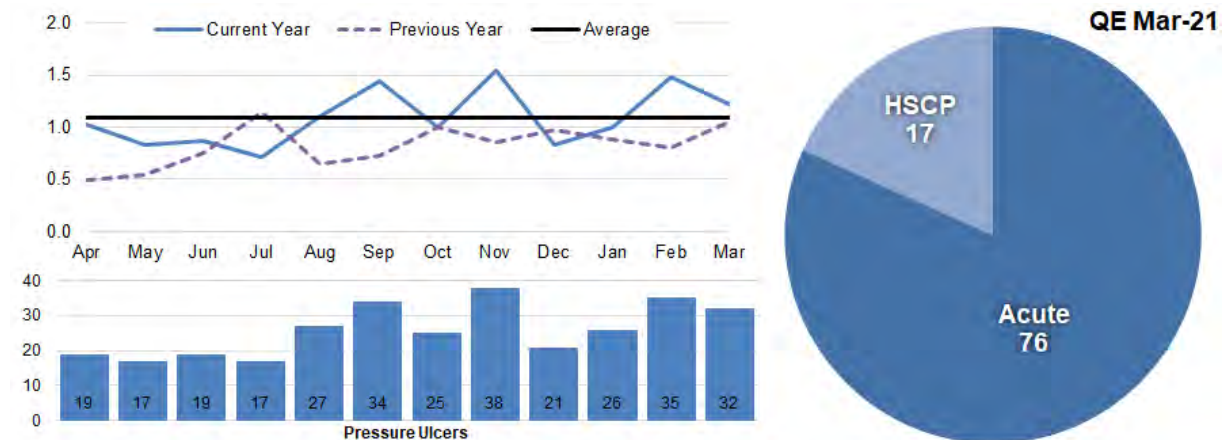
Improvement Actions	Update
<b>20.3</b> Falls Audit <i>By Jul-21</i>	Plans for this audit have been further delayed as a result of the ongoing situation. A number of areas are being prioritised and this will be programmed in over the coming months as more of a rolling audit. Local scrutiny will continue utilising the monthly performance report.
<b>20.5</b> Improve effectiveness of Falls Champion Network <i>By Jul-21</i>	This work has been significantly delayed and opportunities to refresh are being explored. Ongoing work to encourage attendance at the falls champion meetings, CNMs will now support. Further meetings still to be scheduled.
<b>21.1</b> Refresh of Plans	
<b>21.2</b> Falls Reduction Initiative <i>By Jul-21</i>	A Falls Reduction Initiative has commenced in three Mental Health Inpatient wards with the aim of reducing all falls by 25% by July 2021
<b>21.3</b> Integrated Improvement Collaborative <i>By Jun-21</i>	An Integrated Improvement Collaborative involving three community inpatient wards within the East was introduced last September, but was paused as a result of COVID. The work has re-commenced and is due to complete in May.

## Clinical Governance

### Pressure Ulcers

*Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting  
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days***

#### Local Performance



#### Service Performance

		2020/21											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Grade 2 to 4	NHS Fife	1.02	0.83	0.88	0.71	1.11	1.44	1.00	1.55	0.83	1.00	1.49	1.22
	Acute Services	2.08	1.21	1.57	1.17	1.98	2.64	1.20	2.39	1.17	2.06	2.27	2.12
	HSCP	0.42	0.53	0.26	0.31	0.38	0.40	0.82	0.78	0.53	0.07	0.80	0.43

#### Key Challenges in 2020/21

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

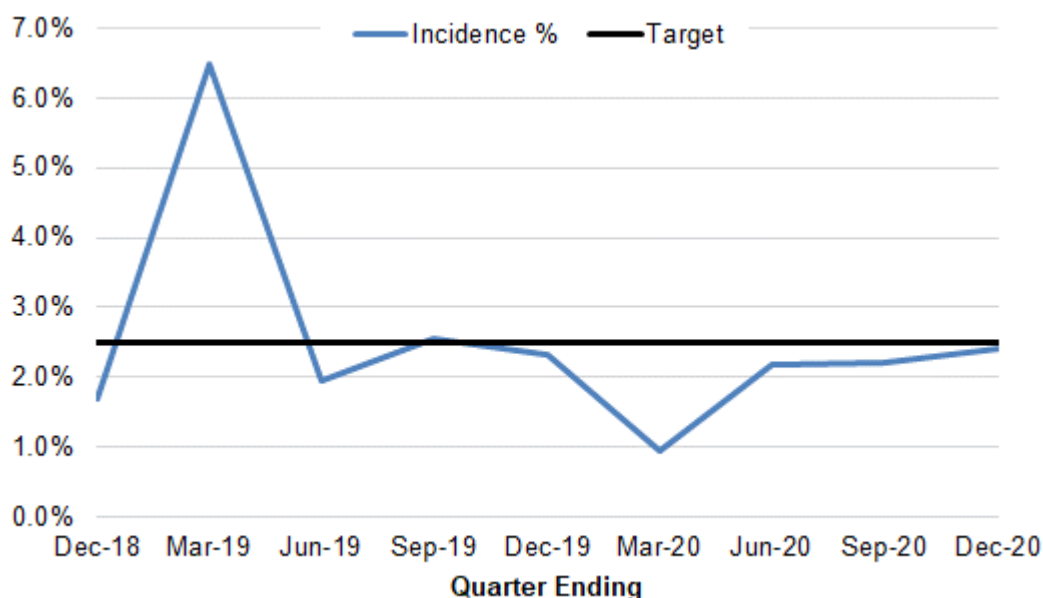
Improvement Actions	Update
<b>20.4</b> Improve consistency of reporting	
<b>20.5</b> Review TV Champion Network Effectiveness	
<b>20.6</b> Reduce PU development (initially by redesign of Quality Improvement model)	
<b>21.1</b> Improve reporting of PU	
<b>21.2</b> Integrated Improvement Collaborative <i>By May-21</i>	An integrated improvement collaborative started in September, with three wards in the East Division participating. The collaborative aims to enhance comfort rounding and person-centred approaches in reducing patient falls and pressure ulcers, whilst also increasing knowledge and confidence in applying improvement methodology to measure outcome. ASD continue to progress quality improvement with specific wards for improvement, supported by ongoing QI education.
<b>21.3</b> Implementation of robust audit programme for audit of documentation <i>By Apr-21</i>	A rolling programme of documentation audit has been developed. This will be carried out by the Senior Charges Nurses within each ward area, supported by the senior nursing team. This will also incorporate assessment documentation for the prevention and management of pressure ulcers.  The rollout has begun across the HSCP and will be reviewed using PDSA quality improvement cycle.

## Clinical Governance

### Caesarean Section SSI

*To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 to **2.5%** by March 2021*

#### Local Performance



#### National Benchmarking

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%	

#### Key Challenges in 2020/21

NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

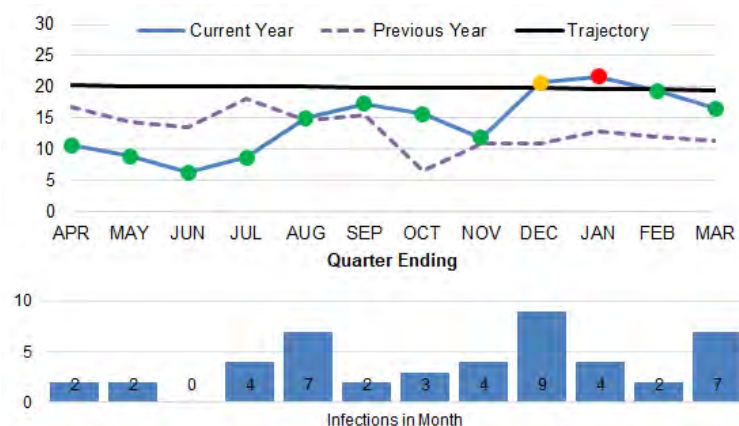
Improvement Actions	Update
<p><b>20.1</b> Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan</p>	<p>The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for reviewing any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.</p> <p>On resumption of the C-section SSI surveillance programme, we will continue to adopt the new methodology, which worked well previously in assessing SSI and type. Refresher training will be provided to staff to ensure awareness and understanding of the process.</p> <p>SSI incidence during 2020 has been calculated using unvalidated data, provided by Maternity Services, which does not follow the agreed methodology. The data has not been verified and there is no National comparison, so should be interpreted with caution.</p> <p><b>Action paused due to COVID-19</b></p>
<p><b>20.2</b> Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond</p>	

## Clinical Governance

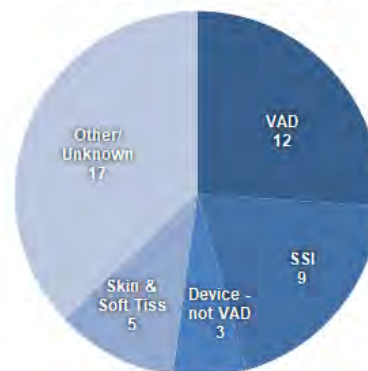
### SAB (HAI/HCAI)

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

#### Local Performance



**Infection Source: YE Mar-21**



#### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
<b>NHS Fife</b>	13.7	15.5	10.9	12.5	6.3	18.7	20.6
<b>Scotland</b>	16.7	17.5	15.2	16.3	20.3	17.3	18.8

#### Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

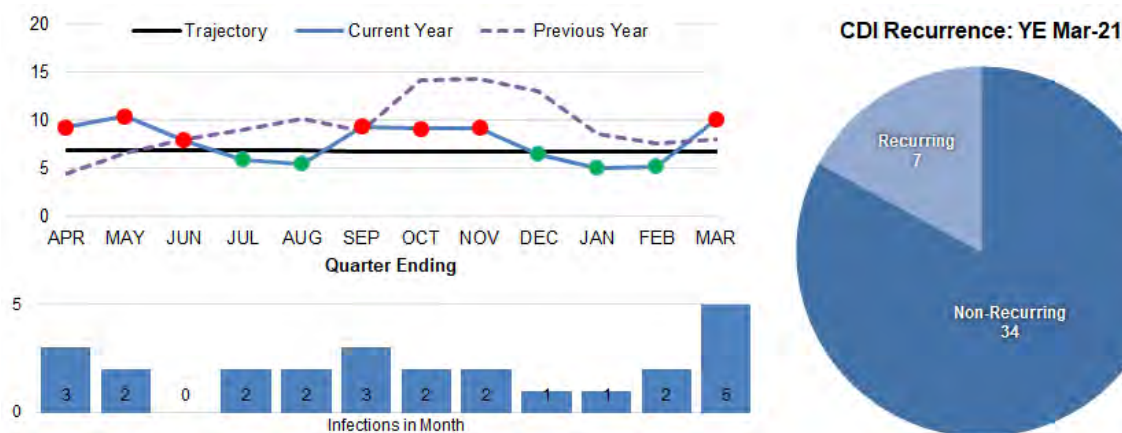
Improvement Actions	Update
<p><b>20.1</b> Reduce the number of SAB in PWIDs By Mar-22</p>	<p>There has been just 1 PWID to date in 2021 following only 5 in 2020, a marked improvement from 14 in 2019.</p> <p>Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting on 25<sup>th</sup> March.</p> <p>Significant reduction in 2020 has been deemed as multi-factorial.</p> <p>Nurse prescribing of antibiotics by ANPs to be planned for.</p>
<p><b>20.2</b> Ongoing surveillance of all VAD-related infections By Mar-22</p>	<p>Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern.</p> <p>There was a single vascular access device SAB associated with the renal unit in January, following a cluster in August 2020.</p>
<p><b>20.3</b> Ongoing surveillance of all CAUTI By Mar-22</p>	<p>Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter &amp; urinary care. The group last met on 19<sup>th</sup> March.</p> <p>This QI group is contributed to by the ECB data.</p>
<p><b>20.4</b> Optimise comms with all clinical teams in ASD &amp; the HSCP By Mar-22</p>	<p>Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk, is continuing. This allows local resources to be focused on high risk groups/areas and improve patient outcomes.</p> <p>The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance.</p>

## Clinical Governance

### C Diff (HAI/HCAI)

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

#### Local Performance



#### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
<b>NHS Fife</b>	8.0	8.9	13.1	8.0	7.9	9.3	7.7
<b>Scotland</b>	12.3	13.7	15.1	13.6	15.4	17.4	16.1

#### Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

Improvement Actions	Update
<b>20.1</b> Reducing recurrence of CDI <i>By Mar-22</i>	Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection, two treatments are utilized in Fife: 1) Fidaxomicin is used for patients at high risk of recurrent CDI 2) Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota transplantation) is unavailable during the pandemic
<b>20.2</b> Reduce overall prescribing of antibiotics <i>By Mar-22</i>	NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.  Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
<b>20.3</b> Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.  ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. This has continued throughout the pandemic.  The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also to be displayed for public assurance.

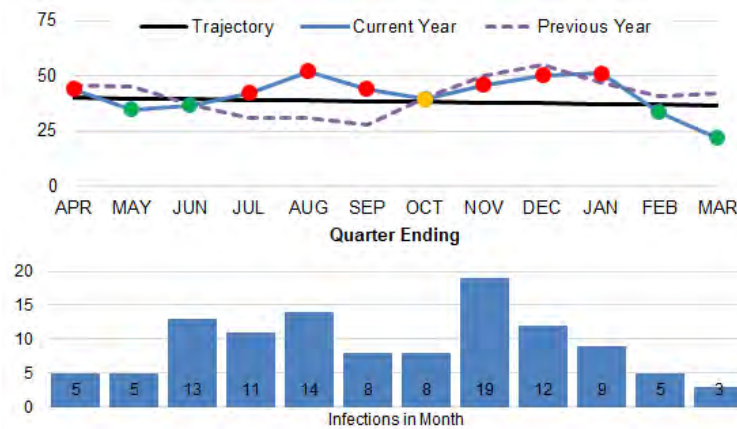


## Clinical Governance

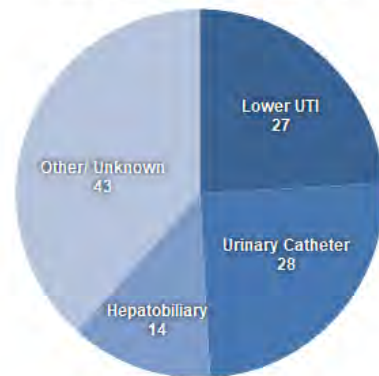
### ECB (HAI/HCAI)

*Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22*

#### Local Performance



**Infection Sources: YE Mar-21**



#### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
<b>NHS Fife</b>	42.1	31.0	60.0	47.9	36.4	45.3	50.3
<b>Scotland</b>	38.9	40.3	40.8	36.4	39.7	42.0	40.9

#### Key Challenges in 2020/21

Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

Improvement Actions	Update
<p><b>20.1</b> Optimise communications with all clinical teams in ASD &amp; the HSCP <i>By Mar-22</i></p>	<p>Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB is investigated in detail to better understand how the infection might have occurred, and any issues are raised with appropriate clinical teams. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX.</p> <p>There has been a single trauma associated CAUTI to date in 2021 - learning from this will be fed back to the UCIG.</p>
<b>20.2 Formation of ECB Strategy Group</b>	
<p><b>20.3</b> Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-22</i></p>	<p>The UCIG meeting last met in March to review the following topics:</p> <ul style="list-style-type: none"> <li>• A CAUTI QI programme which started at Cowdenbeath GP practice (currently paused)</li> <li>• E-documentation bundles for catheter insertion and maintenance</li> <li>• Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration</li> <li>• Continence/hydration folders in use at all care and residential homes</li> <li>• Education 'Top Tips' videos and newsletters published on BLINK</li> <li>• Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed</li> </ul>

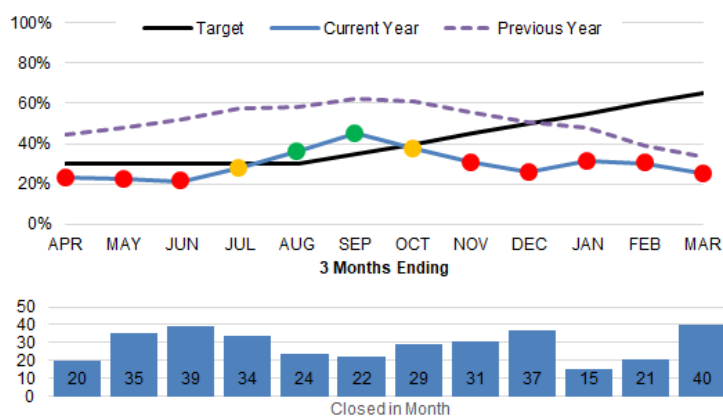
## Clinical Governance

### Complaints | Stage 2

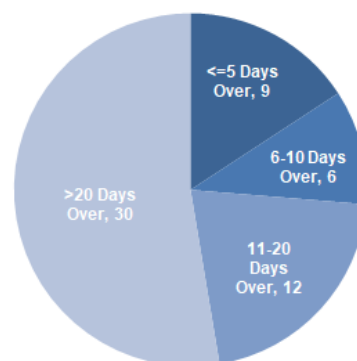
At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2020/21 = **65%**

#### Local Performance



#### Closure Breaches; QE Mar-21



#### Local Performance by Directorate/Division

3-Month Ending	2020/21											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	22.9%	22.2%	21.3%	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%	25.0%
Ack <= 3 Days (Monthly)	95.0%	97.1%	87.2%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	93.3%	100.0%	95.0%
ASD	29.3%	22.9%	22.8%	35.9%	44.1%	52.8%	39.6%	34.0%	30.5%	36.5%	34.0%	17.5%
HSCP	8.3%	20.8%	16.7%	14.3%	20.6%	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%

#### Key Challenges in 2020/21

Clearing the backlog of existing complaints  
 Increase in complaints due to treatment delays (including diagnostics)  
 General increase in complaints as we start to remobilise

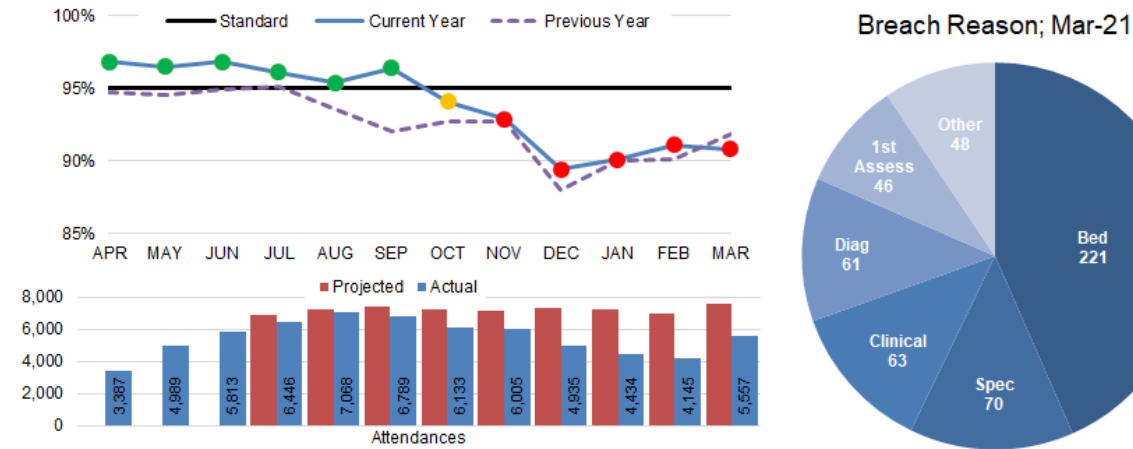
Improvement Actions	Update
<b>20.1</b> Patient Relations Officers to undertake peer review	
<b>20.2</b> Deliver education to service to improve quality of investigation statements	
<b>20.3</b> Agree process for managing medical statements, and a consistent style for responses	
<b>21.1</b> Agree process for managing complaint performance and quality of complaint responses <i>By Jun-21</i>	The PRT has changed the way they work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this has been achieved via the development of the Complaints section of the new NHS Fife website. PRT have been working with Mental Health and Learning Disabilities services in relation to Stage 2 complaint responses and a trial is in place where MH and LD draft their own complaint responses, with PRT reviewing for quality.
<b>21.2</b> Deliver virtual training on complaints handling <i>By Sep-21</i>	This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. While some training sessions have been delivered virtually, this is currently on hold due to the increase in the response to COVID-19.

# Finance, Performance & Resources – Operational Performance

## 4-Hour Emergency Access

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

### Local Performance



### National Benchmarking

Month	2020/21											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%
Scotland	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%

### Key Challenges in 2020/21

Maintaining the reduction in numbers and the public using alternatives to emergency care  
 Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

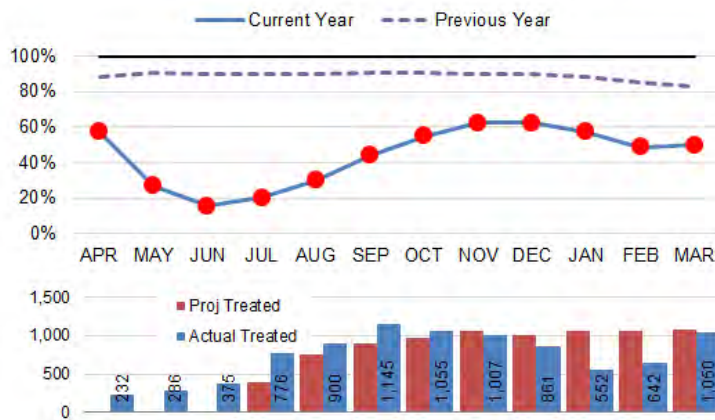
Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Erroneous action, now removed, but the numbering has been retained for continuity	
21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub By Mar-22	ASD is supporting this initiative via the final triage of patients by consultants in Emergency Medicine and ongoing pathway planning. Adjustments to initial models are implemented where appropriate following review of data, to improve patient experience

# Finance, Performance & Resources – Operational Performance

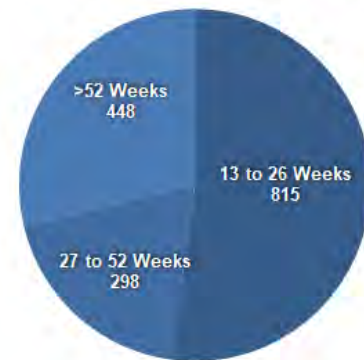
## Patient TTG

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

### Local Performance



### Breaches Breakdown Mar-21



### National Benchmarking

	2020/21											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>NHS Fife</b>	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%
<b>Scotland</b>	46.6%	24.8%	17.3%	20.6%	24.9%	30.0%	34.2%	37.4%	37.0%			

### Key Challenges in 2020/21

Recovery from COVID-19  
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

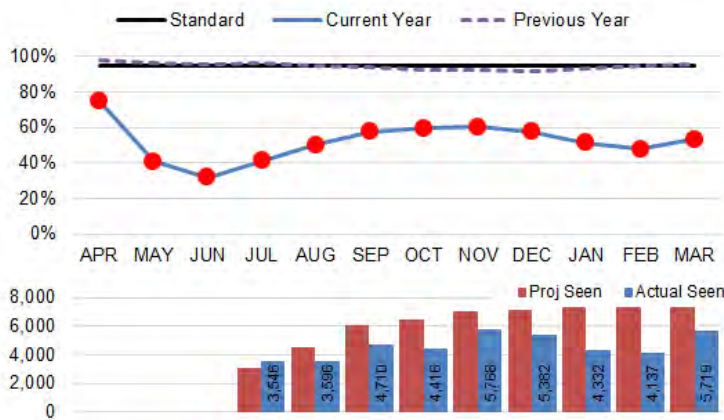
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan	
21.2 Review DCAQ in relation to WT improvement plan	
21.3 Undertake waiting list validation against agreed criteria	

# Finance, Performance & Resources – Operational Performance

## New Outpatients

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

### Local Performance



### Breaches Breakdown Mar-21



### National Benchmarking

	2020/21											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%
Scotland	57.8%	34.9%	28.5%			46.5%			47.8%			

### Key Challenges in 2020/21

Recovery from COVID 19  
 Reduced clinic capacity due to physical distancing  
 Difficulty in recruiting to specialist consultant posts

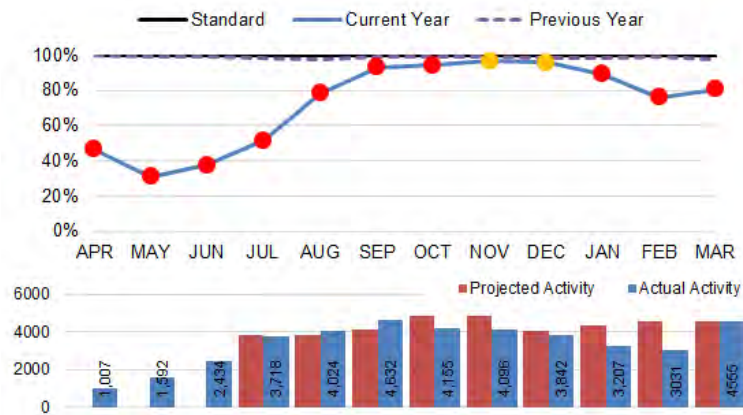
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts	
21.1 Review DCAQ in relation to WT improvement plan	
21.2 Refresh OP Transformation programme actions	
21.3 Develop clinic capacity modelling tool	
21.4 Validate new and review waiting list against agreed criteria	

# Finance, Performance & Resources – Operational Performance

## Diagnostics Waiting Times

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

### Local Performance



### Breach Breakdown Mar-21



### National Benchmarking

	2020/21											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%
Scotland	28.4%	27.9%	35.4%	42.9%	49.3%	53.3%	52.3%	57.2%	55.9%			

### Key Challenges in 2020/21

Recovery from COVID-19  
 Reduced capacity due to physical distancing and infection control procedures  
 Difficulty in recruiting to consultant and specialist AHP/Nursing posts  
 Endoscopy surveillance backlog

### Improvement Actions

### Update

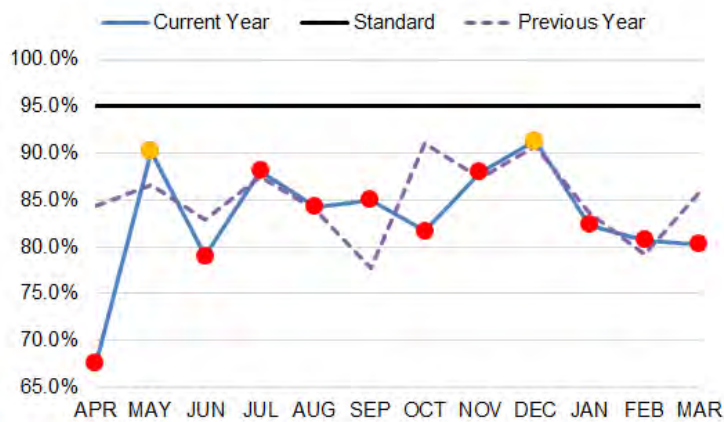
- 21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy
- 21.2 Undertake new and planned waiting list validation against agreed criteria
- 21.3 Improve recruitment to vacant posts

## Finance, Performance & Resources – Operational Performance

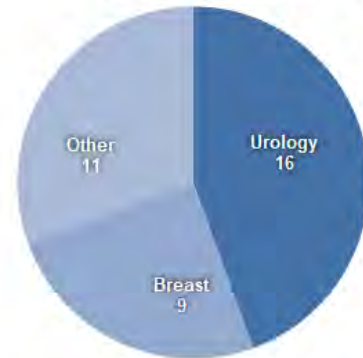
### Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

#### Local Performance



#### Breaches: Jan to Mar 21



#### National Benchmarking

Month	2020/21											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%
Scotland	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%

#### Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.  
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

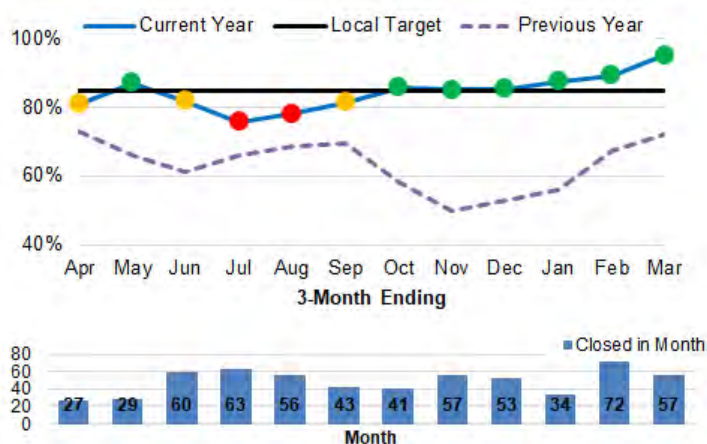
Improvement Actions	Update
<b>20.3</b> Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-21</i>	This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team
<b>20.4</b> Prostate Improvement Group to continue to review prostate pathway <i>By Sep-21</i>	This is ongoing work related to Action 20.3, with the specific aim being to minimise waits post MDT. Funding from Scottish Government has been secured to clinically review MDT and outcomes – this work is ongoing.
<b>21.1</b> Establishment of Cancer Structure to develop and deliver a Cancer Strategy	
<b>21.2</b> Cancer Strategy Group to take forward the National Cancer Recovery Plan <i>By Sep-21</i>	The National Cancer Recovery Plan has been published. A Strategic & Governance Cancer Group has been established with a Cancer Strategy Core Group to develop and take forward the NHS Fife Cancer Strategy.

## Finance, Performance & Resources – Operational Performance

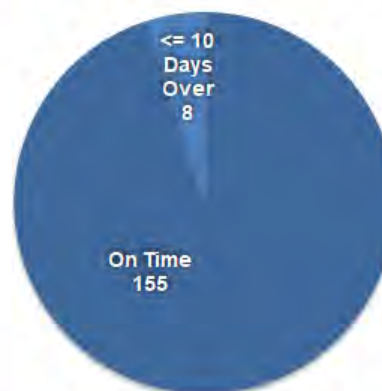
### Freedom of Information Requests

In 2020/21, we will respond to a minimum of 85% of FOI Requests within 20 working days

#### Local Performance



#### Closure Period, QE Mar-21



#### Service Performance

Monthly	2020/21											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Board	100.0%	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%	93.5%	91.0%	100.0%
IJB	100.0%	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%	100.0%

#### Key Challenges in 2020/21

Adequate resourcing to fully manage FOI  
Lack of FOI expertise and awareness within the organisation

Improvement Actions	Update
<b>20.5</b> Refresh process with H&SC partnership for requests received that relate to their services	
<b>20.7</b> Formalise long-term resource requirements for FOI administration	
<b>21.1</b> Organisation-wide Publication Scheme to be introduced <i>By Jul-21, Dec-21</i>	First draft Paper detailing the initial stages of the design of the new Publication Scheme to go to EDG in April / May. The Information Governance & Security Operational and Steering Groups will provide support for the planning and implementation of the Publication Scheme.
<b>21.2</b> Improve communications relating to FOISA work <i>By Dec-21</i>	The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance. Increased and more detailed internal reporting is currently being considered.

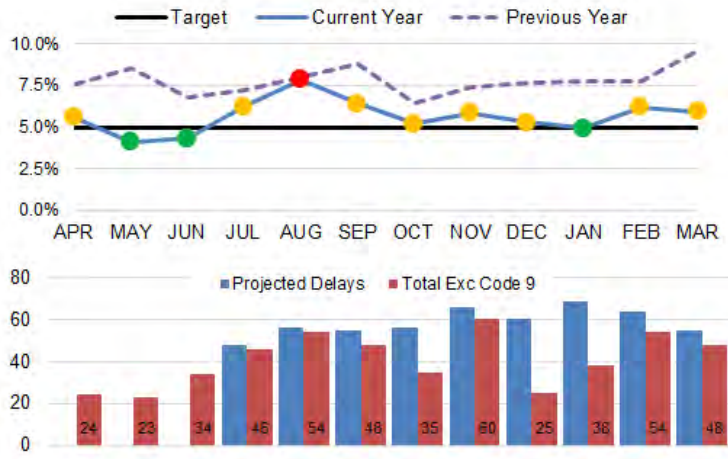


## Finance, Performance & Resources – Operational Performance

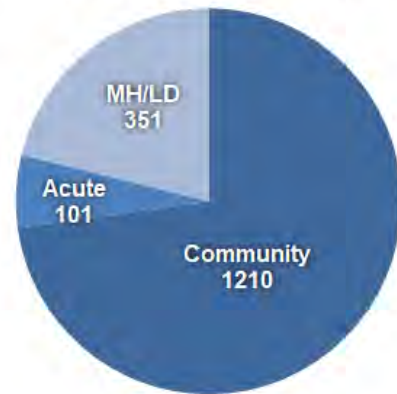
### Delayed Discharges (Bed Days Lost)

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

#### Local Performance



#### Bed Days Lost | Mar-21



#### National Benchmarking

	Quarter Ending	2018/19				2019/20			2020/21	
		Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep
% Bed Days Lost	NHS Fife	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%
% Bed Days Lost	Scotland	6.9%	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%

#### Key Challenges in 2020/21

Sustaining current performance as we return to 'normal' working  
Applying lessons learned during the pandemic, going forward

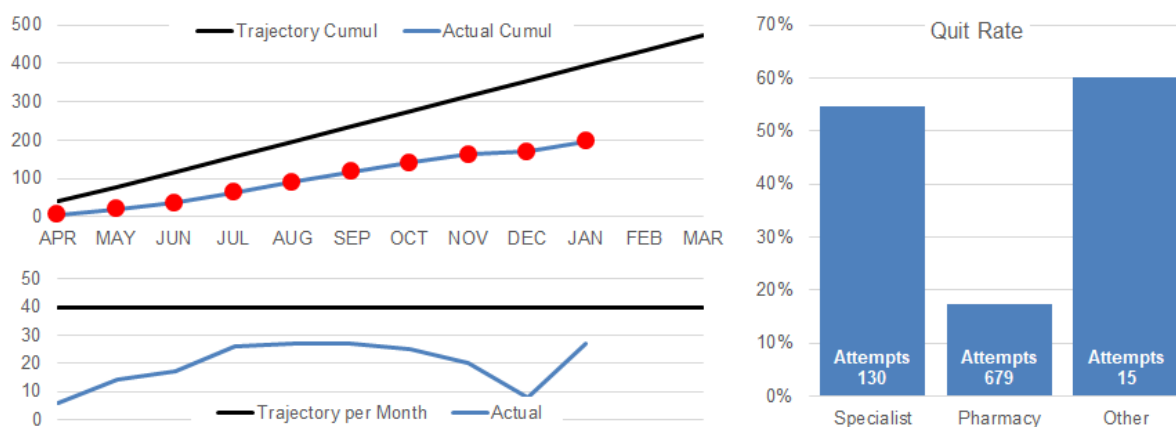
Improvement Actions	Update
<b>20.1</b> Test a trusted assessors model for patients transferring to STAR/assessment beds	
<b>20.3</b> Moving On Policy to be implemented	
<b>20.4</b> Improve flow of comms between wards and Discharge HUB	
<b>20.5</b> Increase capacity within care at home	
<b>21.1</b> Progress HomeFirst model By May-21	The working group continue to progress the actions to ensure 95% of all discharges occur safely and before 2 p.m. and to ensure assessments for LTC are not carried out within an Acute setting. The Oversight "Home First" group meeting will take place on the 16 <sup>th</sup> April with H&SC, NHS Fife, Fife Council and Scottish Care to discuss and agree an action plan in line with local and national priorities.
<b>21.2</b> Develop virtual community HUB across east hospitals to include Ninewells Hospital	

## Finance, Performance & Resources – Operational Performance

### Smoking Cessation

In 2020/21, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

#### Local Performance



#### National Benchmarking

		2020/21											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	6	14	17	26	27	27	25	20	8	27		
	Actual Cumul	6	20	37	63	90	117	142	162	170	197		
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	39.9%	45.7%	49.6%	51.4%	51.4%	48.0%	50.0%		
Scotland	Achieved												

#### Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues
- Staffing levels due to redeployment and maternity leave
- Unavailability of mobile unit (re-deployed during pandemic)
- Building trust and confidence with client group
- Inability to validate quits as part of an evidence based service
- Limited interest from clients to engage with Near Me

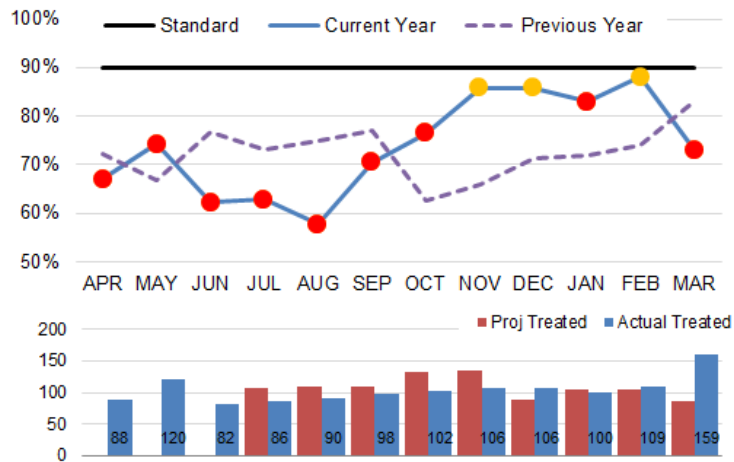
Improvement Actions	Update
<b>20.2</b> Test Champix prescribing at point of contact within hospital respiratory clinic	Action paused due to COVID-19
<b>20.3</b> 'Better Beginnings' class for pregnant women	Action paused due to COVID-19
<b>20.4</b> Enable staff access to medication whilst at work	Action paused due to COVID-19
<b>21.1</b> Assess use of Near Me to train staff By Jul-21	Near Me has been set up and clients are being offered this service, but there has been little uptake to date, possibly due to issues with IT availability and connectivity. Near Me used as part of new staff training.
<b>21.2</b> Support Colorectal Urology Prehabilitation Test of Change Initiative By Jul-21	Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. It ensures patients are actively managed against the pathway, and is known to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. New funding from April.

# Finance, Performance & Resources – Operational Performance

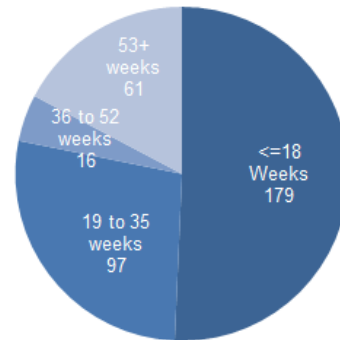
## CAMHS 18 weeks RTT

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

### Local Performance



### Waiting List (353) Mar-21



### National Benchmarking

Month	2020/21											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	83.0%	88.1%	73.0%	
Scotland	74.0%	58.2%	50.5%	57.9%	57.2%	65.9%	73.4%	72.9%				

### Key Challenges in 2020/21

Available resource to meet demand  
Impact of COVID-19 relaxation on referrals  
Change to appointment 'models' to reflect social distancing

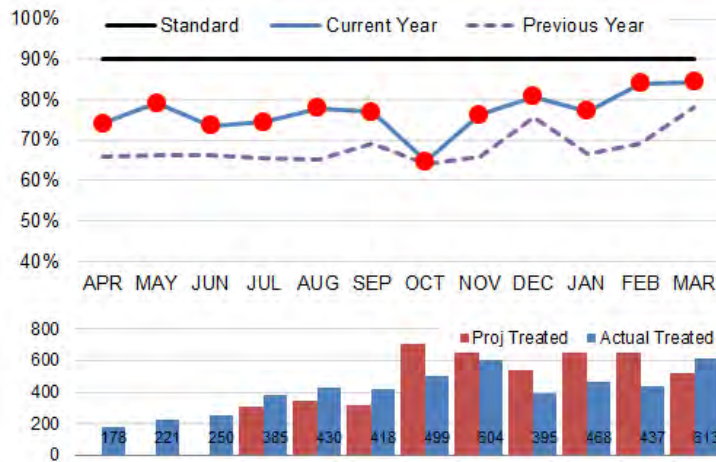
Improvement Actions	Update
<b>20.1</b> Re-Introduction of PMHW First Contact Appointments System	
<b>20.2</b> Waiting List Additional Staffing Resource	
<b>20.3</b> Introduction of Team Leader Role	
<b>21.1</b> Re-design of Group Therapy Programme By Jul-21	Due to COVID-19 restrictions, group-based face to face therapy work is limited compared to pre-COVID practices. Alternative delivery models of group therapy have been designed with Decider Skills Training now being delivered by CAMHS Self Harm Service as a pilot in addition to Anxiety Management group and Mindfulness group trials. Successful delivery and assessment of impact will dictate wider roll-out across Fife CAMHS.
<b>21.2</b> Use Centralised Allocation Process	
<b>21.3</b> Build CAMHS Urgent Response Team By Jul-21	The plan to develop a CAMHS URT was postponed due to the absence of key staff. The existing Self Harm Service has been maintained and supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self-harming behaviour, both through the urgent referral process and within acute hospital settings.  Redesign of the service was reviewed again in March, however the ongoing COVID-19 position and the pending increase of the CAMHS staffing compliment has resulted in any change being postponed until normal service delivery is resumed and new staff are in post. Position will be reviewed again in July.

## Finance, Performance & Resources – Operational Performance

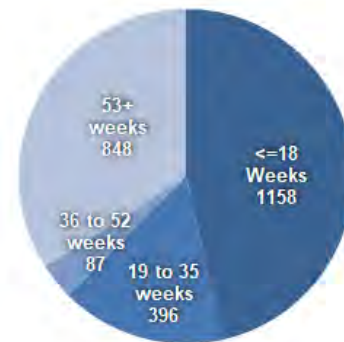
### Psychological Therapies 18 weeks RTT

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

#### Local Performance



#### Waiting List (2489) Mar-21



#### National Benchmarking

Month	2020/21											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%
Scotland	74.0%	76.5%	72.7%	74.1%	75.2%	75.8%	79.4%	78.1%	83.2%			

#### Key Challenges in 2020/21

Predicted large increase in referrals post pandemic  
Identifying replacement for group therapies (no longer viable)

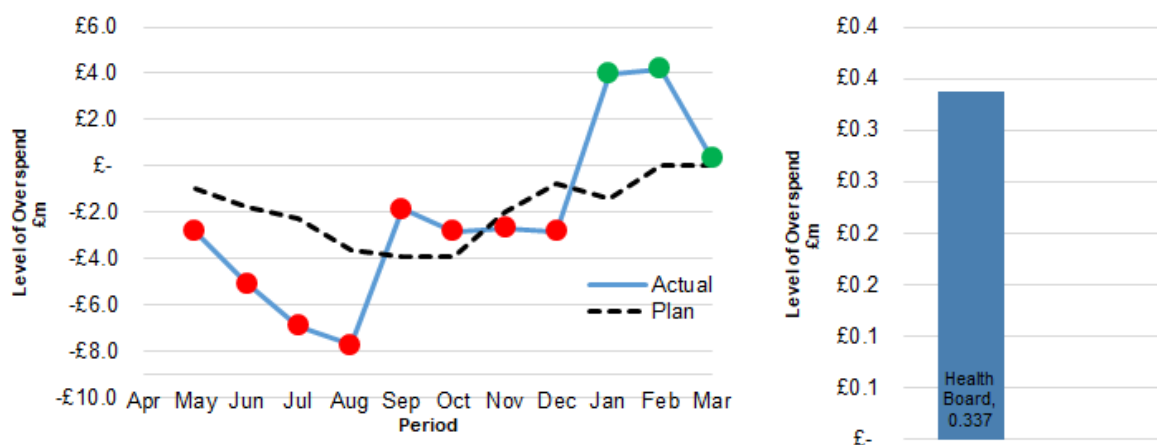
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	
20.4 Implement triage nurse pilot programme in Primary Care	
20.5 Trial of new group-based PT options By Sep-21	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. We are awaiting results of Schema therapy group pilot. Development of Compassion Focused therapy group is ongoing, but there has been a delay in the start date for the pilot.
21.1 Introduction of additional on-line therapy options	
21.2 Development of alternative training and PT delivery methods	

## Finance, Performance & Resources – Finance

### Revenue Expenditure

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

#### Local Performance



#### Expenditure Analysis

Memorandum	Budget			Expenditure Actual £'000	Variance £'000	Variance %	Variance Split By			
	FY £'000	CY £'000	YTD £'000				Run Rate £'000	Core Unmet Savings £'000	Net Core Position £'000	Covid Unmet Savings £'000
Health Board	419,846	458,138	458,138	457,800	337	0.07%	190	47	237	0
Integration Joint Board (Health)	359,601	412,841	412,841	412,841	0	0.00%	100	0	100	0
Risk Share	0	0	0	0	0	0.00%	0	0	0	0
<b>Total</b>	<b>779,447</b>	<b>870,979</b>	<b>870,979</b>	<b>870,641</b>	<b>337</b>	<b>0.04%</b>	<b>290</b>	<b>47</b>	<b>337</b>	<b>0</b>

#### Commentary

The Board has delivered an underspend of £0.337m against the statutory revenue resource limit target; confirmation of this is however subject to finalising the annual external audit year-end review process.

The year in review has been particularly complex to manage given the wide range of revenue streams beyond core funding. To mitigate this, NHS Fife put in place expanded financial reporting arrangements to ensure sound financial governance and tight cost control in our response to the Covid-19 pandemic.

Forecast financial performance for the Board was based on informed assumptions and was updated as the year progressed.

- Our initial forecast outturn for the year showed an initial forecast overspend of £9.5m in September which reduced to £7m in November. The main contributor to the forecast overspend was the anticipated IJB risk sharing cost of the HSCP forecast overspend (significant Social Care forecast overspend at that time of c£9m).
- In December we received confirmation that, nationally, SG funding in respect of Covid-19 would require the return of offsetting cost reductions; and that full funding of anticipated unachieved savings would be forthcoming (extended to Social Care unachieved savings). This approach drove an improved position (in that unachieved savings were higher than offsetting cost reductions) and allowed a non-recurring budget realignment exercise of £4.1m from Health delegated to Social Care to take place. This in turn removed the previously forecast risk sharing cost; and a near balanced forecast position was reported.
- Subsequently in January, the Health Board retained run rate position improved as a consequence of further pausing of elective activity due to the impact of the second national lockdown. As a consequence the forecast outturn moved to a c£4m underspend position (representing slippage in our elective programme) but with a commitment to work towards a balanced position.
- Similarly, a core underspend for both Health Delegated (and Social Care) was forecast in quarter 4 following receipt of additional funding allocations and a further improvement in the

## Finance, Performance & Resources – Finance

Health Delegated budget position. Accordingly, the financial position was updated to reflect a year end transfer to an earmarked health delegated reserve of £11.3m which encompassed a level of core underspend; Covid-19 underspend; and late funding allocations. All funding will be carried forward by the Local Authority Partner on behalf of the Integration Joint Board and will be clearly itemised and earmarked for specific purposes including Covid-19 in 2021/22.

Key messages:

### **Core revenue resource limit position**

- Acute Services overspend of £5.3m reflects a very challenging and unsustainable service cost overspend (the savings position this year is near balanced given SG funding of unachieved savings)
- The Health delegated core underspend position has been transferred as part of a wider earmarked reserve to use in 2021/22.

### **Covid-19 Mobilisation Plans and funding**

- Full funding of additional Covid-19 costs has been received for the year for Health Board retained; and the HSCP, with unused Health delegated Covid-19 funding transferred to an earmarked reserve for utilisation in 2021/22.

### **Capital**

- The total Capital Resource Limit for 2020/21 is £17.315m including allocations for specific projects. The capital position for the year to March records spend of £17.326m – this difference of £0.011m can be accounted for by an allowable overspend of £0.013m on net book value and an underspend of £0.002m on the CRL.

### 1. Annual Operational Plan

- 1.1 The AOP process for the 2020/21 financial year was paused in the early part of the financial year as Boards and Scottish Government prepared to respond to the Covid-19 pandemic. A revised AOP financial plan (RMP1) was submitted in July which reflected both the mobilisation and the remobilisation plan high level impact on the financial position. Full Covid-19 funding has been received with the initial allocation made in the September allocation letter; and a final allocation recently received in the January allocation letter.

### 2. Financial Allocations

#### Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the March core revenue amount on 7 April. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £848.573m.

#### Non Core Revenue Resource Limit

- 2.2 In addition, NHS Fife receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The non-core RRL funding totals £22.406m.

#### Total RRL

- 2.3 The total current year budget at 31 March is therefore £870.979m as detailed in Appendix 1.

### 3. Summary Position

- 3.1 In the context of a very challenging and complex year both organisationally and from financial governance perspectives, the Board has delivered against the statutory revenue financial target subject to external audit review. The revenue position for the year reflects an underspend of £0.337m.
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year and includes both the core and savings positions. Unmet savings as a result of the impact of Covid-19 have been funded by Scottish Government and are reflected at a zero variance. An underspend of £0.337m is attributable to Health Board retained budgets; and a balanced position is attributable to the health budgets delegated to the IJB. The in-year position reflects the non-recurring budget realignment process of £4.1m from Health Delegated to Social Care which was agreed, reported and reflected in January.
- 3.3 Whilst the statutory financial targets have been achieved in 2020/21, it is important to recognise that the underlying unachieved savings funded in 2020/21 will be carried forward into 2021/22 and will require to be delivered on recurring basis. The RMP3 sets out a proposal that requests support from Scottish Government in 2021/22 with a commitment to deliver the recurring saving requirement across the medium-term financial planning period.

## Finance, Performance & Resources – Finance

**Table 1: Summary Financial Position for the period ended March 2021**

Memorandum	Budget			Variance Split By			
	CY £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000	Net Core Position £'000	Covid Unmet Savings £'000
Health Board	458,138	337	0.07%	190	47	237	0
Integration Joint Board (Health)	412,841	0	0.00%	100	0	100	0
Risk Share	0	0	0.00%	0	0	0	0
<b>Total</b>	<b>870,979</b>	<b>337</b>	<b>0.04%</b>	<b>290</b>	<b>47</b>	<b>337</b>	<b>0</b>

	CY	Variance	Variance	Variance Split By			
	£'000	£'000	%	Run Rate £'000	Core Unmet Savings £'000	Net Core Position £'000	Covid Unmet Savings £'000
Acute Services Division	232,611	-5,284	-2.27%	-5,515	231	-5,284	0
IJB Non-Delegated	8,745	159	1.82%	159	0	159	0
Estates & Facilities	77,913	1,590	2.04%	1,590	0	1,590	0
Board Admin & Other Services	47,428	1,556	3.28%	1,740	-184	1,556	0
Non-Fife & Other Healthcare Providers	89,925	646	0.72%	646	0	646	0
Financial Flexibility & Allocations	5,217	1,567	30.04%	1,567	0	1,567	0
<b>Health Board</b>	<b>461,839</b>	<b>234</b>	<b>0.05%</b>	<b>187</b>	<b>47</b>	<b>234</b>	<b>0</b>
Integration Joint Board - Core	466,604	-348	-0.07%	-348	0	-348	0
Integration Fund & Other Allocations	348	348	0.00%	348	0	348	0
<b>Sub-total Integration Joint Board Core</b>	<b>466,952</b>	<b>0</b>	<b>0.69%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
IJB Risk Share Arrangement	0	0		0	0	0	0
<b>Total Integration Joint Board - Health</b>	<b>466,952</b>	<b>0</b>	<b>0.69%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Expenditure</b>	<b>928,791</b>	<b>234</b>	<b>-0.43%</b>	<b>187</b>	<b>47</b>	<b>234</b>	<b>0</b>
IJB - Health	-54,111	0	0.00%	0	0	0	0
Health Board	-3,701	103	-2.78%	103	0	103	0
Miscellaneous Income	-57,812	103	-0.18%	103	0	103	0
<b>Net Position Including Income</b>	<b>870,979</b>	<b>337</b>	<b>0.04%</b>	<b>290</b>	<b>47</b>	<b>337</b>	<b>0</b>

3.4 The position for the year is a core net underspend of £0.337m, following SG funding of unmet savings of £8.296m.

3.5 Funding allocations of £28.886m and £12.123m have been allocated to HB and HSCP respectively to match April to March Covid-19 costs incurred. Social Care funding of £19.966m has been passed to our Local Authority partners in-year. Further detail is provided in section 6 and later in Appendix 5.

#### 4. Operational Financial Performance for the year

##### Acute Services

4.1 The Acute Services Division reports a **net overspend of £5.284m for the year**. This reflects an overspend in operational run rate performance of £5.515m, and overachieved savings of £0.231m per Table 2 below. The overall position is mainly driven by non pay cost pressures in Emergency Care medicines at £2.893m (after receiving funding for new medicines); and pay overspend in junior medical and dental staffing of £2.029m. The balance is attributable to long standing over establishment of nursing posts within maternity. Various underspends across other areas of Acute arising from surgical sundries, diagnostic supplies and equipment have helped to offset the level of overspend. The pausing of elective activity specifically in Q4 accounts for an underspend of £0.957m.

Funding of £7.7m has also been received for elective/planned care activity which had already been anticipated and reflected in the financial reporting. There is significant slippage in this activity (previously anticipating significant activity in quarter 4) and, in turn, the utilisation of the associated funding.



## Finance, Performance & Resources – Finance

**Table 2: Acute Division Financial Position for the period ended March 2021**

Core Position	Budget			Expenditure Actual £'000	Variance		Variance Split By	
	FY £'000	CY £'000	YTD £'000		£'000	%	Run Rate £'000	Core Unmet Savings £'000
<b>Acute Services Division</b>								
Planned Care & Surgery	70,691	77,166	77,166	76,154	1,012	1.31%	1,012	0
Emergency Care & Medicine	74,958	89,833	89,833	95,668	-5,835	-6.50%	-5,812	-23
Women, Children & Clinical Services	55,359	62,309	62,309	63,380	-1,071	-1.72%	-1,082	11
Acute Nursing	858	719	719	653	66	9.18%	66	0
Other	1,683	2,584	2,584	2,040	544	21.05%	301	243
<b>Total</b>	<b>203,549</b>	<b>232,611</b>	<b>232,611</b>	<b>237,895</b>	<b>-5,284</b>	<b>-2.27%</b>	<b>-5,515</b>	<b>231</b>

### IJB Non-Delegated

- 4.2 The IJB Non-Delegated budget reports an **underspend of £0.159m**. Acute outpatients are reporting an underspend of £0.060m against nursing vacancies, drug and medical supplies in addition to £0.097m underspend on Daleview Regional Unit, predominantly due to pay underspend.

### Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **underspend of £1.590m** which is attributable to a combination of energy cost reduction on the retained estate settlement yielding a benefit of £1.372m. Additionally, PPP and rates have underspends of £0.302m and £0.898m respectively. These underspends are offset by an overspend on property maintenance of £1.454m, inclusive of the clinical waste cost pressure £0.227m.

### Corporate Services

- 4.4 Within the Board's corporate services there is an **underspend of £1.556m**. This position includes unfunded costs of £0.069m related to the significant flooding to the hospital and specific car parks in August. Further analysis of the Corporate Directorates core position is detailed per Appendix 2. The main driver for this underspend is the level of vacancies across Finance (£0.669m), Workforce (£0.147), Medical (£0.392m) and Nursing (£0.341m) directorates. Areas of overspend include interpreting services, E- job plan and legal liabilities.

### Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided out with NHS Fife is **underspent by £0.646m** per Appendix 3. The main driver of this is the delays in the opening of the Royal Hospital for Sick Children in Edinburgh. There has been an increase in spend within the private sector for patients with Mental Health and Learning Disabilities and also within Acute Unplanned Activities (UNPACS) relating to cancer drugs.

### Financial Plan Reserves & Allocations

- 4.6 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £5.217m** is detailed in Appendix 4 and includes NHS Fife's year end annual leave accrual.

### Integration Services

- 4.7 The health budgets delegated to the Integration Joint Board shows a balanced position following the non-recurring budget realignment of health delegated underspend to Social Care. The balanced position is after transferring the year end core underspend of £3.017m to an earmarked reserve as detailed in section 8.1 below. The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, child health, community nursing, learning disabilities, psychology, community and general dental services across Fife Wide Division. Across

## Finance, Performance & Resources – Finance

East Division, underspends are reported following service redesign, nursing vacancies in community services and delays to recruitment; as well as a reduction in home-based healthcare. The impact of lockdown has impacted on areas such as the childhood vaccination programme which has been delayed in its rollout and shows a reduction in spend.

### Income

- 4.8 A small over recovery in income of £0.103m is shown for the year to date.

## 5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

**Table 3: Subjective Analysis for the Period ended March 2021**

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
	£'000	£'000	£'000	£'000
<b>Pan-Fife Analysis</b>				
Pay	415,193	415,193	418,853	-3,661
GP Prescribing	70,979	70,979	70,955	24
Drugs	33,591	33,591	34,877	-1,286
Other Non Pay	403,417	403,417	403,871	-456
Efficiency Savings	47	47	0	47
Commitments	5,565	5,565	0	5,565
Income	-57,812	-57,812	-57,915	103
<b>Net overspend</b>	<b>870,979</b>	<b>870,979</b>	<b>870,641</b>	<b>337</b>

### Pay

- 5.2 The overall pay budget reflects an overspend of £3.661m. The main areas of overspend are within Acute junior medical and dental £2.029m and senior medical staff across both Fife-Wide £1.220m and WCCS £0.694m. The balance is due to small offsetting underspends across other pay heads.

- 5.3 Against a total funded establishment of 8,077 wte across all staff groups, there was an average 8,220 wte core staff in post in March (based on permanent staff plus additional hours worked and bank staff).

### Drugs & Prescribing

- 5.4 Across the system there is a net overspend of £1.262m on medicines. The GP prescribing budget is underspent by £0.024m. The GP prescribing position for 20/21 is an underspend of £0.020m, equivalent to 0.03%. Significantly higher drug prices have been experienced this year, likely exacerbated by the impact of Covid-19 on supply and demand, raw material availability, transportation and production. Opportunity to release planned savings schemes have not been possible as workforce focused on Covid-19 services and patient care. Implementation of Freestyle Libra continues to exceed original forecast and funding provided. Over the year, £1.891m has been recharged to Covid-19 costs, and is based on final national guidance and local analysis. The analysis and basis of recharge to Covid-19 funding focused on price impact, drug switch requirements (primarily to minimise healthcare contacts) and increased usage.

Acute medicines reflect an overspend of £2.540m. The main overspend is in Haematology which is over budget by £1.700m partly due to changes to chemotherapy during Covid-19 based on national guidance, and partly due to spend on drugs which exceed the funding available from the new medicines reserve. Neurology is overspent at £0.731m, where a high-cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. However, in 20/21 Dermatology, GI,

## Finance, Performance & Resources – Finance

Neurology and Respiratory all started to present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare.

### 5.5 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £0.456m. The transfer of year end reserves to IJB are reported under Purchase of Healthcare as an overspend of £4.846m. This is offset by underspends across the system within travel and subsistence £1.595m, fuel and power £1.358m, GMS £1.201m and professional fees £0.669m.

## 6 Covid-19 Funding Allocation

6.1 We have received full Covid-19 funding with allocations made in 2 tranches (September and January). The funding allocations made across Scotland were informed on either actual costs or NRAC share; and reflected the return of offsetting cost reductions; and full funding of agreed unachieved efficiency savings. A summary of our Covid-19 funding is attached at Appendix 5.

6.2 A separate allocation of £1.5m relating to payments to primary care for additional costs in responding to the pandemic was received in the October allocation letter.

6.3 We have funded (to Fife Council) the part year Community Testing Programme of £1.506m; and Local Authority Covid-19 venue costs of £0.344m from our wider Covid-19 funding allocation. It is anticipated that there will be a level of Local Authority earmarked reserve of any unused funding in-year to fund costs next year.

## 7 Financial Sustainability

7.1 The Financial Plan presented to Finance, Performance and Resources Committee in March highlighted the requirement for £20.015m cash efficiency savings to support financial balance in 2020/21. As part of the LMP, Boards were asked to provide an estimate of the impact of planned measures re Covid-19 on the delivery of planned Health Board savings. With our focus on responding to the Covid-19 pandemic, our planning assumptions reflected an anticipated achievable £11.7m of the target, with a resulting £8.3m underachievement of savings, which has now been fully funded by Scottish Government. The performance noted in table 4 below shows recurring savings of 46%. The non-recurring 'tail' will form an opening pressure for next financial year and is as a consequence of our focus on the pandemic this year.

7.2 In addition to the £20.015m savings target, the IJB identified an additional non-recurring savings target of £1.8m which was to be met from Health Delegated. This was linked to the budget realignment exercise; and has been funded on a non-recurring basis through the wider LMP process by the Scottish Government.

7.3 Table 4 summaries the position for the 2020/21 financial year.

**Table 4: Savings 20/21**

Total Savings	Total Savings Target £'000	Achievement (Core) £'000	Funded unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to March £'000	Overachieved at March £'000
Health Board	14,868	6,572	8,296	1,211	5,408	6,619	-47
Integrated Joint Board	5,147	5,147	0	4,219	928	5,147	0
IJB additional savings	1,800	0	1,800	0	0	0	0
<b>Total Savings</b>	<b>21,815</b>	<b>11,719</b>	<b>10,096</b>	<b>5,430</b>	<b>6,336</b>	<b>11,766</b>	<b>-47</b>

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### 8 Health Delegated

8.1 The year end position takes account of the non-recurring budget realignment process of £4.1m from Health delegated to Social Care. Whilst initial planning assumptions indicated the budget realignment process would remove any risk share cost (ie both partners would deliver a break even position); a core forecast underspend for both Health delegated, and Social Care crystallised following additional funding allocations. As such, the position reflects a year end transfer to earmarked health delegated reserve which includes a level of core underspend; Covid-19 underspend; and late funding allocations; totalling £11.308m (detailed in Table 5 below). This is in addition to any Social Care underspend. All funding will be carried forward by the Local Authority Partner on behalf of the Integration Joint Board and will be clearly itemised and earmarked for specific purposes for 2021/22. Initial discussions with the IJB CFO indicate some of this funding may be earmarked towards Acute Set Aside budget pressures on a non-recurring basis.

**Table 5 – Health Delegated Earmarked Reserve**

Description	Health delegated			
	Core £000's	Covid £000's	SG funding £000's	Total £000's
Vaccine		-740		-740
Care homes		-526		-526
Urgent Care Redesign		-935		-935
Flu		-203		-203
PCIF			-2,524	-2,524
Action 15			-1,315	-1,315
RT Funding	-1,500			-1,500
FSL	-500			-500
District Nurses			-30	-30
Fluenz			-18	-18
Core run rate	-1,767			-1,767
Core (covid offsets)	-1,250			-1,250
<b>Total</b>	<b>-5,017</b>	<b>-2,404</b>	<b>-3,887</b>	<b>-11,308</b>

8.2 NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward.

8.3 In addition, the Health Board retained run rate position has improved reflecting further pausing of elective activity. The impact of lockdown and a further wave have had a significant impact on the forecast outturn; and associated funding and activity has contributed to the Board's outturn position.

### 9 Recommendation

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

- **Note** the reported core underspend of £0.337m for 2020/21 subject to external audit review
- **Note** that funding allocations for Covid-19 reflected in the 2020/21 financial year match fund additional costs incurred across Health and Social Care
- **Note** the creation of a detailed designated IJB Reserve for Health Delegated to provide initial funding as we move in to 2021/22.

## Finance, Performance & Resources – Finance

### Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
May-20	Confirmed Allocations	-1,307		3,413	2,106	
Jun-20	Confirmed Allocations			-534	-534	
Jul-21	Confirmed Allocations			5,614	5,614	
Aug-20	Confirmed Allocations		9,474	1,547	11,021	
Sep-20	Confirmed Allocations	-69	56,750	32,764	89,445	
Oct-20	Confirmed Allocations		2,528	3,668	6,196	
Nov-20	Confirmed Allocations			117	117	
Dec-20	Confirmed Allocations		2,187	4,932	7,119	
Jan-21	Confirmed Allocations		162	16,350	16,512	
Feb-21	Confirmed Allocations		-36	551	515	
Mar-21	Reporting Radiographer Training			4	4	Specific Allocation
	GJNH Adjustment			17	17	Share of national adjustment
	NDC Topslice		-781		-781	Annual Adjustment
	NHS Emergency Public Health Research			43	43	Second tranche
	NSD Topslice			135	135	Share of national adjustment
	Insulin Pumps			43	43	VAT adjustment
	Capital to Revenue Transfer			-92	-92	Annual Adjustment
	Covid Recognition Payment			5,534	5,534	
	Cancer Diagnostic Centre			-297	-297	
	Covid equipment purchased by NSS			255	255	
	AFC pay award			4,027	4,027	
	Covid equipment purchased by NSS			37	37	
	<b>Total Core RRL Allocations</b>	<b>700,161</b>	<b>70,284</b>	<b>78,128</b>	<b>848,573</b>	
	IFRS			8,874	8,874	
	Donated Asset Depreciation			118	118	
	Impairment			525	525	
	Depreciation			12,972	12,972	
	AME Provisions			-83	-83	
	<b>Total Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>22,406</b>	<b>22,406</b>	
	<b>Grand Total</b>	<b>700,161</b>	<b>70,284</b>	<b>100,534</b>	<b>870,979</b>	

### Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	14,326	14,326	14,532	-206
Nhs Fife Chief Executive	205	205	243	-38
Nhs Fife Finance Director	6,553	6,554	5,911	643
Nhs Fife Medical Director	7,648	7,649	7,229	420
Nhs Fife Nurse Director	4,205	4,206	3,908	298
Legal Liabilities	-21,032	-21,032	-21,258	226
Early Retirements & Injury Benefits	969	969	836	133
Regional Funding	277	277	224	53
Depreciation	18,794	18,794	18,794	0
Nhs Fife Public Health	4,712	4,712	4,722	-10
Nhs Fife Workforce Directorate	3,273	3,274	3,167	107
Nhs Fife Major Incident - Flooding			69	-69
<b>Total</b>	<b>39,931</b>	<b>39,934</b>	<b>38,378</b>	<b>1,556</b>

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### Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	98	98	93	5
Borders	45	45	55	-10
Dumfries & Galloway	25	25	55	-30
Forth Valley	3,179	3,179	3,720	-541
Grampian	359	359	274	85
Greater Glasgow & Clyde	1,655	1,655	1,592	63
Highland	135	135	160	-25
Lanarkshire	114	114	246	-132
Lothian	30,453	30,453	28,166	2,287
Scottish Ambulance Service	101	101	97	4
Tayside	41,030	41,030	41,124	-94
	<b>77,194</b>	<b>77,194</b>	<b>75,582</b>	<b>1,612</b>
<b>UNPACS</b>				
Health Boards	10,710	10,710	11,350	-640
Private Sector	1,245	1,245	1,687	-442
	<b>11,955</b>	<b>11,955</b>	<b>13,037</b>	<b>-1,082</b>
<b>OATS</b>				
	711	711	597	114
<b>Grants</b>				
	65	65	63	2
<b>Total</b>	<b>89,925</b>	<b>89,925</b>	<b>89,279</b>	<b>646</b>

**Appendix 4 - Financial Flexibility & Allocations**

	<b>Flexibility Released to Mar-21 £'000</b>
<b>Financial Plan</b>	
Unitary Charge	100
Junior Doctor Travel	20
Cost Pressures	100
Developments	2,033
<b>Sub Total Financial Plan</b>	<b>2,253</b>
<b>Allocations</b>	
Waiting List	1,623
Neonatal Transport	3
Cancer Access	178
Endoscopy	81
ARISE	68
Covid 19	135
MPPP Respiratory Projects	29
Capital to revenue	4
MRI Van	39
Carry Forward from 19/20	60
NSD Risk Share Return	674
R&D	4
Reporting Radiographer Training	6
Inequalities Fund	6
Cancer Strategy	5
Wellbeing Fund	32
GJNH	17
<b>Sub Total Allocations</b>	<b>2,964</b>
<b>Total</b>	<b>5,217</b>

## Finance, Performance & Resources – Finance

### Appendix 5 – Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total
	£000's	£000's	£000's	£000's
<b>Allocation Q1 to Q4</b>	22,540	7,871	4,458	34,869
<b>Allocations received previously</b>	1,296		9,779	11,075
<b>Funding Received Jan-21</b>	10,765	-1,464	5,729	15,030
<b>Transfer between reserves</b>	-2,113	2,113		
<b>Total funding</b>	<b>32,488</b>	<b>8,520</b>	<b>19,966</b>	<b>60,974</b>
<b>Allocations made for Apr to Mar</b>				
Planned Care & Surgery	2,158			2,158
Emergency Care & Medicine	2,988			2,988
Women, Children & Clinical Services	1,545			1,545
Acute Nursing	17			17
Estates & Facilities	1,996			1,996
Board Admin & Other Services	7,502			7,502
Income	682			682
Test and Protect	1,921			1,921
West Division		1,965		1,965
Pharmacy Division		134		134
Fife Wide Division		1,688		1,688
East Division		1,065		1,065
Primary Care		3,662		3,662
Social Care			19,966	19,966
Public Health	365			365
SLA's	-1,066			-1,066
To FC	2,482	1,809		4,291
Unachieved savings	8,296	1,800		10,096
<b>Total allocations made to M12</b>	<b>28,886</b>	<b>12,123</b>	<b>19,966</b>	<b>60,975</b>
Offsets returned to SG	-4,257	-3,603		-7,860
Elective / Planned Care	7,724			7,724
Capital				
<b>Total</b>	<b>32,353</b>	<b>8,520</b>	<b>19,966</b>	<b>60,839</b>
<b>Balance to Financial Flexibility (App 4 refers)</b>	<b>135</b>	<b>0</b>	<b>0</b>	<b>135</b>



## Finance, Performance & Resources – Finance

### Capital Expenditure

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

#### Local Performance



#### Commentary

The total Capital Resource Limit for 2020/21 is £17.315m including allocations for specific projects. The capital position for the year to March records spend of £17.326m – this difference of £0.011m can be accounted for by an allowable overspend of £0.013m on net book value and an underspend of £0.002m on the CRL. Therefore, 99.98% of the total capital allocation has been spent in the 2020/21 financial year.

### 1. Annual Operational Plan

The capital plan for 2020/21 was approved by the FP&R Committee and the NHS Fife Board. NHS Fife received a capital allocation of £7.394m in the August allocation letter; and allocations of: £0.999m for Covid-19 equipment in the September allocation letter; £0.381m for Cancer Waiting Times equipment; £2.008m for radiology in the November allocation letter; £0.400m for Hospital Eye Service in the December allocation letter. In the February allocation letter we received: £2.2m for the Elective Orthopaedic Centre; HEPMA £0.025m; Lochgelly Health Centre £0.025m; Kincardine Health Centre £0.025m; a further £0.025m for Hospital Eye Service; and an allocation of £0.060m for radiology. NHS Fife received capital allocations in March for the capital to revenue transfer of £0.092m; £2.256m for the Surgical Robot; and £0.197m for SG funded equipment; £1.009m for additional SG funded equipment and £0.219m for the Department of Health equipment. The total capital plan is therefore £17.315m. There was also net book value write off for £0.013m which allowed additional spend on the capital programme. This resulted in an overspend of £0.011m with an underspend on the programme itself of £0.002m.

### 2. Capital Receipts

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

- Lynebank Hospital Land (Plot 1) (North) – Under offer – however the sale of this land will not complete in the current financial year.
- Skeith Land – a closing date has been for 16 April 2021, an offer has been received and is currently under review.

### 3. Expenditure / Major Scheme Progress

3.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £17.313m this excludes the allowable £0.013m net book value this equates to 99.98% of the total capital allocation, as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Statutory Compliance	£3.062m
Equipment	£10.040m
E-health	£1.024m
Elective Orthopaedic Centre	£2.199m

### 4. Recommendation

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

**note** the capital expenditure position to 31 March 2021 of £17.326m and the year end spend of the total capital resource allocation of £17.315m, subject to the external audit review process.

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### Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Capital Minor Works	267	265	265
Statutory Compliance	83	80	80
Capital Equipment	116	116	116
Covid Community Equipment	26	26	26
Condemned Equipment	0	0	0
Lochgelly Health Centre	25	61	61
Kincardine Health Centre	25	38	38
<b>Total Community &amp; Primary Care</b>	<b>542</b>	<b>587</b>	<b>587</b>
<b>ACUTE SERVICES DIVISION</b>			
Statutory Compliance	2,681	2,911	2,911
Capital Equipment	2,779	2,787	2,787
Covid Acute Equipment	973	895	895
Minor Works	224	210	210
Cancer Waiting Times Equipment	381	376	376
Hospital Eye Service	425	425	425
Radiology Funding	2,068	2,057	2,057
Condemned Equipment	91	91	91
SG Funded Equipment	1,207	1,207	1,207
Robot	2,256	2,154	2,154
DoH Equipment	219	219	219
Elective Orthopaedic Centre	2,200	2,199	2,199
<b>Total Acute Services Division</b>	<b>15,502</b>	<b>15,531</b>	<b>15,531</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Information Technology	1,066	1,024	1,024
Fire Safety	85	71	71
Scheme Development	60	53	53
Vehicles	60	60	60
<b>Total NHS Fife Wide Schemes</b>	<b>1,271</b>	<b>1,208</b>	<b>1,208</b>
<b>TOTAL CONFIRMED ALLOCATION FOR 2020/21</b>	<b>17,315</b>	<b>17,326</b>	<b>17,326</b>
<b>ANTICIPATED ALLOCATIONS 2020/21</b>			
Anticipated Allocation for 2020/21	0	0	0
<b>Total Anticipated Allocation for 2020/21</b>	<b>17,315</b>	<b>17,326</b>	<b>17,326</b>

## Finance, Performance & Resources – Finance

### Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to February	March Adjustment	Total March
Routine Expenditure	£'000	£'000	£'000	£'000
<b>Community &amp; Primary Care</b>				
Capital Equipment	0	99	17	116
Condemned Equipment	0	0	0	0
Minor Capital	0	292	-27	265
Covid Equipment	0	26	0	26
Statutory Compliance	0	203	-123	80
Lochgelly Health Centre	0	25	36	61
Kincardine Health Centre	0	25	13	38
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>670</b>	<b>-83</b>	<b>587</b>
<b>Acute Services Division</b>				
Elective Orthopaedic Centre	0			0
Capital Equipment	0	2,376	411	2,787
Condemned Equipment	0	91	0	91
Cancer Waiting Times Equipment	0	371	5	376
Minor Capital	0	205	5	210
Hospital Eye Service	0	425	0	425
Covid 19 Acute Equip	0	973	-78	895
Radiology Funding	0	2,068	-11	2,057
Statutory Compliance	0	2,775	136	2,911
Robot	0	0	2,154	2,154
SG Funded Equipment	0	0	1,207	1,207
DoH Equipment	0	0	219	219
Elective Orthopaedic Centre	0	2,200	-1	2,199
	<b>0</b>	<b>11,483</b>	<b>4,048</b>	<b>15,531</b>
<b>Fife Wide</b>				
Backlog Maintenance / Statutory Compliance	3,569	-3,557	-12	0
Fife Wide Equipment	2,036	-2,036	0	0
Information Technology	1,041	25	-42	1,024
Minor Work	498	-496	-2	0
Fife Wide Contingency Balance	100	-100	0	0
Condemned Equipment	90	-90	0	0
Scheme Development	60	0	-7	53
Fife Wide Asbestos Management	0	104	-104	0
Fife Wide Fire Safety	0	85	-14	71
Fife Wide Screen & Speech Units	0	0	0	0
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency	0	0	0	0
<b>Total Fife Wide</b>	<b>7,394</b>	<b>-6,005</b>	<b>-181</b>	<b>1,208</b>
<b>Total</b>	<b>7,394</b>	<b>6,147</b>	<b>3,784</b>	<b>17,326</b>

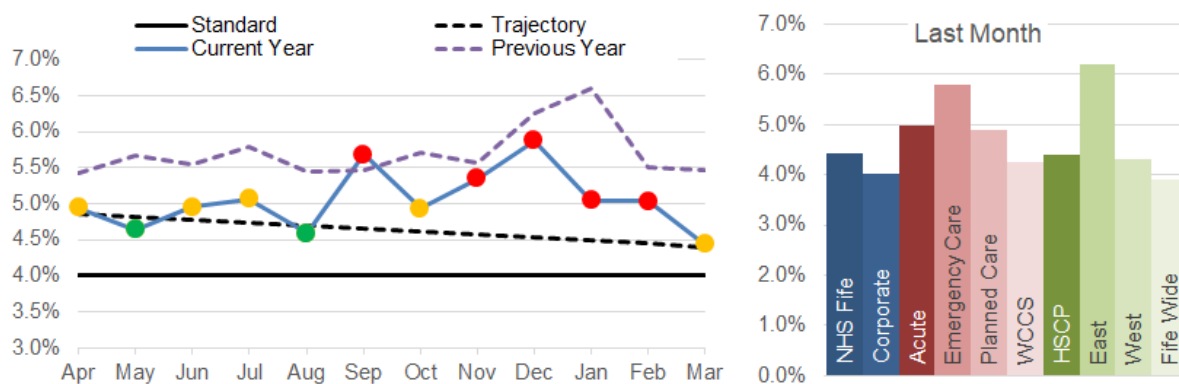
<b>ANTICIPATED ALLOCATIONS 2020/21</b>				
<b>Anticipated Allocation for 2020/21</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Planned Expenditure for 2020/21</b>	<b>7,394</b>	<b>6,147</b>	<b>3,784</b>	<b>17,326</b>

## Staff Governance

### Sickness Absence

*To achieve a sickness absence rate of 4% or less  
Improvement Target for 2020/21 = 4.39%*

#### Local Performance (Source: Tableau, from December 2019)



#### National Benchmarking

Month	2020/21											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	4.95%	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%
Scotland	4.57%	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%

#### Key Challenges in 2020/21

Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason	
21.1 Once for Scotland Promoting Attendance Policy	
21.2 Review the function of the Promoting Attendance Group	
21.3 Restart Promoting Attendance Panels	

#### MARGO MCGURK

Director of Finance and Performance  
18<sup>th</sup> May 2021

Prepared by:

#### SUSAN FRASER

Associate Director of Planning & Performance

# Appendix 1: NHS Fife Remobilisation Activity to end of Mar 2021

Higher than Projected | Lower than Projected

		Quarter End		Month End			Quarter End
		Sep-20	Dec-20	Jan-21	Feb-21	Mar-21	Mar-21
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,040	3,044	1,071	1,063	1,086	3,220
	Actual	2,590	2,930	556	644	1,049	2,249
	Variance	550	-114	-515	-419	-37	-971
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected	14,042	22,565	7,261	7,303	7,342	21,906
	Actual	15,774	17,683	4,854	5,258	7,570	17,682
	Variance	1,732	-4,882	-2,407	-2,045	228	-4,224
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	13,602	20,630	7,321	7,386	7,500	22,208
	Actual	11,852	15,566	4,332	4,137	5,719	14,188
	Variance	-1,750	-5,064	-2,989	-3,249	-1,781	-8,020
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,648	2,296	848	848	848	2,544
	Actual	1,110	1,258	410	360	545	1,315
	Variance	-538	-1,038	-438	-488	-303	-1,229
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,074	11,450	3,450	3,700	3,700	10,850
	Actual	11,264	10,835	2,797	2,671	4,010	9,478
	Variance	1,190	-615	-653	-1,029	310	-1,372
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	21,495	21,705	7,230	6,990	7,590	21,810
	Actual	20,303	17,073	4,403	4,145	5,557	14,105
	Variance	-1,192	-4,632	-2,827	-2,845	-2,033	-7,705
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	775	1,000	390	325	270	985
	Actual	815	1,310	440	369	509	1,318
	Variance	40	310	50	44	239	333
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	9,225	10,100	3,450	3,220	3,300	9,970
	Actual	8,800	9,642	2,717	2,568	3,170	8,455
	Variance	-425	-458	-733	-652	-130	-1,515
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	4,354	4,350	1,400	1,330	1,430	4,160
	Actual	4,467	4,227	1,329	1,232	1,559	4,120
	Variance	113	-123	-71	-98	129	-40
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,195	2,140	750	770	800	2,320
	Actual	2,097	2,481	742	776	1,058	2,576
	Variance	-98	341	-8	6	258	256
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	309	309	103	103	103	309
	Actual	275	281	95	81	90	266
	Variance	-34	-28	-8	-22	-13	-43
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	325	356	104	105	86	295
	Actual	274	314	100	109	159	368
	Variance	-51	-42	-4	4	73	73
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	970	1,956	724	745	516	1,985
	Actual	1,233	1,498	468	437	613	1,518
	Variance	263	-458	-256	-308	97	-467

		Month End	Month End	Month End			Month End
		Sep-20	Dec-20	Jan-21	Feb-21	Mar-21	Mar-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) <sup>1</sup>	Projected	79	79	88	83	74	74
	Actual	75	51	65	91	94	94
	Variance	-4	-28	-23	8	20	20

<sup>1</sup> The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month

# **Fife Integrated Performance & Quality Report**

**Produced in June 2021**

# 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 LDP Standards and local Key Performance Indicators (KPI).

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

## I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Remobilisation Summary
- e. Assessment

## II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
  - Operational Performance
  - Finance
- c. Staff Governance

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



# I. Executive Summary

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

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

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

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

## a. LDP Standards & Key Performance Indicators

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The current performance status of the 29 indicators within this report is 10 (34%) classified as **GREEN**, 4 (14%) **AMBER** and 15 (52%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- Falls With Harm – falls rate below the new (reduced) target for FY 2021/22
- ECB – infection rate continued to be significantly under the FY 2021/22 target following a low number of infections in the 3-month period from February to April
- Cancer 31-day DTT – continued to exceed the 95% Standard, for the 9<sup>th</sup> month in succession

## b. National Benchmarking

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National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 7 (25%) within upper quartile, 15 (50%) in mid-range and 7 (25%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

c. Indicator Summary			Performance								Benchmarking			
			meets / exceeds the required Standard / on schedule to meet its annual Target								●	Upper Quartile		
			behind (but within 5% of) the Standard / Delivery Trajectory								●	Mid Range		
			more than 5% behind the Standard / Delivery Trajectory								●	Lower Quartile		
Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current		Trend	Reporting Period	Fife	Scotland	
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Apr-20	26	Mar-21	32	Apr-21	23	↑	N/A			
	HSMR	N/A	Year Ending	Dec-19	1.02	Sep-20	1.01	Dec-20	1.01	↔	YE Dec-20	1.01	●	1.00
	Inpatient Falls	7.68	Month	Apr-20	7.50	Mar-21	8.01	Apr-21	7.82	↑	N/A			
	Inpatient Falls with Harm	1.65	Month	Apr-20	1.56	Mar-21	1.68	Apr-21	1.26	↑	N/A			
	Pressure Ulcers	0.42	Month	Apr-20	1.02	Mar-21	1.22	Apr-21	1.30	↓	N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓	QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Apr-20	10.6	Mar-21	16.5	Apr-21	16.8	↓	QE Dec-20	20.6	●	18.8
	SAB - Community	N/A	Quarter Ending	Apr-20	15.9	Mar-21	13.0	Apr-21	11.0	↑	QE Dec-20	12.8	●	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Apr-20	9.3	Mar-21	10.2	Apr-21	14.2	↓	QE Dec-20	7.7	●	16.1
	C Diff - Community	N/A	Quarter Ending	Apr-20	1.1	Mar-21	7.6	Apr-21	6.6	↑	QE Dec-20	2.1	●	4.3
	ECB - HAI/HCAI	33.0	Quarter Ending	Apr-20	33.0	Mar-21	21.6	Apr-21	16.8	↑	QE Dec-20	50.3	●	40.9
	ECB - Community	N/A	Quarter Ending	Apr-20	26.1	Mar-21	33.7	Apr-21	25.3	↑	QE Dec-20	27.0	●	37.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Apr-20	68.8%	Mar-21	87.1%	Apr-21	80.3%	↓	2019/20	71.5%	●	79.9%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Apr-20	22.9%	Mar-21	25.0%	Apr-21	21.6%	↓	2019/20	35.7%	●	51.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Apr-20	100.0%	Mar-21	100.0%	Apr-21	100.0%	↔	N/A			
	4-Hour Emergency Access	95%	Month	Apr-20	96.8%	Mar-21	90.8%	Apr-21	91.9%	↑	Apr-21	91.9%	●	88.7%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Apr-20	57.3%	Mar-21	49.7%	Apr-21	54.1%	↑	Mar-21	51.7%	●	34.7%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Apr-20	74.8%	Mar-21	53.4%	Apr-21	56.4%	↑	Mar-21	52.6%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Apr-20	46.3%	Mar-21	80.6%	Apr-21	85.3%	↑	Mar-21	80.7%	●	61.4%
	18 Weeks RTT	90%	Month	Apr-20	90.1%	Mar-21	72.4%	Apr-21	69.2%	↓	QE Mar-21	73.2%	●	75.9%
	Cancer 31-Day DTT	95%	Month	Apr-20	94.5%	Mar-21	100.0%	Apr-21	97.8%	↓	QE Dec-20	99.0%	●	98.6%
	Cancer 62-Day RTT	95%	Month	Apr-20	67.5%	Mar-21	80.3%	Apr-21	78.1%	↓	QE Dec-20	84.5%	●	86.2%
	Detect Cancer Early	29%	Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓	2018, 2019	26.1%	●	25.6%
	Freedom of Information Requests	85%	Quarter Ending	Apr-20	81.0%	Mar-21	95.1%	Apr-21	95.4%	↑	N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Apr-20	5.6%	Mar-21	5.9%	Apr-21	8.2%	↓	QE Dec-20	5.5%	●	4.8%
	Delayed Discharge (# Standard Delays)	N/A	Month	Apr-20	24	Mar-21	48	Apr-21	78	↓	Apr-21	20.88	●	13.49
	Antenatal Access	80%	Month	Feb-20	84.4%	Jan-21	87.2%	Feb-21	78.8%	↓	FY 2019/20	89.0%	●	88.3%
	Smoking Cessation	473	YTD	Feb-20	95.4%	Jan-21	52.1%	Feb-21	53.3%	↑	FY 2019/20	92.8%	●	97.2%
	CAMHS Waiting Times	90%	Month	Apr-20	67.0%	Mar-21	73.0%	Apr-21	68.4%	↓	QE Mar-21	76.0%	●	65.1%
	Psychological Therapies Waiting Times	90%	Month	Apr-20	74.2%	Mar-21	84.3%	Apr-21	78.2%	↓	QE Mar-21	82.0%	●	80.4%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑	FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Feb-20	96.2%	Jan-21	92.4%	Feb-21	93.9%	↑	QE Dec-20	94.3%	●	95.7%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	92.7%	2021/21	98.4%	↑	2018/19	93.7%	●	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.2%	2020/21	48.9%	↓	2018/19	60.9%	●	43.4%
Finance	Revenue Expenditure	-£13.8	Month	May-20	N/A	Apr-21	N/A	May-21	-£7.2	N/A	N/A			
	Capital Expenditure	£25.3	Month	May-20	N/A	Apr-21	N/A	May-21	£1.2	N/A	N/A			
Staff Governance	Sickness Absence	3.89%	Month	Apr-20	4.95%	Mar-21	4.43%	Apr-21	5.07%	↓	YE Mar-21	4.77%	●	4.67%

## d. NHS Fife Remobilisation Summary – Position at end of May 2021

Higher than Projected | Lower than Projected

		Month End			Quarter End	Quarter End	Quarter End	
		Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	862	950	989	2,801	2,828	3,033	3,355
	Actual	955	1,081		2,036			
	Variance	93	131					
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	4,537	4,946	5,133	14,616	15,804	19,003	20,361
	Actual	5,944	6,080		12,024			
	Variance	1,407	1,134					
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	579	611	611	1,801	1,833	1,833	1,833
	Actual	436	495		931			
	Variance	-143	-116					
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	3,450	3,650	3,750	10,850	11,250	11,250	11,250
	Actual	4,216	4,303		8,519			
	Variance	766	653					
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	5,350	5,780	5,980	17,110	19,110	18,370	18,490
	Actual	6,209	7,039		13,248			
	Variance	859	1,259					
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	2,790	2,650	2,600	8,040	8,320	8,680	8,830
	Actual	3,229	3,531		6,760			
	Variance	439	881					
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	780	820	850	2,450	2,610	2,610	2,610
	Actual	965	949		1,914			
	Variance	185	129					
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	130	140	145	415	435	435	435
	Actual	93			93			
	Variance	-37						
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	91	131	84	306	291	346	298
	Actual	136	143		279			
	Variance	45	12					
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	465	477	427	1,369	1,422	1,905	1,780
	Actual	578			578			
	Variance	113						

		Month End			Month End	Month End	Month End	
		Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) <sup>1</sup>	Projected	43	41	37	37	36	42	43
	Actual	78	88					
	Variance	35	47					

<sup>1</sup> The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month

## e. Assessment – Clinical Governance

		Target	Current
<b>HSMR</b>		<b>1.00</b>	<b>1.01</b>
<p>The HSMR for NHS Fife for the year ending December 2020 was unchanged from that for the year ending September 2020 and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.</p>			
<b>Inpatient Falls (with Harm)</b>	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	<b>1.65</b>	<b>1.26</b>
<p>As services continue to remobilise, the steering group have updated their annual workplan which includes a focus on care approaches in the context of the current environment to support a reduction in falls with harm. This provides the overarching focus and in addition, local improvement work is underway in focussed in-patient areas where the number of falls has been higher.</p> <p>Work being led by the National Falls Group has representation from NHS Fife and at present this group are updating/redeveloping the National Improvement Driver Diagram. This will be supported by a new measurement plan and audit tool and will closely align with the Excellence in Care programme.</p>			
<b>Pressure Ulcers</b>	<i>50% reduction by December 2020</i>	<b>TBC</b>	<b>1.30</b>
<p>Two clinical areas with Acute have been identified to participate in the next pressure ulcer improvement project. Project teams were given 4-6 weeks to carry out preparatory study before the project period began. Regular meetings are scheduled throughout the project.</p> <p>The pressure ulcer rate in the community inpatient setting was 0.31 in April 2021. This has shown a consecutive reduction in the rate of pressure ulcers – developed on ward, since February 2021. The last recorded grade 3 pressure ulcer – developed on ward, was in February 2021 and no further pressure ulcers – on ward, graded major or extreme.</p>			
<b>Caesarean Section SSI</b>	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	<b>2.5%</b>	<b>2.4%</b>

All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the Scottish Government. However, Maternity Services have continued to monitor their Caesarean Section SSI cases and, where necessary (i.e deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.

<b>SAB (MRSA/MSSA)</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	<b>18.8</b>	<b>16.8</b>
Surveillance of SABs has continued throughout the COVID-19 pandemic. For April, NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no further ventilator associated pneumonias, PVC or CVC SABs since March 2021.			
<b>C Diff</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	<b>6.5</b>	<b>14.2</b>
NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022 due to a raised incidence of 9 CDI in March. Two CDIs were recurrences and one case was a Fife resident being treated in another Health Board. Reducing the incidence of recurrence of infection continues to be addressed, to assist with reducing the rates further.			
<b>ECB</b>	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	<b>33.0</b>	<b>16.8</b>
ECB surveillance has continued throughout the pandemic. The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For April, NHS Fife is below the trajectory line and in line to achieve this target. Reducing CAUTI ECBs is the focus for quality improvement.			
<b>Complaints – Stage 2</b>	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	<b>65%</b>	<b>21.6%</b>
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. Complaint numbers continue to rise and there is a noted increase in the complexity of the complaints received. Although starting to reduce, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid vaccination appointments.			

## e. Assessment (cont.) – Operational Performance

		Target	Current
<b>Acute Services</b>			
<b>4-Hour Emergency Access</b>	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	<b>95%</b>	<b>91.9%</b>
<p>Attendances continue to rise, averaging around 200 per day at the ED, a 35% increase since January, with most attendees being self-presenters. Despite the increased demand, performance against the National Standard improved in April. Several improvements are being tested to improve flow to our onward assessment areas and reduce waits for beds. The Redesign of Urgent Care (RUC) has supported improvements for minor flow and will be scaled up by the addition of a sustainable staffing model. Redirections to MIUs have increased across Fife and referral pathways are being developed with primary care to enable the Flow and Navigation Hub (FNH) and ED to access support for patients.</p>			
<b>Patient TTG (Waiting)</b>	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	<b>100%</b>	<b>54.1%</b>
<p>Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 and cancelled non-urgent elective surgery. At the end of April, the waiting list was 20% lower than at the end of May 2020 and performance had begun to recover with 54% waiting greater than 12 weeks for treatment compared to 26.8% in May 2020 as theatres were remobilised. Particular attention continues to be focused on clinical priorities whilst routine activity recommenced in March. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</p>			
<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>56.4%</b>

Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 which resulted in the suspension of routine activity. At the end of April, the waiting list was 71% higher than at the end of May 2020 and performance had begun to recover, with 56.4 % waiting less than 12 weeks compared to 40.9% waiting less than 12 weeks in May 2020. Particular attention continues to be focused on urgent referrals whilst routine activity recommenced in March. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.

		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>85.3%</b>

Having recovered performance for diagnostics in Q3 of 2020/21 the onset of the second wave of the COVID-19 pandemic resulted in the suspension of routine activity during January and February and a resultant deterioration in performance. At the end of April performance had begun to recover with 85.3% of patients waiting less than 6 weeks compared to 31% in May 2020. Urgent (including urgent cancer) diagnostic tests continue to be prioritised. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.

## Corporate Services

		Target	Current
<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>78.1%</b>

April continued to see performance challenges. An increase in referrals and a consultant vacancy impacted on the Breast service, while there were delays to Oncology appointments in Colorectal due to annual leave and in Urology due to lack of capacity. Full staging requirements contributed to the Cervical breach. Initial referral to another specialty and delay to referral to tertiary Board resulted in the breaches for Lymphoma and Lung respectively. Lack of resources and routine staging and investigations contributed to the remaining breaches. The range of breaches were 4 to 70 days, with an average breach time of 20 days.

		Target	Current
<b>FOI Requests</b>	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	<b>85%</b>	<b>95.4%</b>

Since the implementation of AXLR8 in NHS Fife, 349 requests have been responded to. Of those, 316 (90.5%) have been responded to on time and 33 (9.5%) have been late. 45 requests are currently active, of which 7 (16%) are already late.

FOISA training for NHS and IJB personnel has been completed and the delivery of a new Publication Scheme for NHS Fife is underway, with EDG review and sign off to be completed in July.

## Health & Social Care

		Target	Current
<b>Delayed Discharges</b>	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	<b>5%</b>	<b>8.2%</b>

The number of bed days lost due to patients in delay rose sharply in April and is again above the target 5%. This is in part due to a rise in the number of unplanned attendances at the emergency department, which has resulted in an increase in hospital admissions.

		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>473</b>	<b>226</b>

Although the non-pharmacy service was available throughout the pandemic, only a limited number of clients looked for support in the early days of lockdown although we have seen this increase over time. It has been much more difficult to factor in 40% most deprived clients as we do not know who will be contacting us seeking support (therefore supporting all who request help due to limited provision elsewhere). Initially there was client hesitancy to seek support due to limited understanding of the pandemic and the messaging of 'stay at home' (quitting maybe not seen as a priority during lockdown). The last 12 months has highlighted that service visibility and ease of access is key and being sited in GP practices/ Health Centre/community venues and the hospital setting means we can have wider reach and engagement.

		Target	Current
<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>68.4%</b>
<p>Fife CAMHS RTT% figure has begun to drop against the national standard as work gets underway to address the longest waits. Whilst the focus of the majority of the workforce remains on those requiring urgent and priority interventions, the recruitment of staff to specifically address the longest waits has resulted in increased overall activity but a drop in RTT%. This pattern will continue as work progresses on the longest waits and new staff are recruited to meet ongoing demands.</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>78.2%</b>
<p>The reduced performance on the PT target in April was due to a larger proportion of the activity comprising people who have waited over 18 weeks. This impacted the target % within the psychology service tiers offering highly specialist therapy and within CAMHS. This reduction in performance was anticipated and had already been highlighted in CAMHS and PT recovery papers as an unavoidable consequence of tackling the backlog on waiting lists.</p>			



## e. Assessment (cont.) – Finance

		Target	Current
<b>Revenue Expenditure</b>	<i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>-£13.8</b>	<b>-£7.2</b>

### Month 2 financial position

The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises; a core overspend of £0.780m; Covid-19 spend of £4.386m; and £2.276m underlying unachieved 'long Covid' savings.

The total capital resource limit for 2021/22 is £25.319m. The capital position for the 2 months to May shows spend of £1.251m.

<b>Capital Expenditure</b>	<i>Work within the capital resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>£25.3</b>	<b>£1.2</b>
The overall capital budget including the Elective Orthopaedic Centre for 2021/22 is £25.319m. The capital position for the year to May records spend of £1.251m. Therefore, 4.94% of the anticipated total capital allocation has been spent to M2.			

## e. Assessment (cont.) – Staff Governance

		Target	Current
<b>Sickness Absence</b>	<i>To achieve a sickness absence rate of 4% or less</i>	<b>3.89%</b>	<b>5.07%</b>

Sickness absence levels continued to fluctuate during FY 2020/21. It is positive to note that the rates have improved when compared with FY 2019/20, with a reduction of 0.53% from the average rate. This is the best yearly average since FY 2016/17.

The sickness absence rate in April was 5.07%, 0.64% higher than in March, while COVID-19 related absence in the month affected approximately 1.22% of the NHS Fife workforce.

## II. Performance Exception Reports

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### Finance, Performance & Resources: Finance

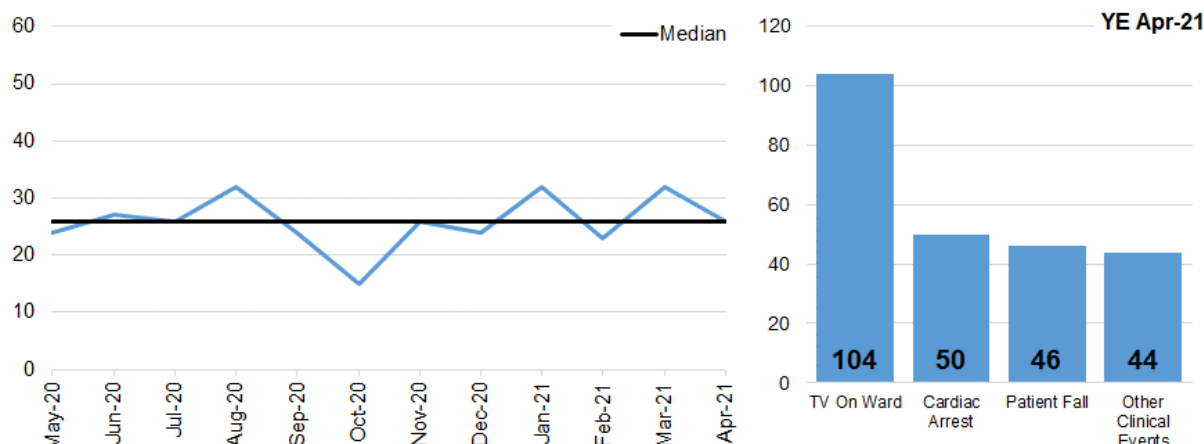
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### Staff Governance

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## Adverse Events

### Major and Extreme Adverse Events



### All Adverse Events

	Month	2020/21											
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
ALL	NHS Fife	1067	1123	1329	1243	1288	1339	1303	1247	1286	1209	1362	1341
	Acute Services	476	463	561	506	606	557	637	599	571	531	631	587
	HSCP	559	627	730	695	640	748	635	621	694	652	704	716
	Corporate	32	33	38	42	42	34	31	27	21	26	27	38
CLINICAL	NHS Fife	727	740	909	837	925	901	951	926	902	853	951	920
	Acute Services	433	421	515	469	558	508	593	556	532	495	589	540
	HSCP	279	299	373	352	349	377	341	360	359	344	349	362
	Corporate	15	20	21	16	18	16	17	10	11	14	13	18

### Commentary

Local and significant adverse event reviews are progressing in accordance with a prioritised schedule.

A SLWG to review the Adverse Event Policy and associated processes has been set up, and its work is outlined below:

- June 2021 - map the current process
- June/July 2021- SLWG to map future state and develop an implementation plan
- Aug 2021- look to pilot any new ways of working
- Sep 2021- update the Adverse Events policy
- Nov 2021- submit new policy through governance structures

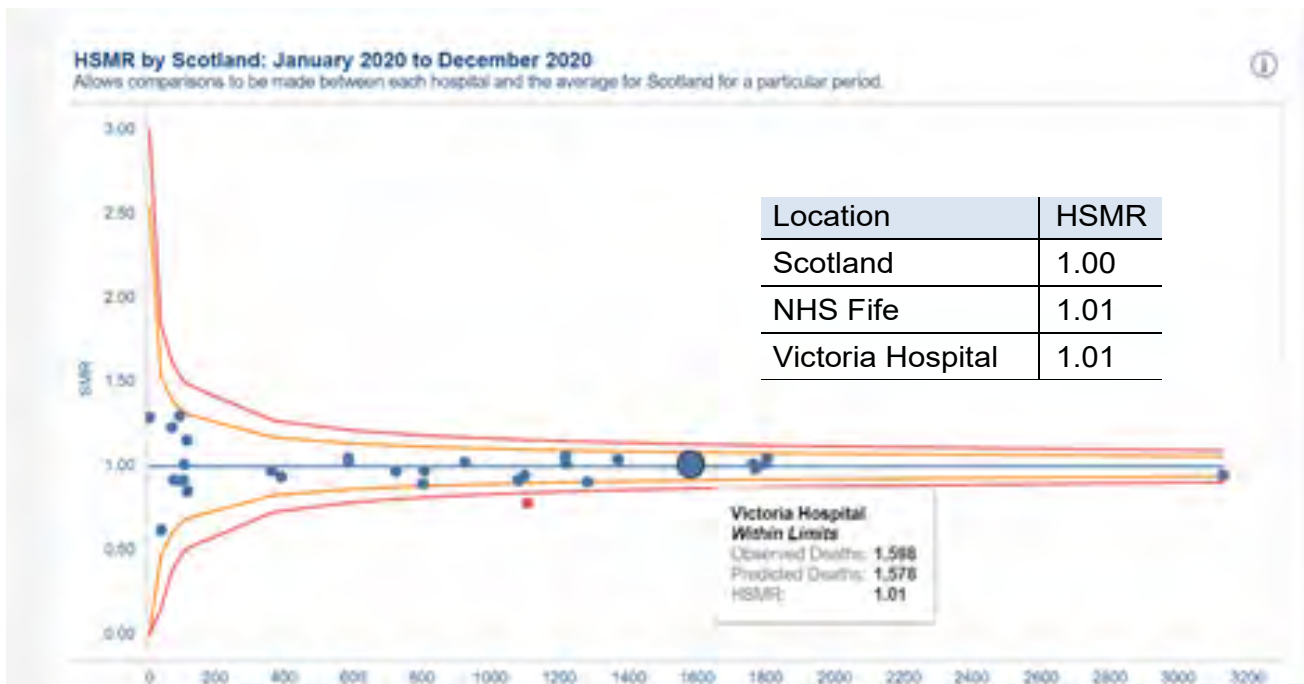
## HSMR

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

### Reporting Period; January 2020 to December 2020<sup>P</sup>

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 rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself, are shown in the table within the Funnel Plot.



### Commentary

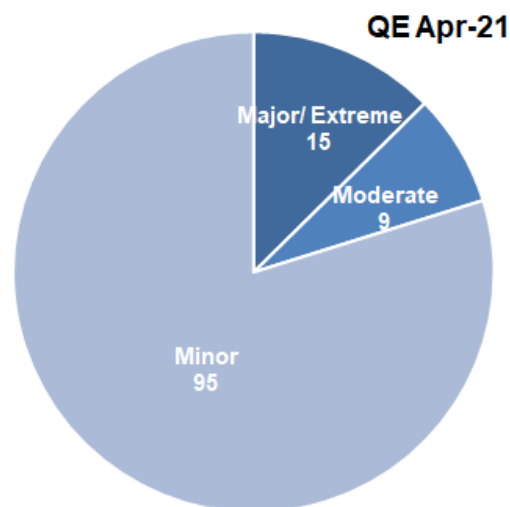
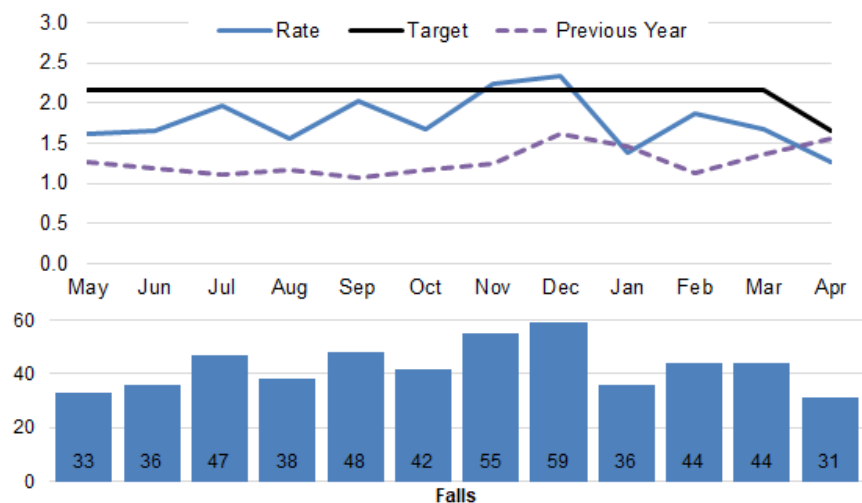
The annual HSMR for NHS Fife remained unchanged from Q3 to Q4 of 2020, with the difference between actual and predicted number of deaths producing a ratio just over 1. This should be seen as normal variation, but we will continue to monitor this closely.

## Inpatient Falls with Harm

Reduce Inpatient Falls with Harm rate per 1,000 Occupied Bed Days (OBD)

Target Rate (by end March 2022) = 1.65 per 1,000 OBD

### Local Performance



### Performance by Service Area

		2020/21											2021/22	
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
With Harm	NHS Fife	1.62	1.66	1.97	1.56	2.03	1.68	2.24	2.35	1.39	1.87	1.68	1.26	
	Acute Services	1.21	1.18	1.17	1.08	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.86	
	HSCP	1.95	2.08	2.66	1.96	2.62	2.17	2.87	2.96	1.53	2.47	2.29	1.62	

### KEY CHALLENGE(S) IN 2021/22

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

### IMPROVEMENT ACTIONS

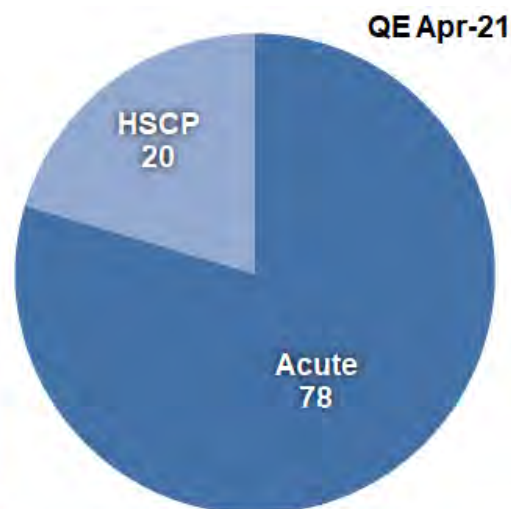
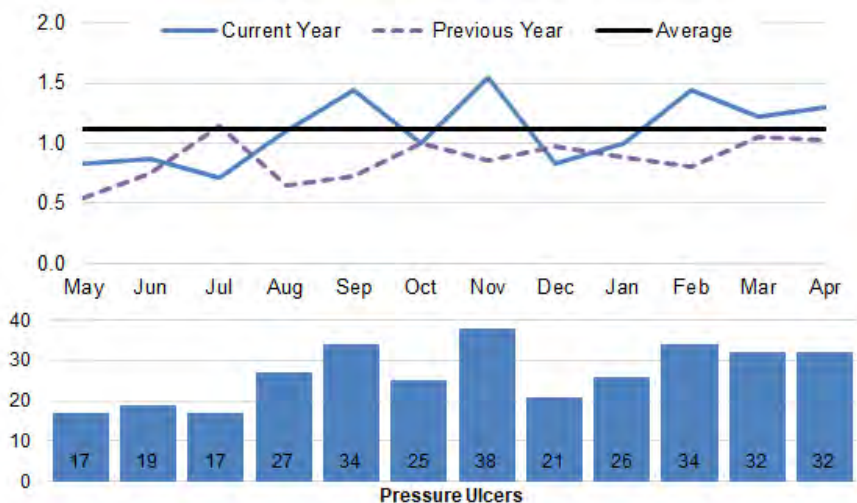
<b>20.3 Falls Audit</b>	<b>By Jul-21</b>
A new national driver diagram and measurement package are about to be finalised and are being tested in four boards across Scotland in May and June. On completion, NHS Fife documentation will be reviewed (July 21) and an audit will then follow (August 21).	
<b>20.5 Improve effectiveness of Falls Champion Network</b>	<b>By Jul-21</b>
This work has been significantly delayed and opportunities to refresh are being explored. Ongoing work to encourage attendance at the falls champion meetings, CNMs will now support. Further meetings still to be scheduled.	
<b>21.2 Falls Reduction Initiative</b>	<b>By Jul-21</b>
A Falls Reduction Initiative has commenced in three Mental Health Inpatient wards with the aim of reducing all falls by 25% by July	
<b>21.3 Integrated Improvement Collaborative</b>	<b>By Jun-21</b>
An Integrated Improvement Collaborative involving three community inpatient wards within the East was introduced last September but was paused as a result of COVID. The work has re-commenced and is due to complete in May, with results assessed in June.	

## Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2022) = TBD per 1,000 OBD

### Local Performance



### Performance by Service Area

		2020/21												2021/22
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Grade 2 to 4	NHS Fife	0.83	0.88	0.71	1.11	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.30	
	Acute Services	1.21	1.57	1.17	1.98	2.64	1.20	2.39	1.17	2.06	2.18	2.12	2.42	
	HSCP	0.53	0.26	0.31	0.38	0.40	0.82	0.78	0.53	0.07	0.80	0.43	0.31	

### KEY CHALLENGE(S) IN 2021/22

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

#### IMPROVEMENT ACTIONS

#### 21.2 Integrated Improvement Collaborative

**Complete**

An integrated improvement collaborative started in September, with three wards in the East Division participating. The collaborative aims to enhance comfort rounding and person-centred approaches in reducing patient falls and pressure ulcers, whilst also increasing knowledge and confidence in applying improvement methodology to measure outcome. ASD continue to progress quality improvement with specific wards for improvement, supported by ongoing QI education. First cohort completed and onto the 2<sup>nd</sup> cohort.

#### 21.3 Implementation of robust audit programme for audit of documentation

**Complete**

A rolling programme of documentation audit has been developed. This will be carried out by the Senior Charges Nurses within each ward area, supported by the senior nursing team. This will also incorporate assessment documentation for the prevention and management of pressure ulcers.

The rollout has begun across the HSCP and will be reviewed using PDSA quality improvement cycle.

#### 22.1 Improvement Collaboratives

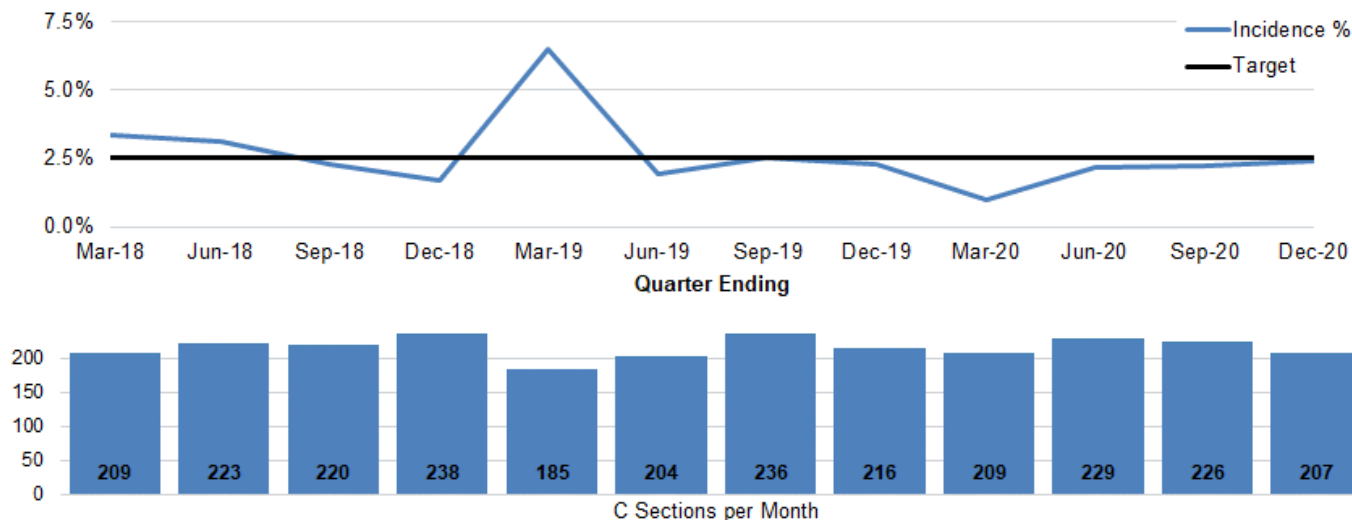
**Sep-21**

Community inpatients wards within HSCP are undertaking self-assessment against the Prevention & Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement, aligned to the current improvement collaborative work ongoing across a number of wards in East and West Divisions.

## Caesarean Section SSI

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

### Local Performance



### National Benchmarking

Quarter Ending	2017/18		2018/19				2019/20				2020/21			
	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20	
NHS Fife	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	1.0%	2.2%	2.2%	2.4%	
Scotland	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%					

### KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

### IMPROVEMENT ACTIONS

#### 20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan

**By Mar-22**

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

On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology (which was established in Q4 2019) to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the methodology remains the most effective means of capturing SSI cases.

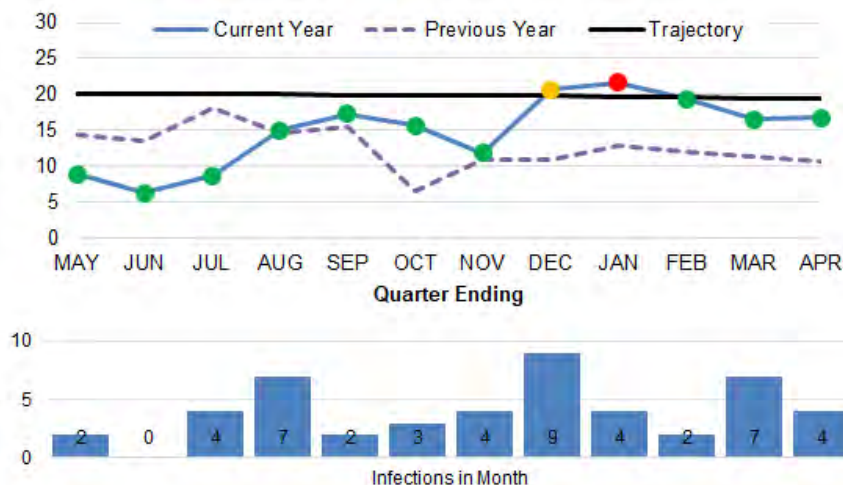
The IPCT will resume staff training on the surveillance methodology and SSI case definitions.

Action paused due to COVID-19

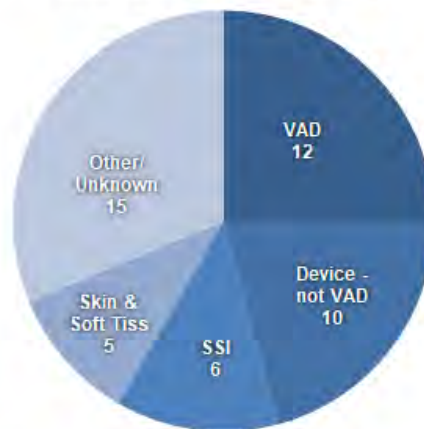
## SAB (HAI/HCAI)

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

### Local Performance



### Infection Source: YE Apr-21



### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
<b>NHS Fife</b>	13.7	15.5	10.9	12.5	6.3	18.7	20.6
<b>Scotland</b>	16.7	17.5	15.2	16.3	20.3	17.3	18.8

### KEY CHALLENGE(S) IN 2021/22

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

### IMPROVEMENT ACTIONS

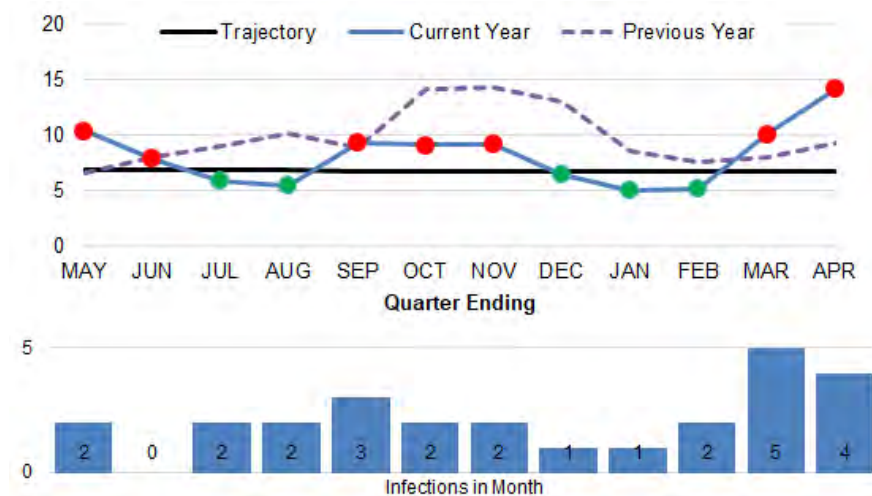
<b>20.1 Reduce the number of SAB in PWIDs</b>	<b>By Mar-22</b>
<p>There has been ongoing improvements in the incidence of SAB in PWIDs, with only 2 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting May.</p> <p>The Addiction outreach team "We are With You" is available to support PWID.</p> <p>The rollout of PGDs for non-medical prescribing of antibiotics by ANPs is planned for July, while the IPCT is to provide updated wound care training for ANPs.</p>	
<b>20.2 Ongoing surveillance of all VAD-related infections</b>	<b>By Mar-22</b>
<p>Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern.</p>	
<b>20.3 Ongoing surveillance of all CAUTI</b>	<b>By Mar-22</b>
<p>Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter &amp; urinary care. The group last met May.</p> <p>This Quality Improvement group is contributed to by the ECB data.</p>	
<b>20.4 Optimise comms with all clinical teams in ASD &amp; the HSCP</b>	<b>By Mar-22</b>
<p>Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. The Ward Dashboard is continuously updated, for clinical staff to access and also displayed for public assurance.</p>	
<b>22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters</b>	<b>By Mar-22</b>
<p>Electronic insertion and maintenance bundles for PVCs available on patientrack to support best practice. All areas with patientrack generate an ePVC weekly report, which is highlighted to Senior Charge Nurses and Senior Teams if their ward has failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters to promote and support best practice, reduce avoidable harm and improve quality of care. Then aim to develop similar electronic bundles for CVCs.</p>	



## C Diff (HAI/HCAI)

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

### Local Performance



### CDI Recurrence: YE Apr-21



### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	8.0	8.9	13.1	8.0	7.9	9.3	7.7
Scotland	12.3	13.7	15.1	13.6	15.4	17.4	16.1

### KEY CHALLENGE(S) IN 2021/22

Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

### IMPROVEMENT ACTIONS

#### 20.1 Reducing recurrence of CDI

**By Mar-22**

Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection.

To reduce recurrence of CDI Infection for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter is can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.

#### 20.2 Reduce overall prescribing of antibiotics

**By Mar-22**

NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.

Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.

#### 20.3 Optimise communications with all clinical teams in ASD & the HSCP

**By Mar-22**

Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.

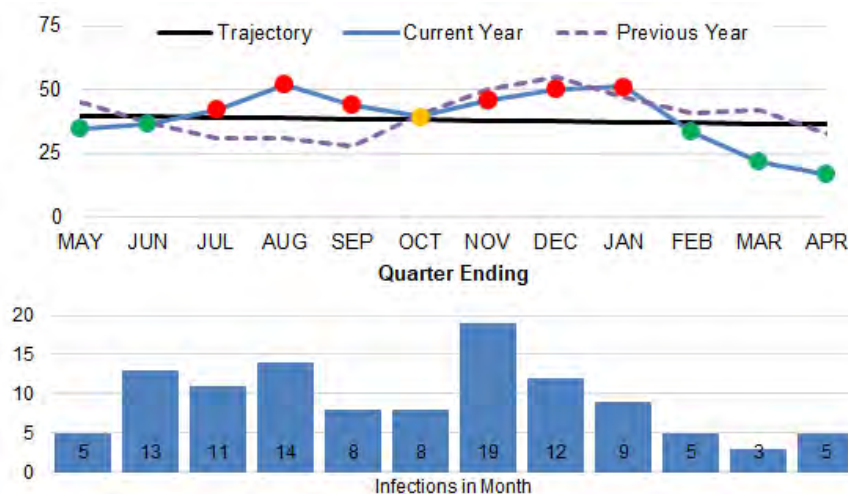
ICN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.

The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also displayed for public assurance.

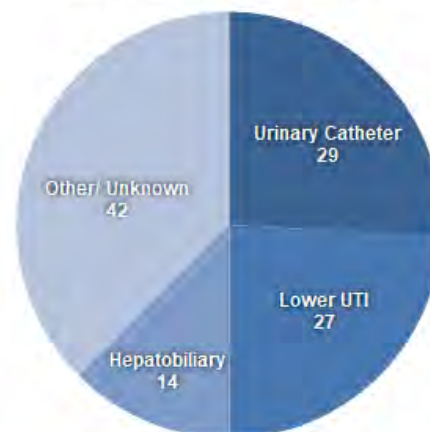
## ECB (HAI/HCAI)

*Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22*

### Local Performance



### Infection Sources: YE Apr-21



### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
<b>NHS Fife</b>	42.1	31.0	60.0	47.9	36.4	45.3	50.3
<b>Scotland</b>	38.9	40.3	40.8	36.4	39.7	42.0	40.9

### KEY CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated infection ECB rate

### IMPROVEMENT ACTIONS

#### 20.1 Optimise communications with all clinical teams in ASD & the HSCP

**By Mar-22**

Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB is investigated in detail to better understand how the infection might have occurred, and any issues are raised with appropriate clinical teams. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding & learning.

#### 20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

**By Mar-22**

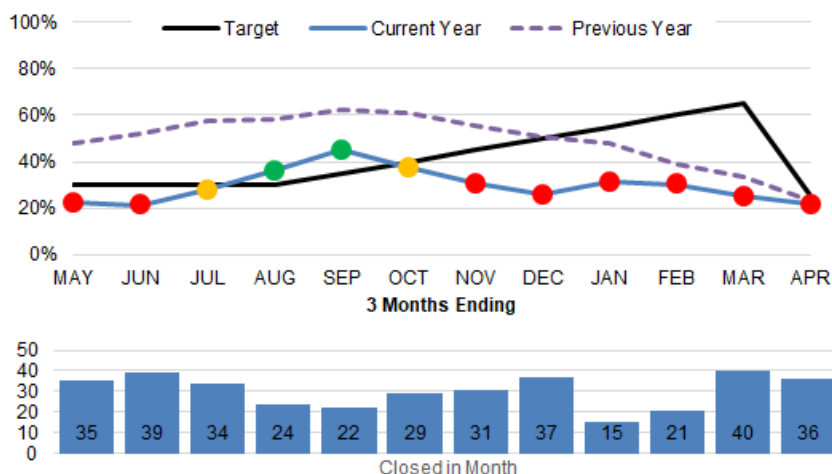
The UCIG meeting last met in May to review the following topics:

- A CAUTI project has commenced in Kelty MP (a Cowdenbeath GP practice QI programme is currently paused)
- E-documentation for urinary catheter insertion and maintenance bundles is in place for district nurses on Morse, with plans for Patientrack documentation for the acute and community hospitals in development.
- Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration. Continence/hydration folders are in use at all care and residential homes.
- Education 'Top Tips' videos and newsletters published on BLINK
- Catheter passports in use across the whole of Fife for patient education and information and for documentation of care
- Plans for a continence champions competency framework in development
- Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed
- New representation for private and NHS care homes at UCIGs to help promote work within care home settings

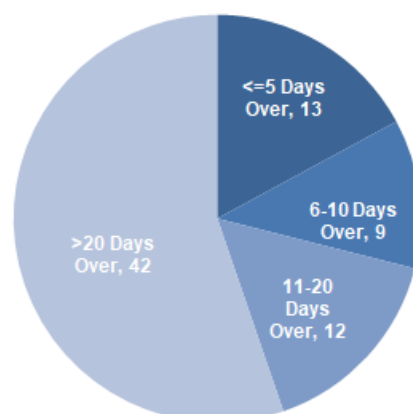
## Complaints | Stage 2

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

### Local Performance



### Closure Breaches; QE Apr-21



### Performance by Service Area

3-Month Ending	2020/21												2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
NHS Fife	22.2%	21.3%	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%	25.0%	21.6%	
Ack <= 3 Days (Monthly)	97.1%	87.2%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	93.3%	95.2%	95.0%	100.0%	
ASD	22.9%	22.8%	35.9%	44.1%	52.8%	39.6%	34.0%	30.5%	36.5%	34.0%	17.5%	15.7%	
HSCP	20.8%	16.7%	14.3%	20.6%	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	

### KEY CHALLENGE(S) IN 2021/22

- Service recovery following Covid-19 pandemic
- Improve the quality of complaint handling
- Complex complaints / Multi-Directorate Complaints

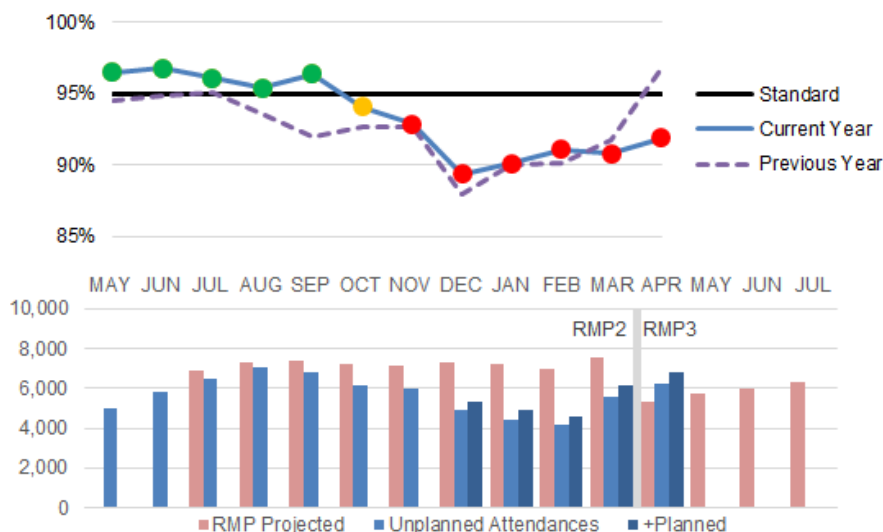
### IMPROVEMENT ACTIONS

<b>21.1 Agree process for managing complaint performance and quality of complaint responses</b>	<b>N/A</b>
<i>Complaint wording revised and reflected in new Action 22.1</i>	
<b>21.2 Deliver virtual training on complaints handling</b>	<b>N/A</b>
<i>Complaint wording revised and reflected in new Action 22.2</i>	
<b>22.1 Review complaint handling process and agree measures to ensure quality</b>	<b>By Dec-21</b>
Patient Relations are completing in-house QA checks on draft final responses. There is a review of the current complaint handling process being undertaken by Clinical Governance and Patient Relations and regular review meetings take place with Clinical Services and Senior Management. This work is underway with the aim of driving improvement in the quality of complaint handling, identify learning from complaints within the Patient Relations team and wider Clinical Services and ensure a streamline process for all that cuts out waste.	
<b>22.2 Improve education of complaint handling</b>	<b>By Dec-21</b>
This will be by the delivery of education programmes at induction and bespoke training sessions across the Clinical Services. This action aims to improve overall quality. While some training sessions have been delivered virtually, this is currently on hold due to the increase in the response to COVID-19. Bespoke training sessions with Fife Wide & Fife East have been scheduled for May and June, and the aim is that this will continue throughout the remainder of 2021.	

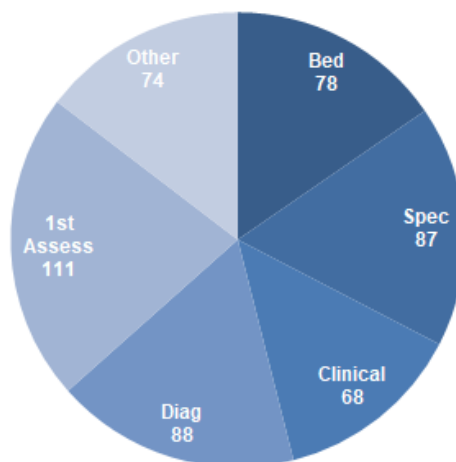
## 4-Hour Emergency Access

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

### Local Performance



### Breach Reason; Apr-21



### National Benchmarking

Month	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	APR
NHS Fife	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	91.9%
Scotland	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	88.7%

### KEY CHALLENGE(S) IN 2021/22

- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

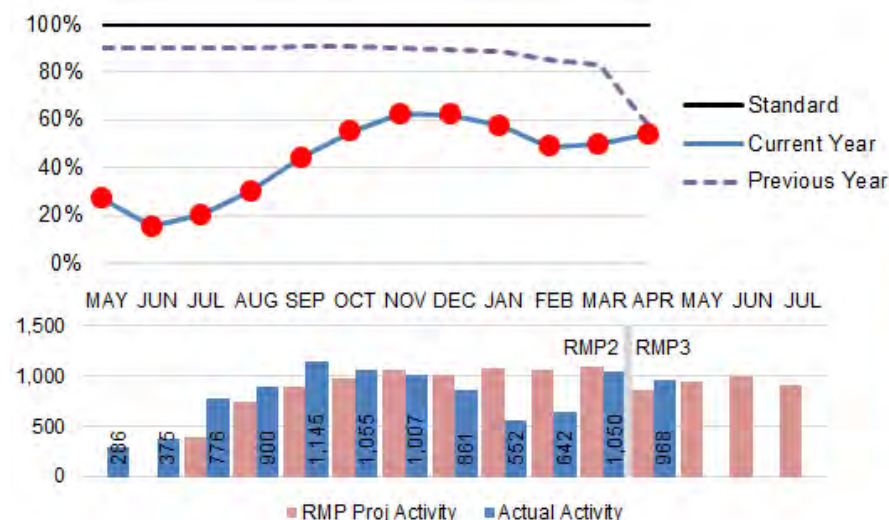
### IMPROVEMENT ACTIONS

<b>21.2 Integration of the Redesign of Urgent Care model and the Flow &amp; Navigation Hub</b>	<b>By Mar-22</b>
Local Boards have been asked to implement a Flow Navigation Centre (Hub) that will directly receive clinical referrals from NHS24 and offer rapid access for patients to urgent care. Lessons from an ED Test of Change is being scaled up which demonstrates an increasing number of patients are being re directed and appointed. Approval being sought for full model roll out to accommodate phase 2 work including GP admissions and primary care pathway developments.	
<b>22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways</b>	<b>By Aug-21</b>
Access to ED will be available through a national Single Point of Access through NHS24/111. Through safe space conversations and feedback, NHS 24 and NHS Fife will co-produce criteria for VHK ED and MIUs across Fife.	
<b>22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds</b>	<b>By Aug-21</b>
Improved handover procedures are being tested and duplication in the system reduced. Improvement actions focussing on reductions in LoS in our medical admission unit, implementation of criteria led discharge and a review of speciality pathways will further reduce breach numbers.	

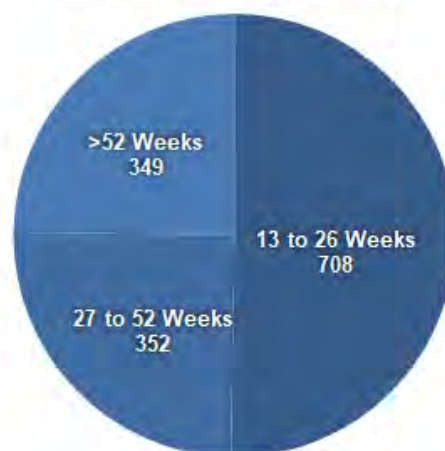
## Patient TTG

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

### Local Performance



### Breaches Breakdown Apr-21



### National Benchmarking

	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
<b>NHS Fife</b>	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%
<b>Scotland</b>	24.8%	17.3%	20.6%	24.9%	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%	

### KEY CHALLENGE(S) IN 2021/22

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

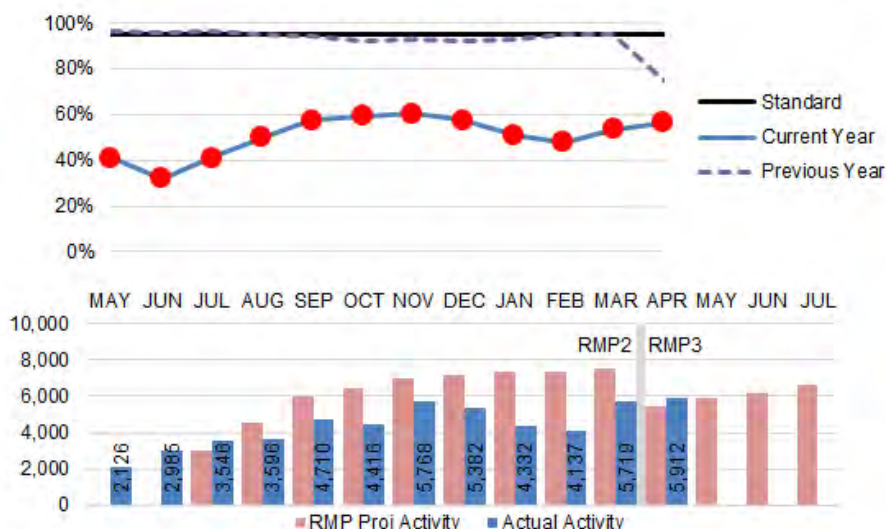
### IMPROVEMENT ACTIONS

<b>22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021</b>	<b>By Sep-21</b>
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
<b>22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling</b>	<b>By Mar-22</b>
Not yet started	
<b>22.3 Undertake waiting list validation against agreed criteria</b>	<b>By Sep-21</b>
Clinical teams review lists and prioritise patients, Clinical Prioritisation Group meet regularly	

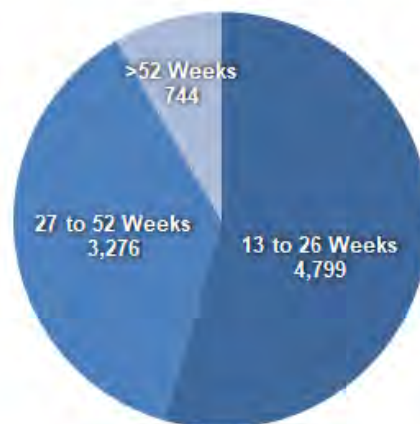
## New Outpatients

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

### Local Performance



### Breaches Breakdown Apr-21



### National Benchmarking

	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	
Scotland	34.9%	28.5%			46.5%			47.8%			48.1%		

### KEY CHALLENGE(S) IN 2021/22

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

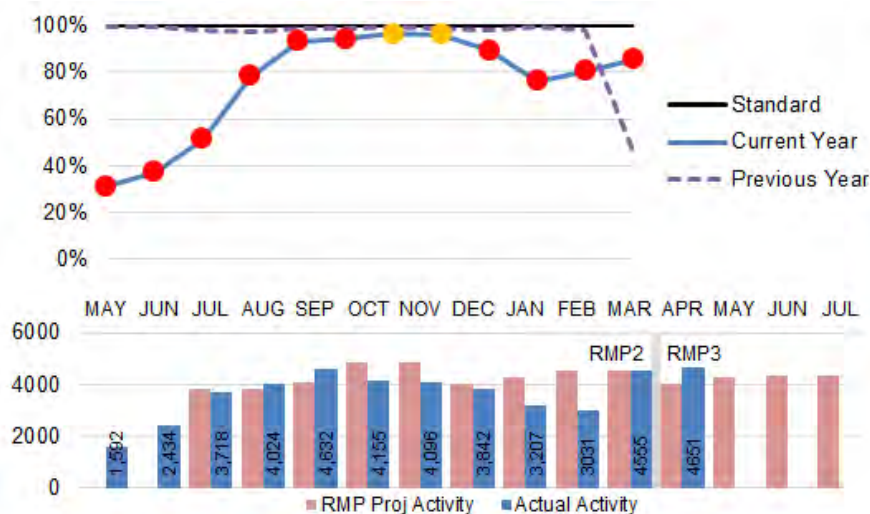
### IMPROVEMENT ACTIONS

<b>22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021</b>	<b>By Sep-21</b>
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
<b>22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity</b>	<b>By Mar-22</b>
Unscheduled care project underway, ACRT and PIR being progressed in Directorates and waiting list validation continues	
<b>22.3 Actively promote and support staff wellbeing initiatives within the acute division</b>	<b>By Mar-22</b>
Directorates promoting and supporting initiatives	

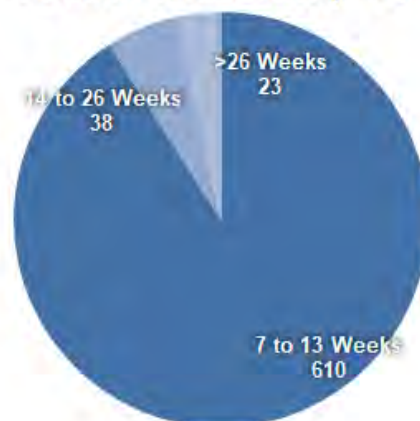
## Diagnostics Waiting Times

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

### Local Performance



### Breach Breakdown Apr-21



### National Benchmarking

	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%
Scotland	27.9%	35.4%	42.9%	49.3%	53.3%	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%	

### KEY CHALLENGE(S) IN 2021/22

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

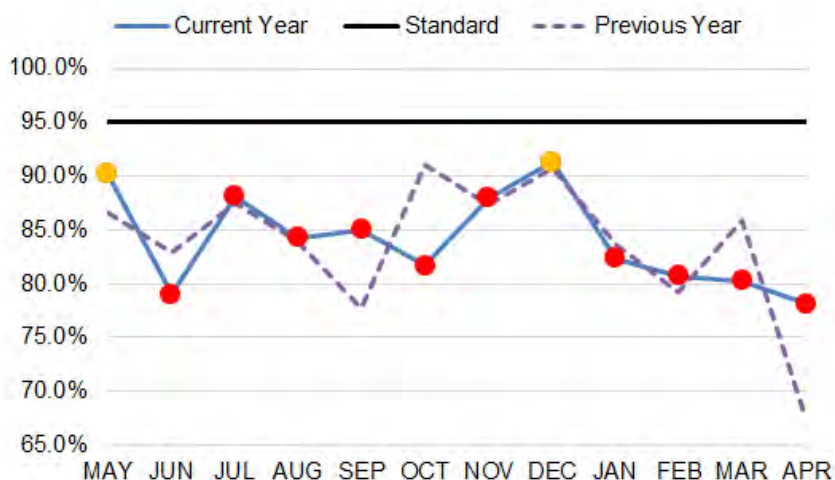
### IMPROVEMENT ACTIONS

<b>22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021</b>	<b>By Sep-21</b>
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
<b>22.2 Explore implementation of point of care testing in endoscopy</b>	<b>By Mar-22</b>
Discussion initiated and options being scoped	
<b>22.3 Actively promote and support staff wellbeing initiatives within the acute division</b>	<b>By Mar-22</b>
Directorates promoting and supporting initiatives	

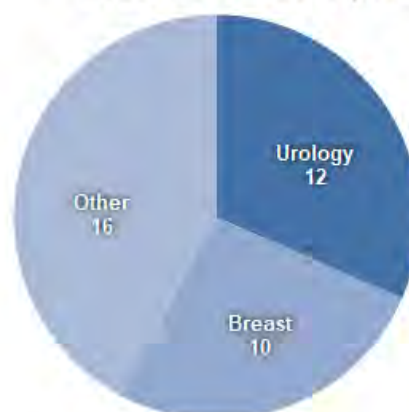
## Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

### Local Performance



### Breaches: Feb to Apr 21



### National Benchmarking

Month	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%
Scotland	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%

### KEY CHALLENGE(S) IN 2021/22

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

### IMPROVEMENT ACTIONS

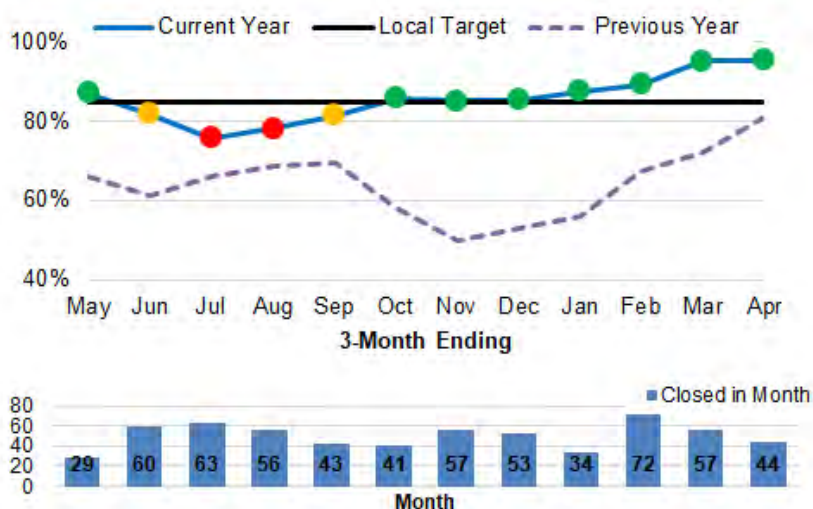
<b>20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points</b>	<b>By Sep-21</b>
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways.	
<b>20.4 Prostate Improvement Group to continue to review prostate pathway</b>	<b>By Sep-21</b>
This is ongoing work related to Action 20.3, with the specific aim being to improve the delays within the whole pathway. A national review of the prostate pathway will be undertaken as part of the Recovery Plan.	
<b>21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan</b>	<b>By Sep-21</b>
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife.	
<b>22.1 Effective Cancer Management Review</b>	<b>By Mar-22</b>
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process.	



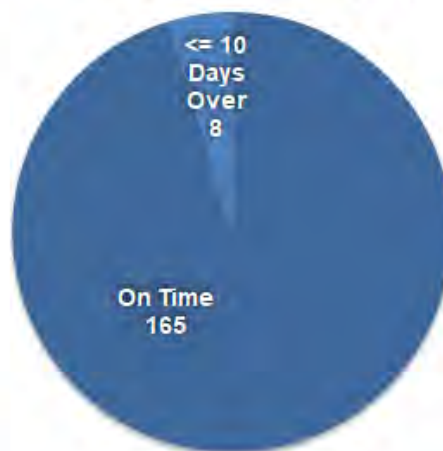
## Freedom of Information Requests

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

### Local Performance



### Closure Period, QE Apr-21



### Performance by Service Area

Monthly	2020/21											2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Health Board	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%	93.5%	91.0%	100.0%	94.7%
IJB	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%

### KEY CHALLENGE(S) IN 2021/22

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

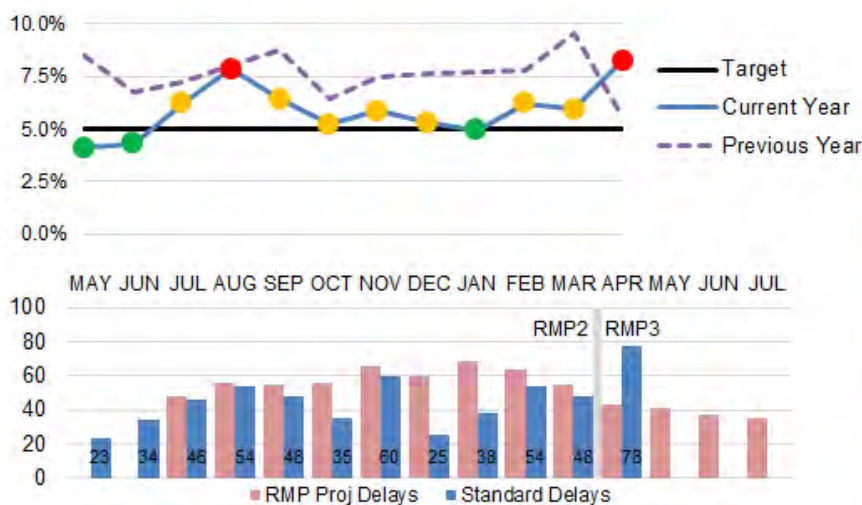
### IMPROVEMENT ACTIONS

<b>21.1 Organisation-wide Publication Scheme to be introduced</b>	<b>By Jul-21</b>
The Model Publications Scheme is near completion and work is ongoing with Communications and the FOI Officer. The document will be ready for EDG Review in July. The Information Governance & Security Operational and Steering Groups will provide support for the planning and implementation of the Publication Scheme.	
<b>21.2 Improve communications relating to FOISA work</b>	<b>By Dec-21</b>
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.	
FOI Training in both AXLR8 and legislation was undertaken by the FOI Officer which can be evidenced in the overall compliance within the organisation.	

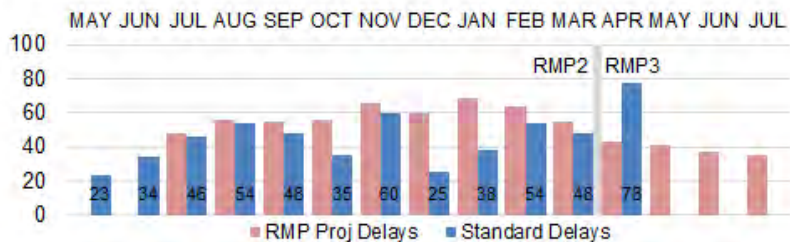
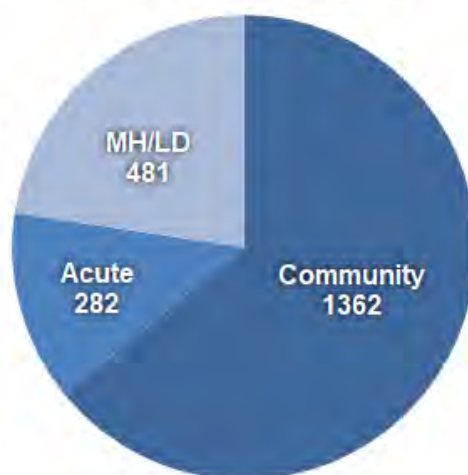
**Delayed Discharges (Bed Days Lost)**

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

**Local Performance**



**Bed Days Lost | Apr-21**



**National Benchmarking**

	Quarter Ending	2018/19		2019/20			2020/21			
		Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
% Bed Days Lost	NHS Fife	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.5%
% Bed Days Lost	Scotland	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%

**KEY CHALLENGE(S) IN 2021/22**

- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

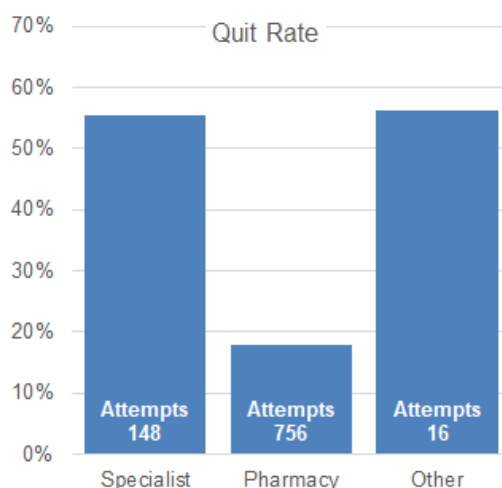
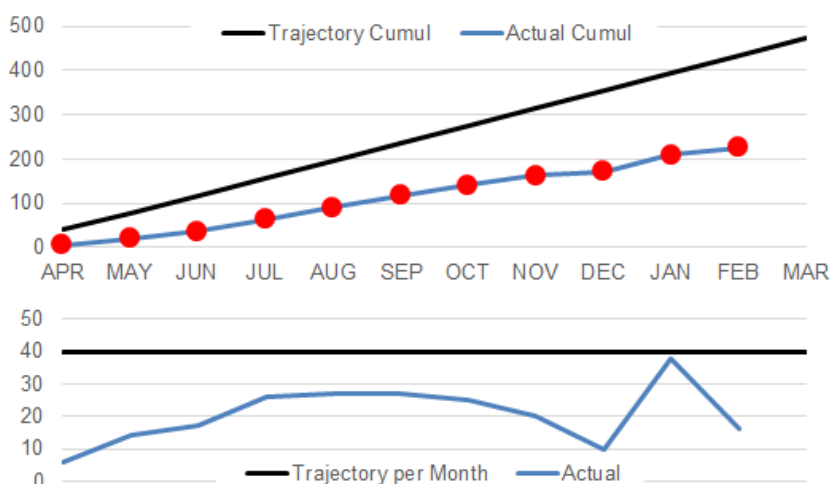
**IMPROVEMENT ACTIONS**

<b>21.1 Progress HomeFirst model / Develop a 'Home First' Strategy</b>	<b>By Jul-21</b>
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Five subgroups will take forward the operational actions to bring together the "Home First" strategy for Fife. A further meeting has been scheduled for 30 June.	
<b>22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals</b>	<b>By Jul-21</b>
A test of change is currently underway in VHK Ward 41. The Moving On policy will be circulated to VHK and Community Hospitals, with a 'go live' date of 5 July.	
<b>22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community</b>	<b>By Nov-21</b>
An SBAR will be submitted to the Senior leadership Team in July and the TOC will start in August, lasting 3 months.	

## Smoking Cessation

In 2020/21, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

### Local Performance



### National Benchmarking

		2020/21											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	6	14	17	26	27	27	25	20	10	38	16	
	Actual Cumul	6	20	37	63	90	117	142	162	172	210	226	
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	39.9%	45.7%	49.6%	51.4%	51.4%	48.6%	53.3%	52.1%	
Scotland	Achieved												

### KEY CHALLENGE(S) IN 2021/22

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

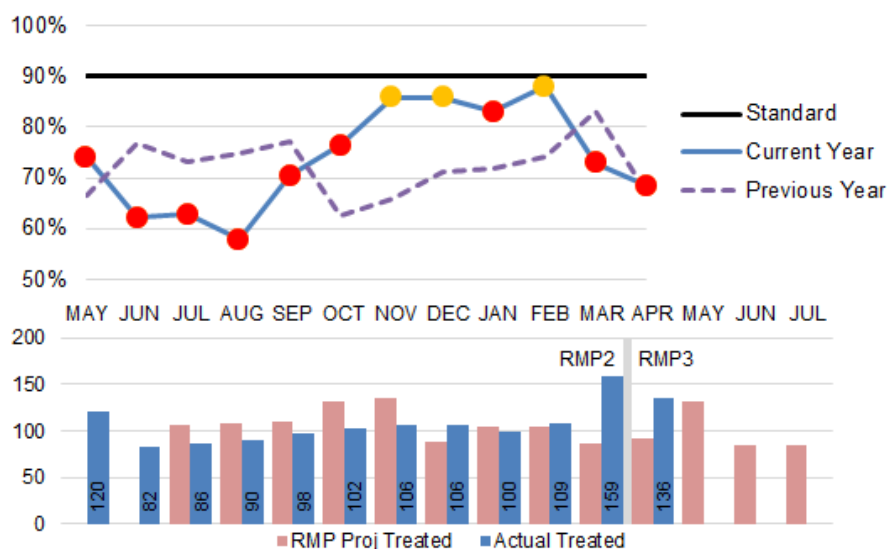
### IMPROVEMENT ACTIONS

<b>20.2 Test Champix prescribing at point of contact within hospital respiratory clinic</b>	<b>By TBD</b>
Action paused due to COVID-19	
<b>20.3 'Better Beginnings' class for pregnant women</b>	<b>By TBD</b>
Action paused due to COVID-19	
<b>20.4 Enable staff access to medication whilst at work</b>	<b>By TBD</b>
Action paused due to COVID-19	
<b>21.1 Assess use of Near Me to train staff</b>	<b>By Jul-21</b>
Near Me has been set up and clients are being offered this service, but there has been little uptake to date, possibly due to issues with IT availability and connectivity. Near Me used as part of new staff training.	
<b>21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative</b>	<b>By Jul-21</b>
Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. It ensures patients are actively managed against the pathway and is known to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. New funding has been made available from April; to date, five prehabilitation patients have engaged with the service.	

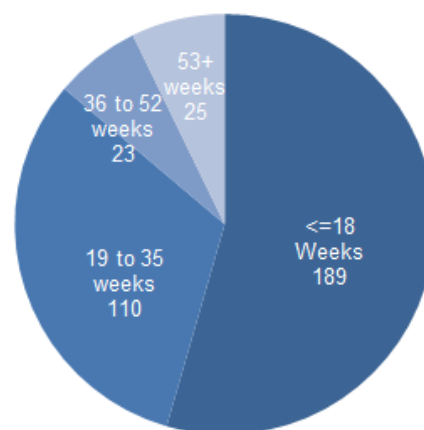
## CAMHS 18 weeks RTT

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

### Local Performance



### Waiting List (347) Apr-21



### National Benchmarking

Month	2020/21											2020/21
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%
Scotland	58.2%	50.5%	57.9%	57.2%	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%	

### KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand
- Development of workforce to meet National CAMHS Service Specification
- Impact of COVID-19 relaxation on referrals
- Change to delivery 'models' to reflect social distancing

### IMPROVEMENT ACTIONS

#### 21.1 Re-design of Group Therapy Programme

By Jul-21

Alternative delivery models of group therapy have been designed with Decider Skills Training now being delivered by CAMHS Self Harm Service as a pilot in addition to Anxiety Management group and Mindfulness group trials. Successful delivery and assessment of impact will dictate wider roll-out across Fife CAMHS.

#### 21.3 Build CAMHS Urgent Response Team

By Jul-21

The plan to develop a CAMHS URT was postponed due to the absence of key staff. The existing Self Harm Service has been supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self-harming behaviour, through the urgent referral process and within acute hospital settings. Redesign of the service was reviewed again in March, however the ongoing COVID-19 position and the pending increase of the CAMHS staffing compliment has resulted in any change being postponed until normal service delivery is resumed and new staff are in post. Position will be reviewed again in July.

#### 22.1 Recruitment of Additional Workforce

By Sep-21

Investment from Fife HSCP has resulted in resources being made available to recruit an additional 8 permanent and 3 temporary staff to achieve the National Referral to Treatment standard. Additional workspace and re-design of East and West CAMHS geographical boundaries has started, to accommodate staff and balance the population of referrals to best meet the ongoing demand.

#### 22.2 Workforce Development

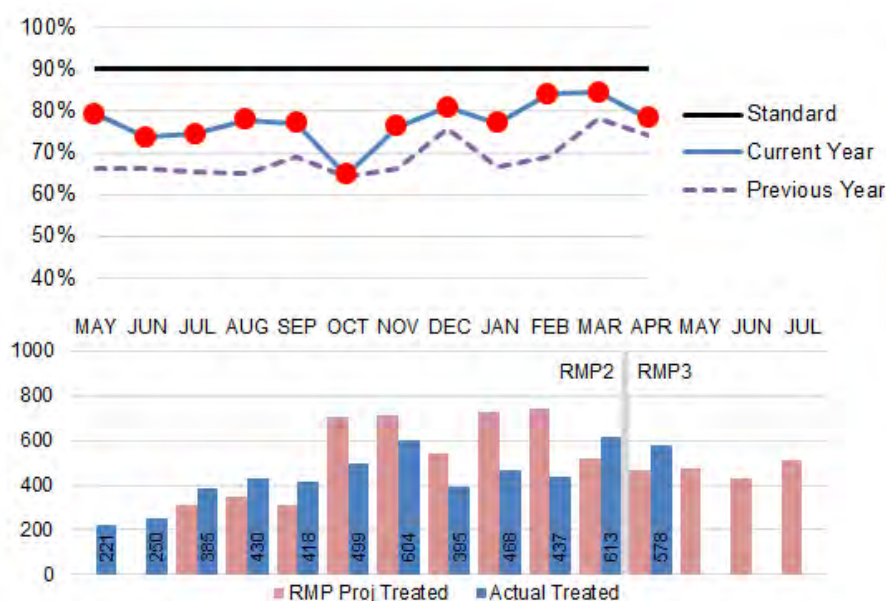
By Dec-21

Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the Scottish Governments CAMHS National Service Specification. Training programme for new and existing staff is under development which combines NES Essential CAMHS Training Programme, NES Funded certified therapy training and Fife CAMHS skills development programme. Training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS and targeted at staff where gaps are identified.

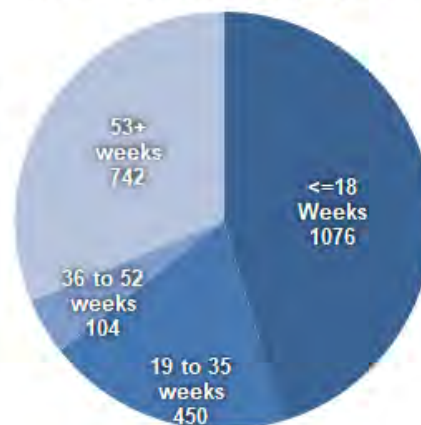
## Psychological Therapies 18 weeks RTT

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

### Local Performance



### Waiting List (2372) Apr-21



### National Benchmarking

Month	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%
Scotland	76.5%	72.7%	74.1%	75.2%	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%	

### KEY CHALLENGE(S) IN 2021/22

- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

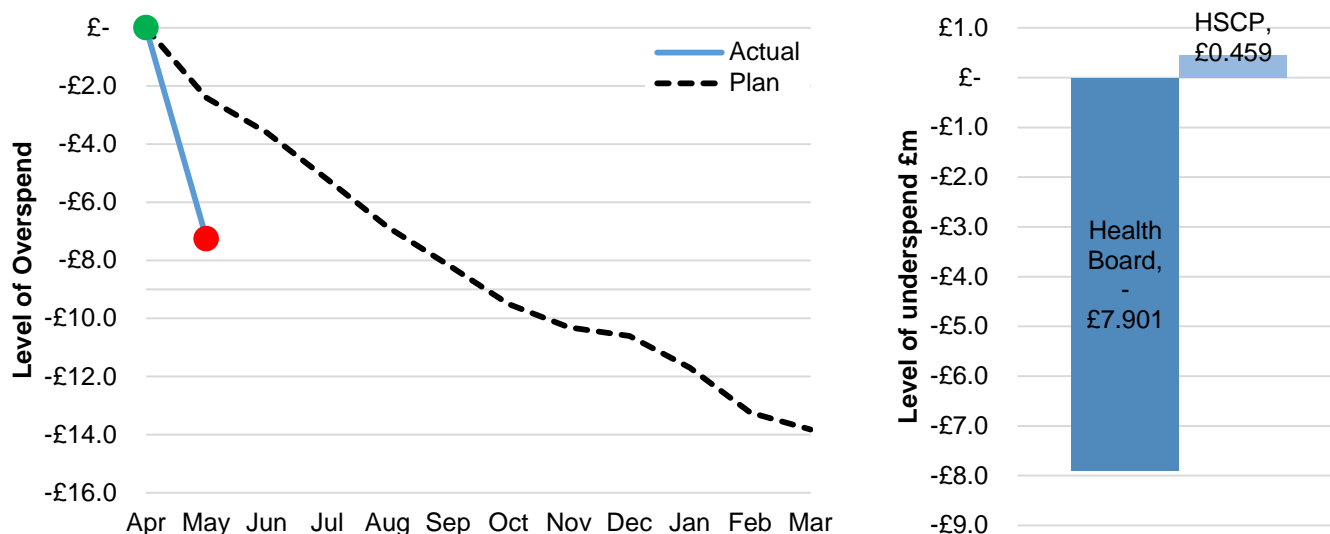
### IMPROVEMENT ACTIONS

<b>20.5 Trial of new group-based PT options</b>	<b>By Oct-21</b>
Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete. Analysis of outcome data in progress. Pilot of Compassion Focused therapy group was delayed due to COVID. Due to start in September.	
<b>22.1 Increase access via Guided self-help service</b>	<b>By Jul-21</b>
Roll out of Guided Self-Help tier of PT service across Fife through recruitment of 2.0 wte Band 5 staff (via change in skills mix and new funding)	
<b>22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service</b>	<b>By Nov-21</b>
A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes is being evaluated.	
<b>22.3 Recruit new staff as per Psychological Therapies Recovery Plan</b>	<b>By Dec-21</b>
Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion.	

## Revenue Expenditure

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

### Local Performance



### Expenditure Analysis

Memorandum	Budget			Actual £'000	Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000		Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	434,888	451,635	73,251	81,152	-7,901	-10.79%	-4,848	-3,053
Integration Joint Board (Health)	355,679	354,299	61,001	60,542	459	0.75%	459	0
Risk Share	0	0	0	0	0	0.00%	0	0
<b>Total</b>	<b>790,567</b>	<b>805,934</b>	<b>134,252</b>	<b>141,694</b>	<b>-7,442</b>	<b>-5.54%</b>	<b>-4,389</b>	<b>-3,053</b>

#### Assessment

Our 2021/22 financial plan shows an unmet savings target of £21.7m and assumes £4m will be met on a recurring basis. There continues to be significant uncertainty about the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans. Progress against the plan will be assessed through the Scottish Government formal Quarter 1 review process.

#### Key challenges in 2021/22

Availability of Covid-19 funding to match our net additional costs; and our underlying unachieved savings are significant risks to the financial position.

Informing a reliable and robust forecast position to the year-end given the complexities of establishing (i) SG funding; and (ii) the respective: core; Covid-19; recovery, remobilisation, and redesign positions.

NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward. Good progress has been made and plans are in place to propose a final position on this matter to both NHS Fife Board and Fife Council in September 2021.

Recruiting to the Corporate PMO the required capacity and capability to support the development of plans to deliver the pre-Covid efficiency savings on a recurring basis.

#### Improvement Actions

#### Progress

<p><b>22.1</b> RMP4</p>	<p>Partnering with the services to:</p> <ul style="list-style-type: none"> <li>Identify additional spend relating to Covid-19</li> <li>Identify offsets against core positions</li> <li>Understand and quantify the financial implications of recovery and remobilisation of core services across NHSF</li> <li>Inform forecast outturn positions to the year-end; in support of our statutory requirement to deliver a balanced RRL position.</li> </ul>
<p><b>22.2</b> Savings</p>	<p>The total NHS Fife efficiency requirement for 2021/22 including legacy unmet savings is £21.7m. As part of the RMP financial plan submission, we have requested Scottish Government support for £13.7m underlying unachieved savings.</p>

## 1. RMP3 Joint Fife Mobilisation Plan

1.1 The Remobilisation Plan (RMP) process commenced last financial year. Our third iteration (RMP3) was submitted in February 2021 with formal feedback from Scottish Government received in April 2021. The RMP3 sets out a proposal which requests support from Scottish Government in 2021/22 in respect of the underlying unachieved savings funded as part of Covid-19 in 2020/21, with a commitment to deliver the recurring saving requirement across the medium-term financial planning period. This will be reviewed through the formal Quarter 1 review process. In parallel, Scottish Government aim to return to three-year financial planning over the coming months.

## 2. Financial Allocations

### 2.1 Revenue Resource Limit (RRL)

NHS Fife received confirmation of the May core revenue amount on 8 June. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £712.534m; and anticipated allocations total £82.874m. The anticipated allocations include Primary Medical Services and Waiting List funding.

### 2.2 Non-Core Revenue Resource Limit

In addition, NHS Fife receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The non-core RRL anticipated funding totals £10.526m.

### 2.3 Total RRL

The total current year budget at 31 May is therefore £805.934m detailed in Appendix 1a.

### 2.4 Anticipated Funding from Health Delegated earmarked reserve

The earmarked health delegated reserve created last year and carried forward by the Local Authority Partner on behalf of the Integration Joint Board was clearly itemised and earmarked for specific purposes in this financial year. Whilst discussions continue IJB CFO, the earmarked reserve and agreed anticipated funding is detailed per Appendix 1b.

## 3. Summary Position

3.1 The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises a core overspend of £0.780m (£0.003m run rate overspend, and £0.777m unmet savings); and Covid-19 costs of £6.662m (£4.386m Covid spend, and £2.276m underlying unachieved 'long Covid' savings).

3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial positions. An overspend of £7.901m is attributable to Health Board retained budgets; and an underspend of £0.459m is attributable to the health budgets delegated to the IJB.

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

**Table 1: Summary Combined Financial Position for the period ended May 2021**

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	434,888	451,635	73,251	81,152	-7,901	-10.79%	-4,848	-3,053
Integration Joint Board (Health)	355,679	354,299	61,001	60,542	459	0.75%	459	0
Risk Share	0	0	0	0	0	0.00%	0	0
<b>Total</b>	<b>790,567</b>	<b>805,934</b>	<b>134,252</b>	<b>141,694</b>	<b>-7,442</b>	<b>-5.54%</b>	<b>-4,389</b>	<b>-3,053</b>

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,612	211,221	35,759	40,352	-4,593	-12.84%	-2,041	-2,552
IJB Non-Delegated	8,829	8,830	1,467	1,441	26	1.77%	32	-6
Estates & Facilities	75,939	75,966	12,407	12,448	-41	-0.33%	108	-149
Board Admin & Other Services	65,914	69,851	12,779	15,582	-2,803	-21.93%	-2,707	-96
Non-Fife & Other Healthcare Providers	90,837	90,709	15,107	15,788	-681	-4.51%	-431	-250
Financial Flexibility & Allocations	13,653	21,850	195	0	195	100.00%	195	0
<b>Health Board</b>	<b>460,784</b>	<b>478,427</b>	<b>77,714</b>	<b>85,611</b>	<b>-7,897</b>	<b>-10.16%</b>	<b>-4,844</b>	<b>-3,053</b>
Integration Joint Board - Core	377,533	408,994	68,766	68,307	459	0.67%	459	0
HSCP offsets	0	115	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	16,863	4,291	0	0	0	0.00%	0	0
<b>Sub-total Integration Joint Board Core</b>	<b>394,396</b>	<b>413,400</b>	<b>68,766</b>	<b>68,307</b>	<b>459</b>	<b>0.67%</b>	<b>459</b>	<b>0</b>
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
<b>Total Integration Joint Board - Health</b>	<b>394,396</b>	<b>413,400</b>	<b>68,766</b>	<b>68,307</b>	<b>459</b>	<b>0.67%</b>	<b>459</b>	<b>0</b>
<b>Total Expenditure</b>	<b>855,180</b>	<b>891,827</b>	<b>146,480</b>	<b>153,918</b>	<b>-7,438</b>	<b>-5.08%</b>	<b>-4,385</b>	<b>-3,053</b>
IJB - Health	-38,717	-59,101	-7,765	-7,765	0	0.00%	0	0
Health Board	-25,896	-26,792	-4,463	-4,459	-4	0.09%	-4	0
Miscellaneous Income	-64,613	-85,893	-12,228	-12,224	-4	0.03%	-4	0
<b>Net Position Including Income</b>	<b>790,567</b>	<b>805,934</b>	<b>134,252</b>	<b>141,694</b>	<b>-7,442</b>	<b>-5.54%</b>	<b>-4,389</b>	<b>-3,053</b>

3.3 The combined position is further analysed by core; and Covid-19 as per tables 2 and 3 below.

**Table 2: Summary Core Financial Position for the period ended May 2021**

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,612	211,221	35,759	37,170	-1,411	-3.94%	-986	-425
IJB Non-Delegated	8,829	8,830	1,467	1,435	32	2.18%	32	0
Estates & Facilities	75,939	75,966	12,407	12,190	217	1.75%	280	-63
Board Admin & Other Services	65,914	69,194	12,122	11,931	191	1.58%	230	-39
Non-Fife & Other Healthcare Providers	90,837	90,709	15,107	15,788	-681	-4.51%	-431	-250
Financial Flexibility & Allocations	13,653	21,850	195	0	195	100.00%	195	0
<b>Health Board</b>	<b>460,784</b>	<b>477,770</b>	<b>77,057</b>	<b>78,514</b>	<b>-1,457</b>	<b>-1.89%</b>	<b>-680</b>	<b>-777</b>
Integration Joint Board - Core	377,533	408,994	68,766	68,085	681	0.99%	681	0
Integration Fund & Other Allocations	16,863	4,291	0	0	0	0.00%	0	0
<b>Sub-total Integration Joint Board Core</b>	<b>394,396</b>	<b>413,285</b>	<b>68,766</b>	<b>68,085</b>	<b>681</b>	<b>0.99%</b>	<b>681</b>	<b>0</b>
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
<b>Total Integration Joint Board - Health</b>	<b>394,396</b>	<b>413,285</b>	<b>68,766</b>	<b>68,085</b>	<b>681</b>	<b>0.99%</b>	<b>681</b>	<b>0</b>
<b>Total Expenditure</b>	<b>855,180</b>	<b>891,055</b>	<b>145,823</b>	<b>146,599</b>	<b>-776</b>	<b>-0.53%</b>	<b>1</b>	<b>-777</b>
IJB - Health	-38,717	-59,101	-7,765	-7,765	0	0.00%	0	0
Health Board	-25,896	-26,792	-4,463	-4,459	-4	0.09%	-4	0
Miscellaneous Income	-64,613	-85,893	-12,228	-12,224	-4	0.03%	-4	0
<b>Net Position Including Income</b>	<b>790,567</b>	<b>805,162</b>	<b>133,595</b>	<b>134,375</b>	<b>-780</b>	<b>-0.58%</b>	<b>-3</b>	<b>-777</b>



**Table 3: Summary Covid-19 Financial Position for the period ended May 2021**

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	0	0	3,182	-3,182		-1,055	-2,127
IJB Non-Delegated	0	0	0	6	-6		0	-6
Estates & Facilities	0	0	0	258	-258		-172	-86
Board Admin & Other Services	0	657	657	3,651	-2,994		-2,937	-57
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
<b>Health Board</b>	<b>0</b>	<b>657</b>	<b>657</b>	<b>7,097</b>	<b>-6,440</b>		<b>-4,164</b>	<b>-2,276</b>
Integration Joint Board - Core	0	0	0	222	-222		-222	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
<b>Sub-total Integration Joint Board Core</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>222</b>	<b>-222</b>		<b>-222</b>	<b>0</b>
IJB Risk Share Arrangement	0	0	0	0	0		0	0
<b>Total Integration Joint Board - Health</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>222</b>	<b>-222</b>		<b>-222</b>	<b>0</b>
IJB - Health	0	0	0	0	0		0	0
Health Board	0	0	0	0	0		0	0
Miscellaneous Income	0	0	0	0	0		0	0
<b>Total Expenditure</b>	<b>0</b>	<b>657</b>	<b>657</b>	<b>7,319</b>	<b>-6,662</b>		<b>-4,386</b>	<b>-2,276</b>

**4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)**

**4.1 Acute Services**

The Acute Services Division reports a **net overspend of £1.411m for the year**. This reflects an overspend in core run rate performance of £0.986m, and unachieved savings of £0.425m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £0.465m, Junior Medical and Dental £0.310m and Senior Medical £0.060m. Nursing overspend is prominent across Care of the Elderly, Obs and Gynae and Colorectal due to unfunded cost pressures and safer staffing. Junior medical and dental continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Elderly medicine consultant costs are partially offset by Acute vacancies in Emergency Care, and WCCS have cost pressures against Paediatric consultants. Non pay cost pressures total £0.146m, with medicines overspend of £0.640m, partially offset by underspend on surgical sundries £0.221m, and diagnostic supplies £0.135m in Planned Care.

**Table 4: Acute Division Financial Position for the year ended May 2021**

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
<b>Acute Services Division</b>								
Planned Care & Surgery	71,546	74,211	12,381	12,295	86	0.69%	35	51
Emergency Care & Medicine	75,905	77,967	13,648	14,826	-1,178	-8.63%	-1,029	-149
Women, Children & Clinical Services	55,591	56,469	9,374	9,788	-414	-4.42%	-87	-327
Acute Nursing	866	866	142	126	16	11.27%	16	0
Other	1,704	1,708	214	135	79	37.12%	79	0
<b>Total</b>	<b>205,612</b>	<b>211,221</b>	<b>35,759</b>	<b>37,170</b>	<b>-1,411</b>	<b>-3.94%</b>	<b>-986</b>	<b>-425</b>

**4.2 IJB Non-Delegated**

The IJB Non-Delegated budget reports an **underspend of £0.032m**. Daleview Regional Unit are reporting an underspend of £0.018m against nursing vacancies and AHP's, which partially offset overspend in medical and other therapeutic staffing. Acute Outpatients report an underspend of £0.015m comprising of non-pay expenditure £0.007m against drugs and £0.008m on medical supplies.

**4.3 Estates & Facilities**

The Estates and Facilities budgets report an **underspend of £0.217m**. This is predominantly attributable to pay underspend of £0.145m across several services including catering, laundry, transport and domestics, with non-pay underspend of £0.084m on PPP and £0.064m on rates. This position is offset by £0.063m of year to date unachieved savings.

## 4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.191m**. Further analysis of the Corporate Directorates core position is detailed per Appendix 2. The main driver for this underspend is the level of vacancies across Finance (£0.061m), Workforce (£0.036m) and Nursing (£0.102m) directorates. Areas of overspend include interpreting services and E- job plan. As highlighted through the SPRA process, and in turn our financial planning process, investment has been made in additional governance posts and Project Management Office (PMO) capability. The development of the PMO capacity and capability will further support and drive service transformation.

Digital and Information are overspent by £0.076m attributable to unmet core savings and an overspend in pay budgets. Further analytical work will be carried out in this area.

The Pharmacy professional service has transferred to Health Board retained from Health Delegated wef 1 April 2021. Pharmacy Services have incurred a small underspend of £0.014m to month 2.

## 4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £0.681** per Appendix 3. The main driver of this position is savings yet to be delivered of £0.250m. The figures include the assumption NHS Fife will commence financial contributions in respect of the Royal Hospital for Sick Children in Edinburgh (annual cost £1.4m) this year. There are increased costs in cancer drugs (annual cost £0.250m) and cystic fibrosis (annual cost £0.700m) and an increase in Tayside unplanned activity (UNPACS) in respect of a particular patient (annual cost £0.350m in paediatrics).

## 4.6 Financial Plan Reserves & Allocations

As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £0.195m** has been released at month 2, full detail is shown in Appendix 4.

## 4.7 Integration Services

A restructure within the Health & Social Care Partnership (HSCP) has been implemented with effect from 7 June 2021. Its purpose is to realign the healthcare service portfolios to ensure a streamlined approach to healthcare delivery, which is more aligned to patient pathways.

The directorates previously known as East, West, Fife-Wide and Prescribing will no longer exist. The services within these directorates have been redistributed to one of four new Directorates: Primary and Preventative Care Services; Complex and Critical Services; Community Care Services; and Professional and Business Enabling.

The health budgets delegated to the Integration Joint Board shows an **underspend of £0.681m**. The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, child health, community nursing, learning disabilities, psychology, community, and general dental services. In Community, underspends are, nursing vacancies across various Teams and the changes within Randolph Wemyss. The impact of lockdown on areas such as the childhood vaccination programme are still being worked through. Within the Primary Care there are increasing pressures relating to 2c Practices (these are Practices no longer managed by the GPs) and potential issues around back scanning of documents to free up physical space within Practices.

## 4.8 Income

A small over recovery in income of £0.004m is shown for the year to date.

## 5 **Pan Fife Analysis**

### 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below.

**Table 5: Subjective Analysis for the year ended May 2021**

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	401,980	68,202	71,131	-2,929
GP Prescribing	74,688	12,573	12,575	-2
Drugs	31,359	5,648	6,151	-503
Other Non Pay	375,978	62,914	64,061	-1,146
Efficiency Savings	-18,318	-3,053	0	-3,053
Commitments	26,141	195	0	195
Income	-85,893	-12,228	-12,224	-4
<b>Net overspend</b>	<b>805,934</b>	<b>134,252</b>	<b>141,693</b>	<b>-7,442</b>

## 5.2 Pay

The overall pay budget reflects an overspend of £2.929m. The main areas of overspend are within nursing covid expenditure £1.565m, junior medical and dental £0.397m, domestics covid expenditure £0.218m and senior medical staff across both Complex and Critical Care £0.379m and WCCS £0.137m.

Against a total funded establishment of 8,153 wte across all staff groups, there was an average 8,508 wte staff in post in May (based on permanent staff plus additional hours worked and bank staff).

## 5.3 Drugs & Prescribing

Across the system there is a net overspend of £0.498m on medicines. Prescribing data and ISD phasing recommendations for 21/22 are not yet available. Based on e-prescribing data and previous reporting trends the GP prescribing position to May 21 is predicted to be breakeven. It is anticipated that influencing factors reported last year will be ongoing but contained with financial planning resources. Significantly higher drug prices will be experienced ongoing, likely exacerbated by the impact of Covid-19 on supply and demand, raw material availability, transportation and production. Opportunity to release planned saving schemes will remain diminished as workforce focus on Covid-19 services and patient care. Implementation of Freestyle Libre continues to exceed original forecast and funding provided. Over the year the ongoing impact and appropriate recharges of Covid-19 costs will be monitored based on national guidance and local analysis. Previous year recharges were implemented based on price impact, drug switch requirements (primarily to minimise healthcare contacts) and increased usage.

Acute medicines reflect an overspend of £0.640m. The main overspend is in Haematology which is over budget by £0.391m partly due to changes to chemotherapy during Covid-19 based on national guidance, and partly due to unconfirmed spend on drugs requiring funding from the new medicines reserve. Neurology is overspent at £0.109m, where a high-cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. As a continuation from 20/21, Dermatology, GI, Neurology and Respiratory all present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare. The Ophthalmology overspend of £0.120m reflects a return to normal activity, as this service had an overspend pre-covid.

There is a separate New Medicines Fund/Horizon Scanning fund of £5m which has been in place for a number of years. This budget has been protected at £5m for the 2021/22 financial year and is expected to be committed in full on qualifying drug spend. Scottish Government has indicated that funding for New Medicines will be reduced by £2.0m this financial year. This has been factored into the financial planning for this year.

## 5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £1.146m. A significant element of overspend was on equipment for covid expenditure £0.444m and complex and critical services £0.104m. Overspend of £0.375m was reported against out of area UNPACS, with the remaining balance due to professional fees £0.272m.

## 5.5 Efficiency Savings

The unmet efficiency savings of £3.053m comprise unmet core savings of £0.777m and unachieved legacy savings for which we seek funding support of £2.276m.

## 6 Other Funding Allocations

### 6.1 Covid-19 funding allocation

Whilst, as part of our financial planning process, we have signalled our potential requirement for Covid-19 support (based on broad Scottish Government informed assumptions), funding will be informed following the Scottish Government formal quarter one review process. As part of our financial monitoring process it is reasonable to assume the spend to month 2 of £4.386m will be funded. The long Covid unmet savings to month 2 of £2.276m remains as a gap until the formal quarter one process is concluded. Separately Test and Protect costs incurred by HB retained of £0.657m to M2 will be match funded following receipt of a firm funding letter.

Covid offset budget continues to be identified where services are not fully operational at pre-covid levels. Remobilisation continues to be monitored to identify services which may have an opportunity to contribute further budget towards covid expenditure.

### 6.2 Waiting List Funding

We anticipate waiting list funding based on our RMP3 submission however further clarification will follow over the coming weeks and months.

### 6.3 Redesign of Urgent Care Funding

A funding letter has been received from SG which we are treating as an interim letter pending further clarity. Work continues on the Redesign of Urgent Care agenda.

## 7 Financial Sustainability

7.1 The overall financial planning process and corporate position was approved by the NHS Fife Board at its meeting on 31 March 2021. The Financial Plan highlighted the requirement for £21.837m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8.181m of the target (£4.015m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.656m for which we have requested funding support.

7.2 As part of the financial planning process, agreement was reached to reduce budgets to allocate shares of the vacancy factor of £3.1m to devolved budgets. As such budget holders need to operate within this reduced pay budget.

7.3 Table 6 summaries the position for the 2021/22 financial year.

**Table 6: Savings 21/22**

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to May £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	3,519	0	3,519	4,662
					0		0
<b>Total Savings</b>	<b>21,837</b>	<b>8,181</b>	<b>13,656</b>	<b>3,519</b>	<b>0</b>	<b>3,519</b>	<b>4,662</b>

## 8 Recommendation

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

- **Note** the reported core overspend of £0.780m for the 2 months to date
- **Note** the Covid-19 additional spend of £4.386m; and the £2.276m underlying unachieved 'long Covid' savings, to month 2
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £7.442m

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 1 a: Revenue Resource Limit

		Baseline	Earmarked	Non-	Total
		Recurring	Recurring	Recurring	
		£'000	£'000	£'000	£'000
May-21	Initial Baseline Allocation	712,534			712,534
					0
	<b>Total Core RRL Allocations</b>	<b>712,534</b>	<b>0</b>	<b>0</b>	<b>712,534</b>
Anticipated	Primary Medical Services		56,994		56,994
Anticipated	Outcomes Framework		4,166		4,166
Anticipated	Mental Health Bundle		1,363		1,363
Anticipated	Salaried Dental		2,091		2,091
Anticipated	Distinction Awards		193		193
Anticipated	Research & development		822		822
Anticipated	Community Pharmacy Champions		20		20
Anticipated	NSS Discovery		-39		-39
Anticipated	Pharmacy Global Sum Calculation		-204		-204
Anticipated	NDC Contribution		-842		-842
Anticipated	Community Pharmacy Pre-Reg Training		-159		-159
Anticipated	Patient Advice & Support Service		-39		-39
Anticipated	FNP		1,276		1,276
Anticipated	New Medicine Fund		3,415		3,415
Anticipated	Golden Jubilee SLA		-24		-24
Anticipated	PCIF		5,440		5,440
Anticipated	Action 15 Mental Health strategy		884		884
Anticipated	ADP:seek & treat		1,159		1,159
Anticipated	Veterans First Point Transisition Funding		116		116
Anticipated	£20m 18-19 tariff reduction to global sum		-4,245		-4,245
Anticipated	District Nurses		152		152
Anticipated	Waiting List		6,700	7,100	13,800
Anticipated	Infant Mental Health		785		785
Anticipated	Public Health		755		755
Anticipated	NSD Adjustments		-5,005		-5,005
		<b>0</b>	<b>75,774</b>	<b>7,100</b>	<b>82,874</b>
Anticipated	IFRS			9,352	<b>9,352</b>
Anticipated	Donated Asset Depreciation			174	<b>174</b>
Anticipated	Impairment			500	<b>500</b>
Anticipated	AME Provisions			500	<b>500</b>
	<b>Total Anticipated Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>10,526</b>	<b>10,526</b>
	<b>Grand Total</b>	<b>712,534</b>	<b>75,774</b>	<b>17,626</b>	<b>805,934</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Total £000's	To M2 £000's	Anticipated £000's	Balance £000's
Vaccine	740		740	0
Care homes	526			526
Urgent Care Redesign	935			935
Flu	203			203
Primary Care Improvement Fund	2,524	1,011	1,513	0
Action 15	1,315			1,315
RT Funding	1,500			1,500
FSL	500		500	0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767			1,767
Core (covid offsets)	1,250			1,250
<b>Total</b>	<b>11,308</b>	<b>1,011</b>	<b>2,753</b>	<b>7,544</b>

## Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	10,794	2,057	2,133	-76
Nhs Fife Chief Executive	215	36	34	2
Nhs Fife Finance Director	6,287	1,052	991	61
Nhs Fife Medical Director	6,176	1,141	1,170	-29
Nhs Fife Nurse Director	4,072	704	602	102
Legal Liabilities	4,137	699	631	68
Early Retirements & Injury Benefits	822	137	112	25
Regional Funding	179	37	37	0
Depreciation	19,283	3,170	3,170	0
Nhs Fife Public Health	2,202	478	488	-10
Nhs Fife Workforce Directorate	3,156	709	673	36
Pharmacy Services	11,871	1,904	1,890	14
<b>Total</b>	<b>69,194</b>	<b>12,122</b>	<b>11,931</b>	<b>191</b>

## Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	99	17	16	1
Borders	45	8	9	-1
Dumfries & Galloway	25	4	9	-5
Forth Valley	3,227	538	628	-90
Grampian	365	61	46	15
Greater Glasgow & Clyde	1,680	280	274	6
Highland	137	23	16	7
Lanarkshire	117	19	42	-23
Lothian	31,991	5,332	5,215	117
Scottish Ambulance Service	103	17	16	1
Tayside	41,584	6,930	6,927	3
Savings	-1,500	-250		-250
	<b>77,873</b>	<b>12,979</b>	<b>13,198</b>	<b>-219</b>
<b>UNPACS</b>				
Health Boards	10,801	1,800	2,212	-412
Private Sector	1,249	208	261	-53
	<b>12,050</b>	<b>2,008</b>	<b>2,473</b>	<b>-465</b>
<b>OATS</b>				
	721	120	118	2
<b>Grants</b>				
	65			0
<b>Total</b>	<b>90,709</b>	<b>15,107</b>	<b>15,788</b>	<b>-681</b>

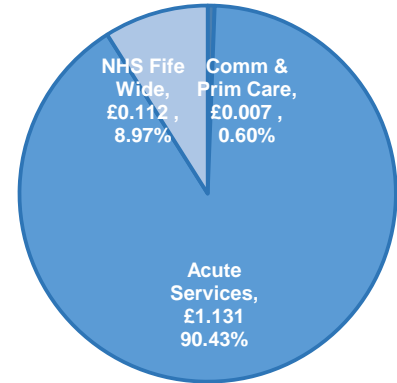
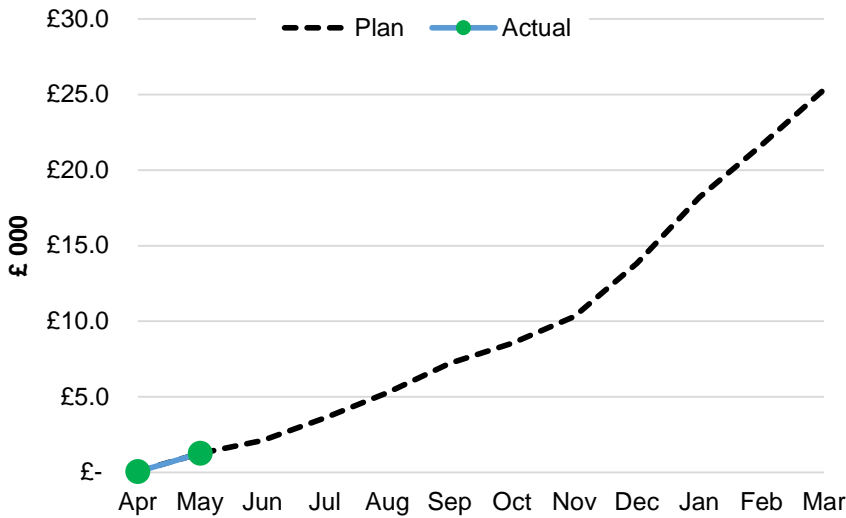
## Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to May-21 £'000
<b>Financial Plan</b>		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	42	0
Discretionary Points	162	0
Consultant Increments	368	0
Cost Pressures	4,317	195
Developments	2,198	0
<b>Sub Total Financial Plan</b>	<b>11,281</b>	<b>195</b>
<b>Allocations</b>		
Waiting List	9,414	0
AME: Impairment	500	0
AME: Provisions	540	0
Insulin Pumps	96	0
Community Pharmacy Champion	19	0
<b>Sub Total Allocations</b>	<b>10,569</b>	<b>0</b>
<b>Total</b>	<b>21,850</b>	<b>195</b>

## Capital Expenditure

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

### Local Performance



### 1. Annual Operational Plan

The capital plan for 2021/22 is pending approval by the FP&R Committee in July and the NHS Fife Board thereafter. NHS Fife has assumed a programme of £25.319m being the normal routine capital allocation less £0.200m payback and the Elective Orthopaedic funding of £18.125m. NHS Fife is also anticipating allocations of HEPMA £1.1m, Mental Health Review £0.076m, Lochgelly Health Centre £0.517m and Kincardine Health Centre £0.323m.

### 2. Capital Receipts

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

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – offer has been accepted subject to conditions.

### 3. Expenditure / Major Scheme Progress

3.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £1.251m this equates to 4.94% of the total capital allocation, as illustrated in the spend profile graph above.

3.2 The main areas of spend to date include:

Statutory Compliance	£0.223m
Equipment	£0.169m
E-health	£0.102m
Elective Orthopaedic Centre	£0.758m

### 4. Recommendation

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

**note** the capital expenditure position to 31 May 2021 of £1.251m and the year end spend of the total anticipated capital resource allocation of £25.319m.



## Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Clinical Prioritisation	0	0	0
Statutory Compliance	310	0	310
Capital Equipment	72	7	72
Condemned Equipment	0	0	0
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
<b>Total Community &amp; Primary Care</b>	<b>382</b>	<b>7</b>	<b>382</b>
<b>ACUTE SERVICES DIVISION</b>			
Elective Orthopaedic Centre	18,125	758	18,125
Statutory Compliance	2,925	212	2,925
Capital Equipment	1,252	162	1,252
Clinical Prioritisation	0	0	0
Condemned Equipment	9	0	9
<b>Total Acute Services Division</b>	<b>22,311</b>	<b>1,131</b>	<b>22,311</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Equipment Balance	481	0	481
Information Technology	1,000	102	1,000
Clinical Prioritisation	500	0	500
Statutory Compliance	95	0	95
General Reserve - Equipment	94	0	94
Pharmacy Equipment	205	0	205
Condemned Equipment	81	0	81
Fire Safety	60	11	60
Vehicles	60	0	60
Wash Hand Basin Replacement	50	0	50
<b>Total NHS Fife Wide Schemes</b>	<b>2,626</b>	<b>112</b>	<b>2,626</b>
<b>TOTAL ANTICIPATED CAPITAL RESOURCE FOR 2021/22</b>			
	<b>25,319</b>	<b>1,251</b>	<b>25,319</b>
<b>ANTICIPATED ALLOCATIONS 2021/22</b>			
HEPMA	1,100	0	1,100
Mental Health Review	76	0	76
Lochgelly Health Centre	517	0	517
Kincardine Health Centre	323	0	323
<b>Anticipated Allocations for 2021/22</b>	<b>2,016</b>	<b>0</b>	<b>2,016</b>
<b>Total Anticipated Allocation for 2021/22</b>			
	<b>27,335</b>	<b>1,251</b>	<b>27,335</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

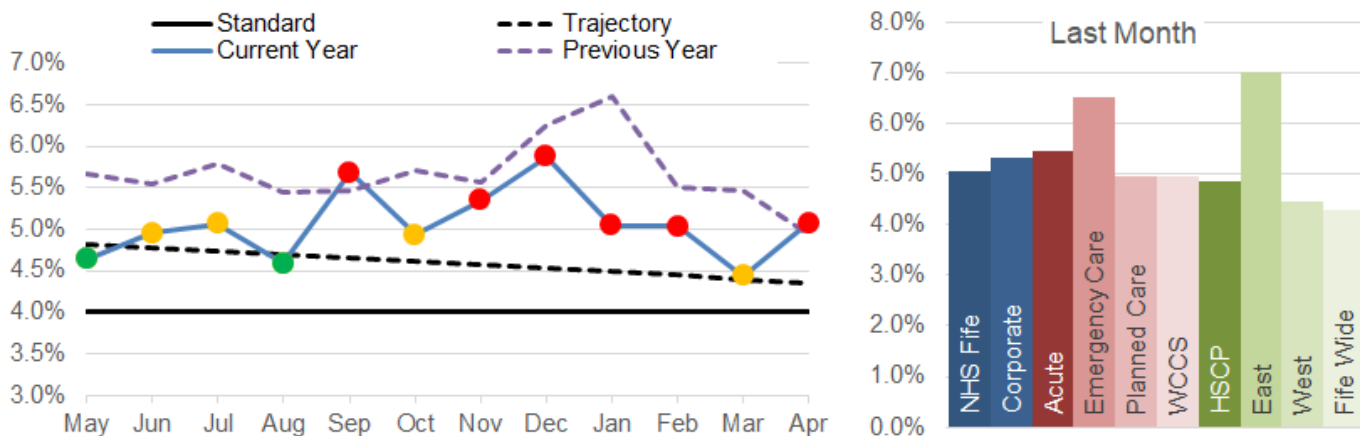
## Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to April	May Adjustment	Total May
Routine Expenditure	£'000	£'000	£'000	£'000
<b>Community &amp; Primary Care</b>				
Capital Equipment	0	0	72	72
Condemned Equipment	0	0	0	0
Minor Capital	0	0	0	0
Covid Equipment	0	0	0	0
Statutory Compliance	0	0	310	310
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>0</b>	<b>382</b>	<b>382</b>
<b>Acute Services Division</b>				
Capital Equipment	0	36	1,216	1,252
Condemned Equipment	0	0	9	9
Cancer Waiting Times Equipment	0	0	0	0
Minor Capital	0	0	0	0
Statutory Compliance	0	0	2,925	2,925
Elective Orthopaedic Centre	18,125	0	0	18,125
	<b>18,125</b>	<b>36</b>	<b>4,150</b>	<b>22,311</b>
<b>Fife Wide</b>				
Backlog Maintenance / Statutory Compliance	3,500	0	-3,405	95
Fife Wide Equipment	1,805	-37	-1,288	480
Information Technology	1,000	0	0	1,000
Clinical Prioritisation	500	0	0	500
Condemned Equipment	90	0	-9	81
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	0	60	60
General Reserve Equipment	94	0	0	94
Pharmacy Equipment	205	0	0	205
Fife Wide Vehicles	0	0	60	60
Wash Hand Basin Replacement	0	0	50	50
<b>Total Fife Wide</b>	<b>7,194</b>	<b>-37</b>	<b>-4,532</b>	<b>2,625</b>
<b>Total Anticipated Capital Resource 2021/22</b>	<b>25,319</b>	<b>0</b>	<b>0</b>	<b>25,319</b>
<b>ANTICIPATED ALLOCATIONS 2021/22</b>				
HEPMA	1,100	0	0	1,100
Mental Health Review	76	0	0	76
Lochgelly Health Centre	517	0	0	517
Kincardine Health Centre	323	0	0	323
<b>Anticipated Allocations for 2021/22</b>	<b>2,016</b>	<b>0</b>	<b>0</b>	<b>2,016</b>
<b>Total Planned Expenditure for 2021/22</b>	<b>27,335</b>	<b>0</b>	<b>0</b>	<b>27,335</b>

## Sickness Absence

To achieve a sickness absence rate of 4% or less  
Improvement Target for 2021/22 = **3.89%**

### Local Performance



### National Benchmarking

Month	2020/21											2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%
Scotland	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	0.00%

### KEY CHALLENGE(S) IN 2021/22

To secure an ongoing reduction in the current levels of sickness absence performance, as services remobilise, working towards the third-year trajectory for the Board of 3.89% in with NHS Circular PCS (AfC) 2019/2

### IMPROVEMENT ACTIONS

<p><b>22.1 Work towards an improvement in long term sickness absence relating to mental health, using our Occupational Health service and other support services and interventions</b></p>	<p><b>By Mar-22</b></p>
<p>There is ongoing case work with Occupational Health, local managers and HR Officers and Advisors in support of this action, with input from specialist Occupational Health Mental Health Nurse.</p>	
<p><b>22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence. The means of achieving this include continuation of Promoting Attendance Review and Improvement Panels, Promoting Attendance Groups, training for managers and continued application of the Once for Scotland Attendance Management Policy and scrutiny of "hot spots" / priority areas through analysis of management information and effective reporting systems.</b></p>	<p><b>By Mar-22</b></p>
<p>All actions above are progressing, with Promoting Attendance Review and Improvement Panels meeting regularly to review cases and actions, on-going monthly and bespoke training sessions, alongside use of Tableau and Attendance Management system to identify and analyse "hot spots" / priority areas and trajectory setting / reporting.</p>	

**MARGO MCGURK**

Director of Finance and Performance  
22<sup>nd</sup> June 2021

Prepared by:

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