Fife NHS Board

Tue 26 September 2023, 10:00 - 13:00

Via MS Teams

NHS Fife

Acting Chair - Alistair Morris

10:00 - 10:10
10 min

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

AM

10:10 - 10:10
0 min

2. DECLARATION OF MEMBERS' INTERESTS

AM

10:10 - 10:10
0 min

3. APOLOGIES FOR ABSENCE

AM

10:10 - 10:10
0 min

4. MINUTE OF PREVIOUS MEETING HELD ON 25 JULY 2023

(enclosed)   AM

📄 Item 04 - Minutes 20230725 FINAL.pdf (13 pages)

10:10 - 10:10
0 min

5. MATTERS ARISING / ACTION LIST

(enclosed)   AM

📄 Item 05 - Action List.pdf (1 pages)

10:10 - 10:20
10 min

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Up-date

(verbal)   CP

6.2. Staff Story

(Presentation)   CP

10:20 - 10:30
10 min

7. CHAIRPERSON'S REPORT

7.1. Chairperson's Update

(verbal)   AM

7.2. Board Development Session - 29 August 2023

(enclosed)   *AM*

📄 Item 07.2 - Board Development Session – 29 August 2023.pdf (1 pages)

10:30 - 11:00
30 min

8. PERFORMANCE

8.1. Integrated Performance & Quality Report (July)

(enclosed)   *CP*

📄 Item 08.1 - SBAR IPQR July Position.pdf (3 pages)
📄 Item 08.1 - IPQR July 2023 Position.pdf (39 pages)

8.2. Financial Performance & Sustainability Report - July 2023

(enclosed)   *MM*

📄 Item 08.2 - SBAR Financial Performance & Sustainability Report – July 2023.pdf (10 pages)

8.3. Three Year Workforce Plan 2022-25 Update

(enclosed)   *DM*

📄 Item 08.3 - SBAR Three Year Workforce Plan 2022-2025 Update.pdf (4 pages)
📄 Item 08.3 - Appendix 1 Scottish Government Letter – May 2023.pdf (3 pages)
📄 Item 08.3 - Appendix 2 NHS Fife Workforce Planning Action Plan.pdf (5 pages)
📄 Item 08.3 - Appendix 3 Service Based Sample Workforce Plan.pdf (7 pages)

8.4. Whistleblowing Quarter 1 Report 2023/24

(enclosed)   *DM*

📄 Item 08.4 - Whistleblowing Quarterly Report Quarter 1 2023-24 + appendix 1 & 2.pdf (13 pages)

11:00 - 11:20
20 min

9. GOVERNANCE

9.1. Governance Committee Chairs' Reports

(verbal)   *AM*

9.2. Risk Management Framework

(enclosed)   *MM*

📄 Item 09.2 - SBAR Risk Management Framework.pdf (3 pages)
📄 Item 09.2 - Appendix 1 Draft Risk Management Framework 2023-2025.pdf (26 pages)

11:20 - 11:30
10 min

10. STRATEGY

10.1. Whole System Property and Asset Management Strategy 2023/24

(enclosed)   *NM*

📄 Item 10.1 - SBAR Whole System Property and Asset Management Strategy 2023-24.pdf (3 pages)
📄 Item 10.1 - Appendix 1 Whole System Property and Asset Management Strategy.pdf (18 pages)

10.2. Primary Care Premises Strategy

(enclosed)   *NM*

- 📄 Item 10.2 - SBAR Primary Care Premises Strategy.pdf (5 pages)
- 📄 Item 10.2 - Appendix 1 NHS Fife Primary Care Premises Report.pdf (33 pages)
- 📄 Item 10.2 - Appendix 2 List of Improvements made to Premises.pdf (5 pages)

11:30 - 11:40
10 min

11. ANNUAL REPORTS

11.1. Health Promoting Health Service Annual Report 2022/23

(enclosed)   *JT*

- 📄 Item 11.1 - SBAR Health Promoting Health Service Annual Report 2022-23.pdf (5 pages)

11:40 - 11:45
5 min

12. STATUTORY AND OTHER COMMITTEE MINUTES

12.1. Audit & Risk Committee dated 31 August 2023 (unconfirmed)

(enclosed)

- 📄 Item 12.1 - Minute Cover Paper.pdf (1 pages)
- 📄 Item 12.1 - Audit & Risk Committee Minutes (unconfirmed) 20230831.pdf (5 pages)

12.2. Clinical Governance Committee dated 8 September 2023 (unconfirmed)

(enclosed)

- 📄 Item 12.2i - Minute Cover Paper.pdf (1 pages)
- 📄 Item 12.2ii - Clinical Governance Committee Minutes (unconfirmed) 20230908.pdf (11 pages)

12.3. Finance, Performance & Resources Committee dated 19 September 2023 (unconfirmed)

(enclosed)

- 📄 Item 12.3i - Minute Cover Paper.pdf (1 pages)
- 📄 Item 12.3ii - Finance Performance Resources Committee Minutes (unconfirmed) 20230919.pdf (6 pages)

12.4. Public Health & Wellbeing Committee dated 4 September 2023 (unconfirmed)

(enclosed)

- 📄 Item 12.4i - Minute Cover Paper.pdf (1 pages)
- 📄 Item 12.4ii - Public Health Wellbeing Committee Minutes (unconfirmed) 20230904.pdf (8 pages)

12.5. Staff Governance Committee dated 14 September 2023 (unconfirmed)

(enclosed)

- 📄 Item 12.5i - Minute Cover Paper.pdf (1 pages)
- 📄 Item 12.5ii - Staff Governance Committee Minutes (unconfirmed) 20230914.pdf (8 pages)

12.6. Fife Health & Social Care Integration Joint Board dated 26 May 2023

(enclosed)

- 📄 Item 12.6i - Minute Cover Paper.pdf (1 pages)
- 📄 Item 12.6ii - Fife Health & Social Care Integration Joint Board (unconfirmed) 20230526.pdf (10 pages)

12.7. Fife Partnership Board dated 17 August 2023 (unconfirmed)

(enclosed)

- 📄 Item 12.7i - Minute Cover Paper.pdf (1 pages)
- 📄 Item 12.7ii - Fife Partnership Board Minutes (unconfirmed) 20230817.pdf (3 pages)

12.8. Audit & Risk Committee dated 23 June 2023

(enclosed)

📄 Item 12.8 - Audit & Risk Committee Minutes (confirmed) 20230623.pdf (9 pages)

12.9. Clinical Governance Committee dated 7 July 2023

(enclosed)

📄 Item 12.9 - Clinical Governance Committee Minutes (confirmed) 20230707.pdf (11 pages)

12.10. Finance, Performance & Resources Committee dated 11 July 2023

(enclosed)

📄 Item 12.10 - Finance Performance Resources Committee Minutes (confirmed) 20230711.pdf (5 pages)

12.11. Public Health & Wellbeing Committee dated 3 July 2023

(enclosed)

📄 Item 12.11 - Public Health Wellbeing Committee Minutes (confirmed) 20230703.pdf (8 pages)

12.12. Staff Governance Committee dated 11 May and 20 July 2023

(enclosed)

📄 Item 12.12i - Staff Governance Committee Minutes (confirmed) 20230511.pdf (7 pages)
📄 Item 12.12ii - Staff Governance Committee Minutes (unconfirmed) 20230720.pdf (9 pages)

11:45 - 11:50
5 min

13. FOR ASSURANCE:

13.1. Integrated Performance & Quality Report - June 2023

(enclosed)   *MM*

📄 Item 13.1 - IPQR June 2023 Position.pdf (33 pages)

13.2. Corporate Calendar - Board and Committee Dates to March 2025

(enclosed)   *GM*

📄 Item 13.2 - SBAR Board Calendar 20230926.pdf (3 pages)
📄 Item 13.2 - Appendix 1 Proposed Board and Committee Dates 2024-25.pdf (1 pages)
📄 Item 13.2 - Appendix 2 Board and Committee Dates 2023-24 Extract.pdf (1 pages)

11:50 - 11:50
0 min

14. ANY OTHER BUSINESS

11:50 - 11:50
0 min

15. DATE OF NEXT MEETING: Tuesday 28 November 2023 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 25 JULY 2023 AT 10:00 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

ALISTAIR MORRIS
Acting Chair

Present:

A Morris **(Chairperson)**	A Lawrie, Non-Executive Director
C Potter, Chief Executive	K Macdonald, Non-Executive Director Whistleblowing Champion (part)
S Braiden, Non-Executive Director	M Mahmood, Non-Executive Director
D Graham, Non-Executive Director	C McKenna, Medical Director
C Grieve, Non-Executive Director	J Tomlinson, Director of Public Health
J Keenan, Director of Nursing	A Wood, Non-Executive Director

In Attendance:

C Dobson, Director of Acute Services

B Hannan, Director of Pharmacy & Medicines

G MacIntosh, Head of Corporate Governance & Board Secretary

M Michie, Deputy Director of Finance (for the Director of Finance & Strategy)

N McCormick, Director of Property & Asset Management

D Miller, Director of Workforce

N Stevenson, Communications Manager (Press & Media)

L Watson, Deputy Director of Public Health

K Donald, Executive Assistant to the Director of Finance & Strategy (Minute)

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

The Chair welcomed everyone to the meeting, in particular M Michie, Deputy Director of Finance, deputising for the Director of Finance & Strategy, and L Watson, Deputy Director of Public Health, attending to speak to the Director of Public Health Annual Report agenda item. The Chair reminded everyone that the notes are being recorded with the Echo Pen to aid production of the minutes.

The Chair began his opening remarks by paying tribute to the staff and volunteers of NHS Fife and its partners for their continued dedication and commitment to the work they do for the population of Fife, noting the Board were pleased to have been able to participate with staff in the recent 75th anniversary celebrations of the NHS.

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On behalf of the Board, the Chair congratulated the Children and Young People's Community Nursing Service, who have taken home the prestigious Children's Nursing & Midwifery Award at this year's Royal College of Nursing Scotland Nurse of the Year Awards. The team were recognised for the incredible support and care they provide to families whose children are diagnosed with complex and severe health conditions.

The Chair further congratulated Debs Steven, Lead Pharmacist Pain Management, on her Fellowship of the Royal Pharmaceutical Society, awarded for Distinction in the Profession of Pharmacy. Being appointed as a Fellow is one of the highest accolades that can be paid, as it recognises the distinction members have attained in their pharmacy career. As fellowship awards are based on nominations from members, it also signifies the high esteem in which colleagues are held by their peers.

Finally, the Chair congratulated Vicki Bennett and Simon Fevre, who were both recently recognised by the British Dietetic Association at their prestigious annual awards ceremony. The annual British Dietetic Association Awards celebrates outstanding individuals working within the dietetic profession from across the UK. Vicki was recognised with the Mary Turner Award for her outstanding work as a trade union representative, which Vicki combines with her role in Public Health; Simon was awarded with a Fellowship, the British Dietetic Association's highest honour, given in recognition of Simon's many years of committed and inspirational service to the dietetic profession.

The Chair highlighted that Non-Executive Board Members recently visited Queen Margaret Hospital in Dunfermline to see the fantastic work being undertaken in both Acute and Partnership areas across the hospital. Board Members had the opportunity to speak with staff and patients in a number of services, including the Forensic Suite, Podiatry, Wards 1 and 5, Ophthalmology, Theatres, Day Surgery, Endoscopy and Urology. On behalf of the Board, the Chair thanked all staff involved in the tour for making it such a success.

The Chair noted that the Board members' visit to Queen Margaret Hospital also coincided with the formal opening of 'The Haven' garden. Since its establishment in 2018, the garden has provided a picturesque and peaceful outdoor space where patients with palliative care needs could spend time with relatives and friends. With the support of a number of local businesses and a significant grant from the Fife Health Charity, a small but dedicated committee of volunteers have transformed the previously unused courtyard into a bespoke therapeutic garden for patients, their friends and families. Some five years after it was first opened, the impressive garden continues to be developed and maintained by the group. With palliative care provision in Fife transforming in recent years to provide a greater balance of care in Fife's communities, the committee of volunteers have agreed to change the name of the garden to 'The Haven' and, for the first time, to make the facility open and available to all patients, visitors, and staff at the hospital. Board members enjoyed meeting with staff and volunteers to celebrate the occasion of the garden's re-naming.

2.   **Declaration of Members' Interests**

There were no declarations of interest made by members.

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3.   Apologies for Absence

Apologies for absence were received from Non-Executive Members W Brown, A Grant, A Haston and J Kemp and from M McGurk, Director of Finance & Strategy.

4.   Minute of Previous Meetings held on 30 May and 27 June 2023

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

5.   Matters Arising / Action List

There were no matters arising.

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

5.1.   Chief Internal Auditor Appointment Process

The Deputy Director of Finance confirmed the recruitment process to appoint a new Chief Internal Auditor has been undertaken, as set out in the paper, following the imminent retiral of the current incumbent. The successful candidate, following completion of the recruitment process, is Jocelyn Lyall.

The Board **formally homologated** the appointment of the new Chief Internal Auditor, following the successful conclusion of the recruitment process involving all Boards within the Fife, Tayside & Forth Valley internal audit Partnership.

K Macdonald joined the meeting.

6.   CHIEF EXECUTIVE'S REPORT

6.1.   Chief Executive Update

The Chief Executive reported on her attendance at the recent Scottish Parliament Health, Social Care & Sport Committee evidence session on 6 June 2023, noting that at the meeting cross party MSPs asked about a range of important issues including finance, performance, unscheduled care, workforce, culture and mental health performance. Key achievements from NHS Fife were highlighted during the meeting by the Chief Executive, in addition to focus activities being taken forward under the Population Health & Wellbeing Strategy in the areas of prevention and early intervention. Alongside Chief Executive colleagues from NHS Lothian and NHS Grampian, the Chief Executive took the opportunity to describe the ongoing challenges facing our workforce and patients, as the NHS continues to address the long-lasting impact of the Covid-19 pandemic. The Chair praised the Chief Executive for her presentation and delivery at the session, noting that a number of key achievements from NHS Fife were discussed with and welcomed by MSPs.

The Chief Executive noted that, along with the Chair, her bi-monthly briefing meetings with local MPs/MSPs have been taking place, with the intention to offer focussed updates on key hot topics, as well as the opportunity for local members to ask questions. With other members of the Executive Team and senior staff, presentations

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on Palliative Care and Primary Care were given in April and June, respectively, with plans to provide a briefing on planned care at the upcoming meeting in August.

Cllr D Graham, Non-Executive Director, noted that whist elected local councillors are able to email the Board's generic email account for queries, responses can take a considerable period of time and can result in multiple councillors chasing the same issue. It was noted that timely response and turnaround of such communication would help manage the issue. Cllr Graham also offered his support, as the Council's spokesperson for Health & Social Care, in assisting with ongoing communication to his Council colleagues, which was welcomed by the Board.

The Chief Executive noted that 5 July 2023 marked the 75th Anniversary of the NHS. A number of events were held, including a special gathering at 'The Haven' garden at Queen Margaret Hospital, attended by many Board members and volunteer partners, including representatives from the Friends of Queen Margaret Hospital and the Queen Margaret Haven Garden Group. Team Fife also attended the NHS 75th Anniversary Parliamentary Reception at the Scottish Parliament on 20 June 2023. There were a number of presentations from key individuals and the focus of the evening was around celebrating and demonstrating 75 years of achievements. The Chief Executive thanked all staff who held celebratory events and who went to considerable efforts to decorate their patient-facing areas to mark the special occasion.

The Chief Executive also thanked all the presenters and attendees of the recent 'Celebrating Success in Fife' conference. Congratulations were given to winners Tara Sholji (Best Poster), and Katie McTeir (Best Oral Presentation). A special mention to the judges, Chief Registrars and Medical Education team for their combined efforts in organising and delivering a wonderful conference, celebrating the great work carried out by our trainees over the past year.

Finally, the Chief Executive recorded her personal thanks to the team across NHS Fife for all that they do and she hoped staff have had the opportunity for a well-earned break over the summer period to relax and re-charge with family.

6.2. Patient Story

The Chief Executive invited the Director of Nursing to introduce this meeting's Patient Story.

The Director of Nursing presented a story to the Board regarding a patient who had provided feedback via Care Opinion about the care and treatment they received whilst planning for the birth of their baby. The support and information provided from staff in helping the patient and her family prepare for the delivery of their baby, along with the range of birthing options offered, provided a positive and empowering birthing experience.

In response to queries regarding patients being aware of the pathway and options available to them when planning their birth, A Lawrie, Non-Executive Director (and the Board's Director of Midwifery), highlighted that patients are provided with all pathway information to allow an informed decision. She further advised that education classes for parents to attend throughout their patient journey are made available. It was

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emphasised to members that home births are extremely safe and are supported by the National Midwifery Council. However, patients are made aware of any risks, if they choose to give birth at home, when a pregnancy is otherwise classified as high risk.

The Chief Executive proposed adding a visit to the midwifery-led unit to the itinerary of the next Board members' visit in September and this was agreed.

The Board **noted and took assurance from** the information provided in the patient story.

7.   CHAIRPERSON'S REPORT

7.1. Chairperson's Update

The Chair advised that he and other NHS Scotland Health Board Chairs recently met with the Cabinet Secretary, where it was advised that Chairs are to be set annual objectives for performance, which will be measured, with 360° feedback provided at their annual meeting. The Scottish Government's four-stage escalation framework is being rolled out and placement on this will mainly be measured against the Annual Delivery Plan.

A review of Scotland's health challenges was also discussed, noting deaths by heart disease, cancer and drugs-related causes are increasing both in comparison to previous records but also compared to other countries in Europe. Members from the Scottish Central Legal Office provided an update on various inquiries taking place, highlighting an increase in Covid-related complaints from both staff and patients across Scotland.

At the meeting, J Burns, Chief Operating Officer for NHS Scotland, provided an overview of planned care waiting times, with a focus on urgent unscheduled care waiting times and how they are predicted to get worse. A deep dive into winter planning was also discussed, noting Boards' requirements to create additional winter capacity, in anticipation of a difficult winter ahead.

Discussions on junior doctor negotiations were also featured, noting that although the subsequent decision was to not strike, contingency plans had already been put in place, resulting in some disruption for patients via cancelled procedures and appointments. The new Mental Health Strategy was discussed and, since the meeting, this has now been released.

The Chair further advised that a discussion around Board members' profile, leadership and visibility was had, noting that NHS Fife had already undertaken a familiarisation visit to Queen Margaret Hospital with Board members, with a visit to Victoria Hospital planned for early September 2023. Board members were asked to provide feedback to the Acting Chair / Board Secretary on any particular areas or sites they wish to prioritise on future visits.

After discussion with the Non-Executive members, the Chair was pleased to confirm the following 'Board Champion' role appointments:

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Anne Haston, Sustainability
John Kemp, Staff Health & Wellbeing
Mansoor Mahmood, Spiritual Care
Sinead Braiden, Equality & Diversity

Champions would shortly be put in touch with lead officers within the respective services, to begin their work.

The nationally run Board self-assessment against the requirements of the second edition of the Blueprint for Good Governance is to be launched in the near future, via which all Board members will be asked to complete an online questionnaire to assess the effectiveness of NHS Fife Board. Responses will be analysed centrally, with a high level of review activity thereafter anticipated to be undertaken.

Following a query from Cllr D Graham, Non-Executive Director, regarding NHS Fife raising concerns to Scottish Government around funding availability, the Chief Executive advised that conversations are regularly held between herself, the Chair and NHS Fife Directors with Scottish Government colleagues to relay challenges and to provide updates within NHS Fife.

7.2. Board Development Session – 27 June 2023

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

8. PERFORMANCE

8.1. Integrated Performance & Quality Report (IPQR)

The Chief Executive confirmed that the June IPQR does not cover the finance report, as this is now a stand-alone report and subject of a later agenda item. Executive Leads made comment on the key issues emerging from the performance report:

Clinical Governance
The Director of Nursing provided an update on the key issues from a clinical governance perspective, namely those related to Inpatient Falls, Pressure Ulcers and Healthcare Acquired Infections (HAI), including the staphylococcus aureus bacteraemia (SAB) and c.difficile rate. It was noted the rate of falls has decreased in June, with the majority of falls being categorised as causing minor or no harm. However, work is ongoing to continue to reduce the rate of falls, with related policies being reviewed. Work to improve complaint management continues, with a new complexity scoring tool being developed to triage complaints into low, moderate and high, to allow a realistic timescale for responses to be sent. The Complaints Escalation Standard Operating Procedure (SOP) is currently under draft, with feedback from Directors currently being sought. The Digital & Information team have created an electronic complaint dashboard, to allow for easy following of complaints received, timescale for responding and complaints closed. The Medical Director noted work is underway to manage cardiac arrest and pressure ulcer treatments, as well as reinstating pre-pandemic practices.

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Following a question regarding complaints feedback, it was noted a survey is currently sent once a final complaint response has been issued, so complainant feedback can be received. The Director of Acute Services noted the Emergency Department self-presenters survey is still a work-in-progress, however survey results will be reviewed by the Unscheduled Care Programme Board and Executive Directors' Group in the first instance.

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

Finance, Performance & Resources
The Director of Acute Services provided an update on acute performance related to the 4-hour Emergency Access target, which increased in May. Credit to the Emergency Department Improvement Group was highlighted by the Director of Acute Services around the actions being taken to deliver a range of improvement activities to support patient experience, clinical safety and performance targets. It was noted the Emergency Department waiting area is currently undergoing minor refurbishment, which will help to support patient experience and improve signage.

Patient Treatment Time Guarantee (TTG) demand remains high for procedures, however a number of improvement activities are underway, such as work to create a new local procedure room at Queen Margaret Hospital, which by September 2023 will release an entire theatre each day. New outpatients remain high, however improvement work is underway to manage the demand through active clinical referral triage and patient initiative review. Cancer 31 day is above performance, however Cancer 62 day has increased due to remaining challenges in several areas.

The Director of Acute Services updated members on performance in relation to Delayed Discharges, highlighting the percentage of bed days lost to 'standard' delays has achieved target for the third month in a row. Fife Health & Social Care Partnership has engaged with a solicitor to support work around reducing delays for individuals who are awaiting an appointment with a welfare guardian. Joint working between the Partnership and Acute Services to drive the number of weekend discharges has been successful and has reduced system pressures on a Monday.

The Chair of the Finance, Performance and Resources Committee confirmed there were no specific performance issues to escalate to the Board.

Staff Governance
The Director of Workforce provided an update on sickness absence, noting a fourth successive monthly decrease, resulting in the lowest percentage of absence since July 2022. Personal Development Plan and Review (PDPR) compliance has continued to increase to 39.8%, which is the highest figure in 13 months.

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

Public Health & Wellbeing
The Director of Public Health provided an overview of performance related to smoking cessation, noting an additional 14 successful quits were recorded in January 2023.

She further highlighted that, due to the nature of measuring smoking cessation (data on which is available at intervals of 12 weeks) and the duration of the programme, final data will not be available until August 2023. A detailed report was presented on smoking cessation to the Public Health & Wellbeing Committee meeting on 3 July 2023 setting out future challenges and key areas of focus, which was welcomed by Committee members. An update on Child and Adolescent Mental Health Services (CAMHS) waiting times was provided, noting there is ongoing work to ensure patients are not waiting over 35 weeks for treatment. Psychological Therapies performance has slightly declined, however extensive background work is ongoing to recruit and develop the services as it continues to be an area of focused improvement.

The Director of Public Health noted there are no further updates to the immunisation performance report from the last Board meeting, however the Annual Immunisation Report was brought to the Public Health & Wellbeing Committee on 3 July 2023. A more detailed update on immunisation performance will be brought to the next Board meeting.

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

The Chair praised the successes from each of the Committees and congratulated all teams working towards these achievements. It was highlighted that although there are multiple operational performance indicators showing as a red RAG status within the IPQR, the Board agreed that NHS Fife should also have local, smaller targets that can be achieved in-line with the trajectories detailed in the Annual Delivery Plan.

Following a query from A Wood, Non-Executive Director, regarding how NHS Fife can learn from other Boards to improve performance in areas where NHS Fife are in the lower quartile of performance nationally, the Director of Public Health noted that immunisation coordinators across Boards regularly come together to discuss learning opportunities. Opportunities for sharing learning from other Boards' successes are always taken.

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

8.2. Financial Performance & Sustainability Report

The Deputy Director of Finance presented the report, highlighting that the paper gives a presentation of the financial performance and sustainability of the Board as measured against the Medium Term Financial Plan, which was approved by the Board in March 2023. The paper confirms an overspend at the end of May 2023 of £7.9m and highlights the main drivers of overspend. It was brought to the Board's attention, at the time of writing the report, no notification of funding had been received from Scottish Government, but Boards were advised to expect last year's pay award and regular allocations. Since then, NHS Fife has received notification of the pay award for AFC staff for 2022/23 and 2023/24, and medical staff for 2022/23. The 2023/24 pay award for medical staff remains outstanding.

A new emerging risk was brought to the Board's attention, noting that although we were aware of the risk during the time of drafting the Medium Term Financial Plan,

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NHS Fife was not aware of the quantification. Due to NHS Lothian moving away from the East Coast Costing model, the current Service Level Agreement (SLA) with NHS Lothian will result in an increased cost to Fife and discussions are currently underway with NHS Lothian on the impact of that. The Deputy Director of Finance further highlighted notification of additional National Resource Allocation (NRAC) money on a recurring basis was received in June 2023, as well as non-recurring new medicines money.

Following a query from A Wood, Non-Executive Director, the Deputy Director of Finance highlighted new medicines money will be used to support new medicines that emerge, noting this additional money - along with the significant work from the pharmacy team to identify additional savings - will aid the progress of tackling the current challenge with medicines overspend. The Deputy Director of Finance further highlighted an indicative year-end forecast has been created, however as several allocations have not yet been confirmed by Scottish Government, it is not possible to share the forecast at this point in time.

The Chief Executive highlighted that as NRAC funding is received as a consequence of a change in demographics of the population, NRAC money will be targeted in a planned way on a recurring basis, in areas that can clearly demonstrate how financial investment can bring a positive impact to patients and performance.

In response to a question from Cllr D Graham, Non-Executive Director, the Deputy Director of Finance acknowledged there is a risk of not achieving the reduction plan on surge capacity, which will result in a significant impact on the delivery of targets. However potential options to provide resilience are being reviewed.

The Board **noted** the update and **agreed** that further updates will be given to the Board's Finance, Performance & Resources Committee at its next meeting.

8.3. Annual Delivery Plan 2023/24

The Chief Executive confirmed that the draft Annual Delivery Plan has been submitted to Scottish Government, following scrutiny at each of the Board's Committees earlier in the month. The Chief Executive highlighted the feedback received from Scottish Government on the draft plan has been very positive and noted the Annual Delivery Plan will be published once formal feedback has been received from Scottish Government.

The Board **noted** that each of the Board Committees have considered the draft Annual Delivery Plan 2023/24 at their meetings throughout July and had **endorsed** the detail within.

9. GOVERNANCE

9.1. Governance Committee Chairs' Reports

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

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S Braiden, Chair of the Staff Governance Committee, advised that the Committee considered the following items of business:

Corporate Risks aligned to Staff Governance Committee, noting there has been no changes to the risk register;
Review of the Annual Delivery Plan and Primary Care Strategy, recommending approval of both to the Board and IJB;
Review of ongoing work on Attendance Management;
Review of Workforce Information reporting.

A Wood, Chair of the Clinical Governance Committee, advised that the Committee considered the following items of business:

Corporate Risks aligned to Clinical Governance Committee, incorporating a deep dive into the strategic risk around Quality and Safety. The committee took assurance of the mitigating actions in place around the risk and requested a review of the risk scores;
A deep dive on access to outpatient diagnostic and treatment services, noting this deep dive was part of the Internal Audit recommendation to receive a clinical perspective;
IPQR indicators aligned to Clinical Governance;
Excellence in Care presentation to reflect the National Care Assurance Programme for Nursing and Midwifery. This ensures everyone receives high quality and consistent care. A Clinical Governance Development Session on Excellence in Care will be arranged to discuss in more detail;
Digital and Information Strategy (2019-2024) discussed. A high-level delivery plan update on the achievements of the strategy against its ambitions is to be presented at a future committee meeting.

The Chair, as Chair of the Finance, Performance & Resources Committee, advised that the Committee considered the following items of business:

Corporate Risks aligned to Finance, Performance & Resources Committee, incorporating a deep dive on bank and agency work;
Review of Delivery of the Annual Workplan;
Discussion on performance and targets, as well as discharge delays;
Review of the Internal Audit Report;
Discussion on Financial Improvement and Sustainability Programme, noting targets are not currently being met as noted within the plan.

The Chair, as Chair of the Public Health & Wellbeing Committee, advised that the Committee considered the following items of business:

Corporate Risks aligned to Public Health & Wellbeing Committee, including a deep dive into the Population Health & Wellbeing Strategy;
Review of the Internal Audit Report and annual reports from the Director of Public Health, Child Protection, Health Promotion, Smoking Cessation and Immunisation services;
Review of Delivery of the Annual Workplan;

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Review of the Promise National Strategy.

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

9.2. Internal Audit Annual Plan 2023/24

The Deputy Director of Finance presented the report, noting the plan was presented to the Executive Directors' Group in May 2023 and the Audit & Risk Committee in June 2023. It was highlighted to the Board that the original plan was a five-year strategic plan, however, as previously discussed in item 5.1, due to the recruitment of a new Chief Internal Auditor, members at the Partnership Board meeting in April 2023 agreed for the plan to be changed to a one-year internal plan for 2023/24, as the new Chief Internal Auditor may consider a different approach to how NHS Fife conducts its internal audit.

The Board took **assurance** from the information provided in the Internal Audit Annual Plan for 2023/24.

10. STRATEGY

10.1. FIFE PRIMARY CARE STRATEGY

The Medical Director introduced the draft Fife Primary Care Strategy, which was jointly commissioned by the Director of Health & Social Care and the Medical Director to support delivery of excellent high quality accessible and sustainable services for the population of Fife. The Primary Care Strategy is one of the key strategies supporting delivery of Fife Health & Social Care Partnership's vision for the people of Fife to live independent and healthier lives. The Medical Director thanked Carol Bebbington for her input into the strategy and noted the strategy would be presented at the Integration Joint Board (IJB) meeting for approval on Friday 28 July 2023.

In response to a query regarding digital exclusion, the Director of Pharmacy & Medicines highlighted that the strategy is to widen information access to the population of Fife and noted further details of widening access to members of the public without access to digital technology is noted within the EQIA report.

A Wood, Non-Executive Director, praised the strategy, however noted it would be beneficial to see an assessment of how people without access to primary care can be engaged and supported to access the service to ensure inclusiveness. It was noted a Stage 2 EQIA report is being created and has incorporated measures on how to engage and support people who do not have current access to primary care.

The Board **endorsed** the Fife Primary Care Strategy, which is aligned to the Population Health & Wellbeing Strategy and supports the Board's statutory duty for primary care provision.

11. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023

The Director of Public Health was pleased to present the Annual Report 2023, which focussed on 'Children and Young People in Fife - the Building Blocks for Health'. The

Report's focus was agreed due to the significant impact of the pandemic upon children and young people, exacerbated by the cost of living crisis. The report provides a platform for the implementation of the Board's Population Health and Wellbeing Strategy and highlights the key issues for Fife to consider when looking at opportunities to improve the health and wellbeing of the population. The Director of Public Health recorded thanks to all teams across NHS Fife who have contributed to the report.

The Deputy Director of Public Health presented a detailed overview of the report, highlighting the key recommendations for progressing improvement opportunities for children and young people in Fife, including investment within the early years of a child's life and ensuring a child has the appropriate social and physical environment.

Board Members welcomed the informative report and discussed some of the issues raised in the report, in particular the need for the collaboration of services provided by other external partners. The Chief Executive highlighted that the Fife Partnership Board allows agencies to collectively discuss current situations and work together to create good working relationships. The Deputy Director of Public Health advised there are strong links across multiple agencies in Fife, such as School Nurses working between education and health to implement the 'Our Minds Matter' framework, which is further reflected within the Children's Services Plan.

The Chief Executive advised that the proposal for the August Board Development Session is to review the Director of Public Health's Report in further detail and to have presentations from Children's Services colleagues on 'The Promise', Corporate Parenting and The United Nations Convention on the Rights of the Child (UNCRC). The Development Session will allow Board members to gain a deeper understanding of the report, and to focus on Horizon Three of the Board's strategic plan, looking ahead to see what realistic actions from the report should be considered for 2024/25 and beyond.

The Board **took assurance** from the conclusions of the annual report.

12.   STATUTORY AND OTHER COMMITTEE MINUTES

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

12.1. Audit & Risk Committee dated 23 June 2023 (unconfirmed)
12.2. Clinical Governance Committee dated 7 July 2023 (unconfirmed)
12.3. Finance, Performance & Resources Committee dated 11 July 2023 (unconfirmed)
12.4. Public Health & Wellbeing Committee dated 3 July 2023 (unconfirmed)
12.5. East Region Programme Board dated 26 May 2023
12.6. Fife Health & Social Care Integration Joint Board dated 31 March 2023

Approved Minutes
12.7. Audit & Risk Committee dated 15 March 2023
12.8. Clinical Governance Committee dated 5 May 2023
12.9. Finance, Performance & Resources Committee dated 9 May 2023
12.10. Public Health & Wellbeing Committee dated 15 May 2023

13. FOR ASSURANCE

The Board **noted** the item below:

13.1. Integrated Performance & Quality Report – May 2023

14. ANY OTHER BUSINESS

None.

15. DATE OF NEXT MEETINGS

Tuesday 26 September 2023 at 10:00 am in the Boardroom, Staff Club, Victoria Hospital

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

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

FIFE NHS BOARD – ACTION LIST
Meeting Date: Tuesday 26 September 2023

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	25/07/23	**Financial Performance & Sustainability**	Further update to the next Finance, Performance & Resources Committee	**MM**	September 2023	Update to be provided under the 'Q1 Financial Review Forecast' agenda item at the September Committee.	Closed

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NHS Fife

Report to the Board on 29 August 2023

BOARD DEVELOPMENT SESSION – 29 August 2023

Background

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

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

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

August Development Session

4. The most recent Board Development Session took place in the Dean Park Hotel, Kirkcaldy on Tuesday 29 August 2023. The main topic for discussion was the conclusions of the Director of Public Health Annual Report, covering dialogue on the building blocks for health for Children and Young People in Fife and NHS Fife's responsibilities in relation to UNCRC, The Promise and Corporate Parenting.

Recommendation

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

ALISTAIR MORRIS
Acting Board Chairperson
19 September 2023

NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**26 September 2023**
Title:	**Integrated Performance & Quality Report - July 2023 Position**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1   Purpose

This is presented for:
> Assurance

This report relates to:
> Annual Delivery Plan

This aligns to the following NHS Scotland quality ambition(s):
> Safe
> Effective
> Person Centred

2   Report Summary

2.1   Situation

This report informs the 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 generally up to the end of June, although there are some measures with a significant time lag and a few which are available up to the end of July.

2.2   Background

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

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

local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

The list of indicators has been amended, with the most recent addition being for Adverse Events Actions Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into Indicator Summary, Assessment section and relevant drill-downs if applicable.

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

2.3 Assessment

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

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered by the appropriate section of the IPQR.

2.3.4 Risk Assessment/Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

2.3.8 Route to the Meeting

Executive Directors Group 17 August 2023

Public Health & Wellbeing Committee 4 September 2023

Clinical Governance Committee 8 September 2023

Staff Governance Committee 14 September 2023

Finance, Performance and Resource Committee 19 September 2023

2.4 Recommendation

The report is being presented for:

Discussion – Examine and consider the NHS Fife performance as summarised in the IPQR

3 List of appendices

Integrated Performance & Quality Report – July 2023

Report Contact
Bryan Archibald
Planning and Performance Manager
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Position (where applicable) at July 2023
Produced in August 2023

Introduction

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

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

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

The IPQR comprises the following sections:

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

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

c. **Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals.

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

e. **Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

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

Prepared by:
MARGO MCGURK
Director of Finance & Strategy
15 August 2023

SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	▲	High
To improve the quality of health and care services	5	5	-	-	-	◄►	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◄►	Moderate
To deliver value and sustainability	6	4	2	-	-	◄►	Moderate
Total	18	13	5	0	0		

Risk Key

High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key

▲ Improved - Risk Decreased
◄► No Change
▼ Deteriorated - Risk Increased

Summary Statement on Risk Profile
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.
Assessment of corporate risk performance and improvement trajectory remains in place.

Corporate Risk 3 - COVID 19 Pandemic - Risk Rating Reduced

Following review by the Public Health and Wellbeing Committee, the current rating of this risk is reduced from Moderate(12) to Moderate(9) in light of the continued effectiveness of vaccination and the reduced impact of illness in the population.

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Jun-23	44	○	▼	▲	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	Jun-23	39.1%	●	▲	▼	●
	HSMR	N/A	Year Ending	Mar-23	0.96	●	▬	▬	●
	Inpatient Falls	6.91	Month	Jun-23	6.83	○	▼	▲	●
	Inpatient Falls with Harm	1.65	Month	Jun-23	1.52	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Jun-23	1.05	○	▼	▲	●
	SAB - HAI/HCAI	18.8	Month	Jun-23	10.3	○	▲	▲	● QE Mar-22
	C Diff - HAI/HCAI	6.5	Month	Jun-23	17.2	○	▼	▼	● QE Mar-22
	ECB - HAI/HCAI	33.0	Month	Jun-23	17.2	○	▲	▲	● QE Mar-22
	S1 Complaints Closed in Month on Time	80%	Month	Jun-23	64.1%	●	▲	▲	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Jun-23	16.2%	○	▲	▲	● 2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	Month	Jun-23	17.1%	●	▲	▲	●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-23	100.0%	●	◀▶	◀▶	●
	4-Hour Emergency Access (A&E)	95%	Month	Jul-23	76.0%	○	▼	▲	● Jun-23
	4-Hour Emergency Access (ED)	82.5%	Month	Jul-23	69.0%	○	▼	▲	● Jun-23
	Patient TTG % <= 12 Weeks	100%	Month	Jun-23	44.4%	●	▲	▼	● Mar-23
	New Outpatients % <= 12 Weeks	95%	Month	Jun-23	48.3%	●	▼	▼	● Mar-23
	Diagnostics % <= 6 Weeks	100%	Month	Jun-23	47.0%	●	▼	▼	● Mar-23
	Cancer 31-Day DTT	95%	Month	Jun-23	97.6%	○	▲	▼	● QE Mar-23
	Cancer 62-Day RTT	95%	Month	Jun-23	74.4%	○	▲	▼	● QE Mar-23
	Detect Cancer Early	29%	Year Ending	Dec-22	27.6%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Jul-23	92.0%	●	▼	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jul-23	9.7%	●	▼	▲	● QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jul-23	6.1%	○	▼	▲	● QE Dec-22
	Antenatal Access	80%	Month	Mar-23	86.1%	●	▲	▲	● CY 2022
Finance	Revenue Resource Limit Performance	-	Month	Jul-23	(£10.98m)	●	▬	▬	●
	Capital Resource Limit Performance	£11.17m	Month	Jul-23	£1.451m	●	▬	▬	●
Staff Governance	Sickness Absence	4.00%	Month	Jun-23	6.61%	○	▲	▼	● YE May-23
	Personal Development Plan & Review (PDPR)	80%	Month	Jul-23	40.4%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Mar-23	301	●	▬	▬	● YT Sep-22
	CAMHS Waiting Times	90%	Month	Jun-23	74.1%	○	▲	▲	● QE Mar-23
	Psychological Therapies Waiting Times	90%	Month	Jun-23	67.5%	○	▼	▼	● QE Mar-23
	Drugs & Alcohol Waiting Times	90%	Month	May-23	89.6%	●	▲	▼	● QE Mar-23
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Mar-23	92.5%	○	▼	▼	● QE Mar-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Mar-23	86.4%	○	▲	▼	● QE Mar-22

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

SPC Key
- ○ Within control limits
- ○ Special cause variation, out with control limits
- ● No SPC applied

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

Benchmarking Key
- ● Upper Quartile
- ● Mid Range
- ● Lower Quartile
- ● Not Available

c. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment
(NOTE: Better/Worse may be higher or lower, depending on context)

		Month End Apr-23	Month End May-23	Month End Jun-23	Quarter End Jun-23	Quarter End Sep-23	Quarter End Dec-23	Quarter End Mar-24
ED 4-hour Performance (VHK only)	Projected	67.9%	69.1%	70.6%				
	Actual	64.7%	66.5%	71.3%				
	Variance	-3.2%	-2.6%	0.7%				
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	15,363	15,363	15,363
	Actual	4,166	4,393	4,207	12,766			
	Variance	-955	-728	-914	-2,597			
Elective Activity New Outpatients	Projected	7,573	7,372	7,364	22,309	22,337	22,274	22,308
	Actual	6,092	7,583	7,550	21,225			
	Variance	-1,481	211	186	-1,084			
Elective Activity TTG	Projected	1,138	1,139	1,139	3,416	3,433	3,487	3,492
	Actual	957	1,204	1,242	3,403			
	Variance	-181	65	103	-13			
Long Waits Diagnostics > 26 weeks	Projected	140	122	109	109	63	10	0
	Actual	164	171	171	171			
	Variance	24	49	62	62			
Long Waits New Outpatients > 104 weeks	Projected	0	0	0	0	74	212	352
	Actual	0	0	1	1			
	Variance	0	0	1	1			
Long Waits New Outpatients > 78 weeks	Projected	77	87	150	150	339	849	1358
	Actual	73	92	85	85			
	Variance	-4	5	-65	-65			
Long Waits TTG > 104 weeks	Projected	17	15	16	16	67	173	351
	Actual	14	15	20	20			
	Variance	-3	0	4	4			
Long Waits TTG > 78 weeks	Projected	99	128	159	159	305	547	893
	Actual	79	88	84	84			
	Variance	-20	-40	-75	-75			
Cataracts Average per 1/2 day session	Projected				4.5	4.5	4.5	4.5
	Actual							
	Variance				-4.5			
Arthroplasty 4 joint sessions	Projected				25.0%	25.0%	25.0%	25.0%
	Actual	6.0%	12.0%	12.0%	10.0%			
	Variance				-15.0%			
Same Day Procedures Knee Arthroplasty	Projected				1.9%	1.9%	1.9%	1.9%
	Actual							
	Variance				-1.9%			
Same Day Procedures Hip Arthroplasty	Projected				4.3%	4.3%	4.3%	4.3%
	Actual							
	Variance				-4.3%			
Cancer Waiting Times 31-Day	Projected				93.8%	94.1%	94.3%	94.5%
	Actual	97.9%	94.5%	97.6%	96.5%			
	Variance				2.7%			
Cancer Waiting Times 62-Day	Projected				81.9%	82.8%	85.0%	85.4%
	Actual	84.4%	75.3%	74.4%	77.5%			
	Variance				-4.4%			
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	85.0%				
	Actual	85.3%	84.8%	76.2%				
	Variance	0.3%	-0.2%	-8.8%				
CAMHS Waiting List <= 18 weeks	Projected	213	209	216	216	228	235	200
	Actual	249	268	244	244			
	Variance	36	59	28	28			
CAMHS Waiting List > 18 weeks	Projected	71	89	116	116	98	42	0
	Actual	43	48	70	70			
	Variance	-28	-41	-46	-46			
CAMHS Waiting List > 52 weeks	Projected	0	0	0	0	0	0	0
	Actual	0	0	0	0			
	Variance	0	0	0	0			
Psychological Therapies 18 Weeks RTT	Projected	67.5%	69.4%	66.1%				
	Actual	56.2%	58.5%	55.5%				
	Variance	-11.3%	-10.9%	-10.6%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888
	Actual	1448	1602	1460	1460			
	Variance	560	714	572	572			
Psychological Therapies Waiting List > 18 weeks	Projected	1394	1575	1660	1660	1569	1680	1604
	Actual	1128	1136	1173	1173			
	Variance	-266	-439	-487	-487			
Psychological Therapies Waiting List > 52 weeks	Projected	255	237	219	219	165	111	57
	Actual	248	286	273	273			
	Variance	-7	49	54	54			

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d. Assessment

CLINICAL GOVERNANCE

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

		Target	Current
Major & Extreme Adverse Events	*50% of Action from Major and Extreme Adverse Events to be closed within time*	**50%**	**39.1%**

There were 44 major/extreme adverse events reported in June out of a total of 1,364 incidents, 66.6% of all incidents were reported as 'no harm'. Over the past 12 months, Pressure Ulcer developing on ward has been the most common major/extreme incident reported followed by Cardiac Arrest.

There were 18 actions relating to LAER/SAER closed on time in June, from total of 46. On average 40.3 actions have been closed per month in 2023 compared to 51.5 over the same period year prior. There was a total of 360 actions open at the end of June, with 46 (14.57%) being within time.

As part of the overall improvement work around cardiac arrest, changes have been requested to the reporting and reviewing process of cardiac arrest adverse events. Work has begun to move the cardiac arrest SBAR from a paper to a fully electronic process to improve the timescales around completion of the SBAR and make the process more streamlined and accessible. The change mirrors the current successful electronic process used for tissue viability adverse events. Timescale for completion of the work is 1st September 2023.

HSMR		**1.00**	**0.96**

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

Inpatient Falls	*Reduce all patient falls rate by 10% in FY 2023/24 compared to the target for FY 2021/22*	**6.91**	**6.80**

The number of inpatient falls in total was 188 in June, up from 176 the month prior. This equates to a rate of 6.80 falls per 1,000 Occupied Bed Days (OBD). This is just on the right side of the target of 6.91.

The number of falls within Acute Services increased to 84 from 75 the month prior. This equates to a rate of 6.68 per 1,000 OBD.

The number of falls within HSCP increased slightly from 101 to 104. This equates to a rate of 6.89 per 1,00 OBD.

The majority of falls in the last 3 months (77.6%) were classified as 'No Harm' whilst 16.7% were classified as 'Minor Harm' and <3% were classified as 'Moderate Harm'. Falls classified as 'Major/Extreme Harm' accounted for 3.3% of the total falls.

New reduction in falls for 2023/2024 agreed locally at the Falls Steering Group on 9/8/23. 15% Falls with Harm and 15% for all Falls. National targets are defined by SPSP - these are to reduce all falls by 20% and falls with harm by 30% by the end of March 2024. A review of NHS Fife data indicated these targets would be challenging hence the local targets. The local workplan will be aligned to the national driver diagram and falls reduction change package.

Pressure Ulcers	*Reduce pressure ulcer rate by 20% in FY 2023/24 compared to the rate in FY 2022/23*	**0.89**	**1.08**

The total number of pressure ulcers in June 2023 was 30, equating to a rate of 1.08 per 1,000 Occupied Bed Days (OBD). This is an increase on the 0.87 reported in May 23 and takes it closer to the 24-month average. The number of pressure ulcers in Acute Services increased slightly from 19 in May to 20 in June (24-month average is 24.5 and rate is 1.59). In the same timeframe, the number of pressure ulcers in HSCP increased from 6 to 10 (24-month average is 7 and rate is 0.66).

Most pressure ulcers continue to be in Acute Services with 56 between Apr-Jun 2023 compared with 26 in HSCP.

ASD services continue to respond to all Grade 2 pressure ulcers and above. The "ward of the week" initiative is also going well with some areas still to cover. HSCP tissue viability team have recognised a slight increase in PU within community hospitals and are targeting support to the individual areas. The tissue viability teams from ASD and HSCP meet regularly and are working closely together to support each area, funding has been secured to support the training and education needs of the teams. Further education sessions for staff across NHS Fife are being planned with the teams working together to deliver this.

		Target	Current
SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*	**18.8**	**10.3**

The SAB infection rate decreased from 16.5 in May 2023 to 10.3 in June meaning that performance achieved target for the third month in a row.

Of the 52 HAI/HCAI reported in the last 12 months, 12 have been categorised as 'VAD'; 11 have been categorised as 'Other' or 'Not Known'; and 12 have been categorised as 'Other Sources'.

The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 17.9 against a Scottish average of 19.1. This continues a pattern of being in the upper-range one quarter and in the mid-range the next.

Local and national intelligence highlights the following areas for focus; medical devices (including VADs) and non-vascular access medical devices, skin & soft tissue infections (including people who inject drugs (PWIDs).

NHS Fife continue to achieve rates for HAI/HCAI SABs below the National Scottish comparator. Another success is at the end of June 2023 NHS Fife attained 258 days since the last PVC related SAB. The IPCT have been working with D&I and HoN to improve compliance with ePVC and removal of PVCs at 72hours, focusing on targeted education and training and exploring digital information solutions to improve compliance.

Despite this achievement with PVCs so far in 2023, there has been an increase in dialysis line related SABs, with each case undergone a Complex Care Review (CCR) with a SAER on 26/6/23, cases multi-factorial with learning summaries to follow.

The IPCT performs the following actions:

• Enhanced surveillance and analysis of SAB data to understand the magnitude of the risks to patients in Fife

• Uses data such as the weekly ePVC compliance report to inform clinical practice improvements

• Continue to liaise and support Drug Addiction Services with PWID.

		Target	Current
C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*	**6.5**	**17.2**

The C Diff infection rate increased from 16.5 in May 2023 to 17.2 in June and this remains high compared to the 24-month average of 9.82 but is still within control limits. There were 5 infections reported in June 2023 (equal to May 23) which takes the C Diff HCAI quarterly infection tally to 16 which is the highest on record.

9 of the 54 HAI/HCAI and Community infections in the past year were identified as 'recurring' infections. The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards at 13.4 and this was equal to the Scottish average.

National and local surveillance has identified NHS Fife in the mid-range of all Mainland Health Boards, equalling Scottish average HCAI CDI rates.

However, NHS Fife has seen a marked increase in the number of HCAI CDI cases in 2023 compared to the same time period the previous year.

Despite a key improvement aim to reduce the number of recurrent CDIs, this too has proven challenging in 2023.

NHS Fife continues to promote antimicrobial stewardship, with a Consultant Microbiologist establishing optimum antimicrobial therapy for patients at high risk of recurrent CDI, enhanced surveillance and analysis of risk factors for each CDI case.

		Target	Current
ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024*	**33.0**	**17.2**

The number of infections decreased from 12 in May 2023 to 5 in June and the rate of infection decreased from 39.7 to 17.2 HAI/HCAI per 100,000 Occupied Bed Days (OBD). This is the lowest rate in the past 24 months and the best performance since March 2021.

Urinary Catheter related infections have been responsible for 25 of the 112 infections in the last year (22.3%) and remains a key focus for improvement work although the 'Not Known' category accounts for 26 infections (23.2%).

The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending March 2023, showed that NHS Fife (with a quarterly infection rate of 29.7) lay in the mid-range of Mainland Health Boards (as has been the case for the last 6 quarters) and was below the Scottish average of 37.3.

Achievements: June ECB rates were the lowest in the past 24 months. To sustain these improved rates the IPC team continue to liaise with the Urinary Catheter Improvement Group (UCIG) - last meeting held on 23rd June 2023. This group aims to minimise urinary catheters to prevent catheter associated healthcare infections and trauma associated with urinary catheters.

The findings of the CAUTI bundles in care homes project was also presented to UCIG. With further plans to work collaboratively with the Care Home Liaison Nurse Team and Bladder and Bowel Service for further implementation.

	Target	Current

Challenges: CAUTI insertion and maintenance bundles have now been installed onto Patientrack in February 2022 and were trialled on V54 ward. Amendments to the tool continue to be awaited by Patientrack before this can then be rolled out across the board.

		Target	Current
Complaints – Stage 2	*At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024*	**50%**	**16.2%**

There were 43 stage 2 complaints received in June, with 95.3% acknowledged within timescales, with 37 closed. Of those closed, 6 (16.2%) were within timescales with 13 greater than 80 days after deadline. 35 complaints were due in the month with 6 (17.1%) closed on time.

57% of live complaints have been open for more than 40 days with 34.5% open for more than 80 days.

42.3% of live complaints are awaiting statements with 33.1% approval of final response.

The Patient Experience Team (PET) officers ensure the Head of Complaints and outcomes are clearly defined at the initial stage of the complaint to help improve the quality of complaint responses. Further training to support this will be provided to PET officers.

The new complaint "complexity scoring" categories will be added to the Datix system, allowing all PET members to access this function. Once completed, the new complexity scoring system will be fully implemented, providing insight into the volume of complex complaints that NHS Fife receives and handles.

A "complaints escalation" standard operating procedure (SOP) is being drafted but has not progressed further due to challenges within the PET team. This will highlight and support processing complaints within the agreed national timescales, in line with the model handling complaint procedure.

Digital and information have created a PET Dashboard, which is currently being tested and is available on the Data & Insight Hub. This has received positive feedback and will be reviewed over the next few months to agree on data metrics and reporting priorities.

The Navigator commenced post at the end of May and supports data collection, chasing and tracking complaints, and providing administration and organisational support to the PET Officers.

Work is ongoing to progress the results and action of the MSForm questionnaire sent to Consultant colleagues. The data has been themed into three categories, Education and Training, Processes and Procedures and Support, and this will directly influence the quality improvement work to improve the understanding and compliance with the Complaint Handling Process and staff support.

A new Patient Experience Team intranet page is being created to provide information and guidance about the Complaint Handling Process, with links to education, training and support.

We continue to work with services, review new ways of working, and understand challenges. Regular meetings are being held with Acute to review processes and implement change, and this will also be explored with the Health & Social Care Partnership.

Clinical pressures improved in July 2023, and there was a focus on processing complaints. Week commencing 17 July 2023, 19 final response letters were sent; however, 11 new Stage 2 complaints were received that week.

Delays remain with obtaining statements and approval of final responses, and at the end of July 2023, 80% of all live complaints were awaiting statements or final approval by the Divisions. The number of live complaints remains unchanged between 140-150. There is an average of 40 complaints per month over 100 days, and this does not change despite closing on average 13 of these per month. This demonstrates clearing the continuous existing backlog of complaints is incredibly challenging.

Historically the Band 6's PET Officers would have a mixed caseload of enquiries, concerns, Stage 1's and Stage 2's with at most 20 Stage 2's. There are 3.6 WTE Band 6 PET Officers, allowing them to work on a maximum of 74 Stage 2's. There are 143 stage 2 complaints open, which is a 93.4% increase in workload for the team. Compared with 2021/2022, there is also a 12.4% increase in the total number of complaint contacts (enquiries, concerns, stage 1's and stage 2's).

OPERATIONAL PERFORMANCE

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

		Target	Current
4-Hour Emergency Access	*National Standard*: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer	**95.0%**	**76.0%**
	Local target by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer	**82.5%**	**69.0%**

A&E (all sites)
Performance in July decreased to 76% and but remains above the 24-month average.

Unplanned attendances decreased from 7943 in June to 7424 in July and average per day reduced to 239 (-26 compared to month previous; +5 compared to year previous).

Planned attendances saw a decrease from 412 in June to 366 in July (-161 since May 23).

The number of 8-hour breaches decreased from 311 in June to 233 in July; and 12-hour breaches decreased from 59 in June to 10 in July. These figures are notably better than breaches reported in July 2022 (589 for 8hr; 125 for 12hr).

ED (VHK only)
Performance in July decreased slightly from 71.3% to 69.0%. Unplanned attendances decreased from 5956 in June to 5740 in June (-216 compared to month previous; +8 compared to previous year).

Planned attendances saw a decrease from 185 in June to 156 in July (-100 since May 23).

The overall attendances at VHK ED continue to be higher than attendances at the start of the year and the number of admissions remains at an average on 33%.

Flow through the hospital has been supported with a weekend discharge team which has improved overall opening positions on Mondays. Challenges remain when occupancy of ED is high, impacting on available assessment space resulting in increased waits for 1st assessment.

Work continues with the F&NH for redirection and increased use of the Rapid Triage Unit for clinically appropriate patients.

Patient TTG (Waiting)	*All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat*	**100%**	**44.4%**

Monthly performance increased from 43.6% in May 2023 to 44.4% in June.

Waiting list numbers continue to trend upwards for waits of 'within 12 weeks' and 'over 12 weeks'. Waits 'over 26 weeks' & 'over 52 weeks' remained at 1953 & 448 respectively. Waits 'over 78 weeks' saw a reduction from 88 in May to 84 in June. Waits 'over 104 weeks' increased from 15 to 20, taking it beyond projected figures.

The overall waiting list increased by <2% from May to June.

Overall performance against the 12 weeks standard has stabilised in June 2023. However, as available core capacity (including that funded through waiting times allocation from SG) is unable to meet the demand, it is anticipated that there will continue to be a deterioration in waiting times in line with projections over the year. Overall demand was greater than projected in Q1 and this, along with the core capacity gap, has resulted in an increase in waiting list size with over 3,900 patients waiting for a procedure at the end of June 2023.

There were 20 patients waiting over 2 years in June which is worse than anticipated largely due to a capacity constraint in one specialist area which is being actively looked at to resolve. The number waiting over 18 months (78 weeks) and one year (52 weeks) were 88 and 448 respectively, both of which are better than projected but worse than in March 2023. The main specialities of concern for long waits remain Orthopaedics, General Surgery, Urology, Gynaecology and Plastic Surgery. As routine waiting times increase, there are proportionally more patients being assessed as urgent in some specialities which is leading to increasing waits for routine patients. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 78 weeks.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**48.3%**

Monthly performance continues to decrease, reducing from 49.6% in May 2023 to 48.3% in June. Most waits saw increases: 'over 52 weeks' increased by 16.3%, though this remains below the projected figures. Waits 'over 78 weeks' saw a decrease from 92 to 85. There is one recorded instance of a wait 'over 104 weeks' which is the first since August 2022 and is outwith the projected figures.

The overall waiting list increased by 3.5% from May to June.

Performance has continued to deteriorate in June as available core capacity (including that funded through waiting times allocation from SG) is unable to meet increasing demand. It is anticipated that there will continue to be a deterioration in waiting times in line with projections over the year. Demand is greater than projected in Q1 and this along with the core capacity gap has resulted in an increase in waiting list size with over 29,000 patients waiting at the end of June 2023.

The number waiting over 2 years (104 weeks), 18 months (78 weeks) and one year (52 weeks) were 1, 85 and 1556 respectively, all of which apart from 2-year waits were slightly better than projected but worse than in March 2023. The main specialities of concern for long waits are Cardiology, Diabetes and Endocrinology, Gastroenterology, General Surgery, Neurology, Gynaecology and Vascular Surgery. As waiting times increase there are proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been waiting more than 52 weeks.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**47.0%**

Monthly performance reduced from 49.9% in May 2023 to 47.0% in June, continuing the gradual downward trend seen since February 2023. For patients waiting less than 6 weeks, Endoscopy saw a small increase in performance (from 46.8% to 47.0%) and Imaging saw a decrease (from 50.2% to 46.9%).

In terms of waiting list numbers, Imaging increased by 475 to 8770 (the highest on record). MRI saw numbers increase from 1280 to 1393 in June having seen a reduction in May. CT saw a small decrease (from 1587 to 1546); but Ultrasound saw an increase (from 5428 to 5831) to the highest recorded monthly numbers. The diagnostic waiting list overall increased from 9186 in May to 9657 in June (the highest on record).

The number of those waiting over 6 weeks continues to increase, from 4604 in May to 5120 in June, though this is less than the projected figure of 5339.

In endoscopy, performance for patients waiting over 6 weeks stabilised at around 50% for the last 5 months as capacity has just been able to meet the demand for new patients. However, the number of long waiting routine patients has increased as there has been an increased demand for urgent and urgent surveillance patients. It is anticipated that this trend will continue in the coming months and the projected gradual reduction in long waiting patients over the year will not be met. There were 16 endoscopy patients waiting over 1 year (52 weeks) in June and the number waiting over 26 weeks was 171, both of which are worse than projected and in March 2023.

In Radiology, performance has been on a downward trend since Q3 of 2022/23 due to a reduced level of funding, increased demand in all modalities and challenges with vacancies in Ultrasound. There were no radiology patients waiting over 1 year or 26 weeks in June 2023 which is in line with projections and the same as in March 2023. As projected, capacity in radiology is not meeting the increasing demand and, as the proportion of urgent outpatient referrals increases and the demand for inpatient scans continues, waiting times for routine outpatient tests will deteriorate for all modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits.

Cancer 31-Day DTT	*95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment*	**95%**	**96.5%**

Monthly performance in June 2023 increased to 96.5% which is above target and just short of the 24-month average of 97%. The number of eligible referrals increased from 127 in May to 173 in June (+75 since April).

There were 12 breaches in QE June 2023, all of which were attributable to Urology (6 for 'Prostate' and 6 for 'Other').

The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the lower-range of all Mainland Health Boards having been in the upper and mid ranges for the previous 14 quarters.

There were three urology breaches in June, all prostate. There was a delay in post MDT and oncology outpatient appointments for two of the patients and one due to a delay in robotic prostate surgery.

Both oncology and robotic surgery capacity remain an issue.

Range 12-62 days with an on average breached by 37 days.

Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**79.5%**

Monthly performance in June 2023 increased to 79.5% which is just above the 24-week average of 79%. The number of eligible referrals increased from 85 in May to 88 in June (+22 since April).

There were 48 breaches in QE June 2023 with 28 of these (58.3%) attributable to Prostate.

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

Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal and urology. In terms of performance urology continues to be our biggest challenge with 13 breaches seen. The main reasons attributing to breaches were delays between many steps throughout the pathway, with the exception of waits to 1st outpatient appointment. The CRUK nurse-led pathway pilot to improve waits from Referral to MDT is due to go live in August. The range of breaches for prostate 10-158 days, average 63 days. There were further three lung breaches, two cervical breaches, one colorectal and one urology other. These breaches were due to lack of resources in oncology, SACT, radiotherapy, surgery and referral to 1st outpatient appointment. Range for all breaches 2-158 days, average 47 days.

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce*	**5.0%**	**6.1%**

The % of beds days lost to 'standard' delays increased from 4.9% in June 2023 to 6.1% in July. This is above the 5% target but less than the 24-month average of 7%.

The number of bed days lost to 'Code 9' delays in July decreased by 56 compared with June (-5.1%).

The number of bed days lost 'Excluding Code 9' increased by 352 in July compared with June (+24.6%; an increase in daily average from 47.7 to 57.5).

Comparing year-on-year, the numbers in delay at census point was similar overall for Community, though the percentage associated with 'Code 9' delays was slightly less in June 2023. For the past 9 months, MH/LD has seen higher 'Code 9' delays than the corresponding month the previous year (average for Nov21-Jul22 was 9; average for Nov22-Jul23 was 14).

Discharge Hub weekly performance profile continues to see between 90 to 100 discharges. Comparing year on year this has increased by 40 more patients per week being discharged home or to a homely setting. Integrated discharge teams in Acute and Community continue to ensure Planned Day of Discharge is effective and efficient. Multi-disciplinary team working plus daily and weekly verification ensures timely operational responsiveness to discharge planning. This continues to improve flow as well as patient and staff experience. Further collaborative working with Acute colleagues to embed Planned day of Discharge within planned care remains a priority. Test of change has been undertaken with the Front Door and Hub team collaboratively working with Acute colleagues to support criteria led discharge. This is having a positive impact in reduction of planned care boarding patients and improved flow that is reflective in reduced OPEL score at the start of normal working week. Designated Social workers and Assistant Review practitioners are now embedded within Acute and Community Hubs supporting timely and holistic assessments.

Targeted piece of work to have verification meetings for 51X codes continue to have impact.

For community PDDs, targeted work is required to ensure more timely pathways to care homes as a new initiative to address the Length of Stay linked to Care Home waits community care home coordinators have been employed in five group care home businesses and one for internal homes. The time to assess will reduce by having this dedicated resource.

FINANCE

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

		Forecast	**Current**
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**See below***	**(£10.98m)**

The position for Health Retained at July 2023 is an overspend of £10.98m as previously reported Scottish Government has given additional funding relating to NRAC parity and New Medicine Funding. This has been allocated to support achieving financial balance.

The main drivers of the overspend are supplementary staffing, external SLAs, ongoing Covid Legacy costs and the cost of surge. Inflation and the cost-of-living pressures are in excess of the levels identified in the Financial Plan. One final area that merits highlighting is the lack of traction on the delivery of planned savings.

*The forecast for revenue outturn as reported to EDG is a potential overspend of £20m however plans are being formulated to recover the position and achieve financial balance.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorate*	**£11.17m**	**(£1.451m)**

The Capital Forecast for July 2023 reflects Capital Resource Limit (CRL) of £7.764m as advised by Scottish Government plus anticipated allocations for a number of specific projects as discussed at FCIG.A relatively low level of capital expenditure has been incurred for the period which is not unusual at this relatively early stage in the financial year. The majority of capital expenditure generally occurs in the latter half of the financial year.

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

STAFF GOVERNANCE

	To improve staff experience and wellbeing	2	2	-	-	-	◄►	Moderate

		Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**4.00%**	**6.61%**

Sickness absence has reduced from 6.83% in May to 6.61% in June, just above average of 6.43% for display 24-month period, with long-term absence reducing 0.25%.

All Directorates/Divisions saw reduction in absence rate apart from Corporate Services (increase to 5.70%) and WCCS (minor increase to 6.09%).

Most sickness absence episodes and hours lost related to mental health issues.

The refreshed Attendance Management training programme is now being delivered in partnership to groups of managers within NHS Fife to complement the Turas LEARN NHS Scotland Attendance eLearning module. Responding to the data analysis of our absence trends, this refreshed programme incorporates a range of support packages available to help support staff's mental health, including resources available on the Healthy Working Lives website, plus the Live Positive - Stress Management Toolkit. Further training initiatives continue to be considered, including rolling out short learning bites. Attendance Review Panels are scheduled across NHS Fife with discussion on attendance cases, providing opportunities for shared learning and assurance on consistency of approach and best practice. The Promoting Attendance Panel process is currently being reviewed and a multifactorial review in relation to attendance led by Lisa Cooper, General Manager of Primary & Preventative Services, is taking place within HSCP. The Occupational Health & Wellbeing Service will progress correlation of the number of management referrals with episodes of long term absences relating to MSK and Mental Health, which will result in targeted support.

PDPR Compliance	*To achieve an annual PDPR compliance rate of 80%*	**80%**	**40.4%**

There has been an increase of 0.1% during July meaning that compliance has increased to 40.4%. Though small, this is still the highest engagement figure reported in over 13 months. However, the upward trajectory seen previously has plateaued and the rate of increase will need to increase to ensure the target compliance percentage of 80% remains achievable. Directorate / Divisional level changes ranged from a decrease of 1.7% in Acute Services Planned Care to a 2.2% increase in HSCP Community Care Services.

The number of reviews held in the last period (251) is notably lower than the previous month (324). As noted above, levels of activity will need to increase in the next few months in order that the required monthly engagement target is reached and subsequently maintained throughout the rest of this review year to ensure that the target compliance percentage of 80% is achieved.

Although there has been an increase in the compliance figure, the monthly engagement figure continues to show a decline. To return to a level trajectory and achieve the 80% compliance target by 31st March 2024, a minimum of 5% (approximately 500) PDPRs per month are required.

The enhanced communications and encouragement from Senior Managers and Executives needs to be a key feature throughout 2023/24 in order to reach and maintain the required momentum. To support managers locally, updated PDPR reports showing compliance as at 31st August 2023 will be distributed at the beginning of September 2023. New dates for Turas Appraisal Lunchtime Bytes have been issued with the launch of a Turas Appraisal eLearning module planned for week commencing 4th September 2023.

To support managers locally, updated PDPR reports showing compliance as at 31st August 2023 will be distributed at the beginning of September 2023. New dates for Turas Appraisal Lunchtime Bytes have been issued with the launch of a Turas Appraisal eLearning module planned for week commencing 4th September 2023.

PUBLIC HEALTH & WELLBEING

	To improve health and wellbeing	5	2	3	-	-	▲	High

		Target	Current
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**473** (Mar)	**301** (Mar)

There were an additional 34 successful quits in March 2023, which is a 60% increase on Feb and more than double the reported numbers in Dec22 and Jan23. It is just 6 short of the monthly target of 40. The cumulative total for 2022/23 is 301 against an expected trajectory of 473. Achievement against trajectory to Mar23 is 63.6%.

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

Fife Specialist, Maternity & Community Pharmacy Quit Your Way (QYW) Specialist service has increased provision to 32 clinics Fife wide: these are 20 community-based and 12 GP based clinics. Following client feedback, we are now offering a blended approach for clients to access support appointments with an advisor: incorporating home visits, telephone and near me appointments to work alongside the existing system. This change has been welcomed by people who are not able to attend weekly face to face clinic appointments for a variety of reasons and we are hopeful this will increase retention of clients in the QYW programme and in turn successful 12 week quits.

Using the service mobile unit, the team are accessing community events across Fife. These events have been a positive opportunity to connect with 3rd sector organisations and attend organised events, where we have been able to offer brief interventions, advice and sign up to the service as desired.

Events attended, include the weekly Summer in the Park, Riverside Park Glenrothes, Collydean Community Centre, Levenmouth foodbank & community café, Broomhead Community Flat and the Auchmuty job club.

Positive steps have been made to re-establish and strengthen connections with Fife midwifery services. We are supporting the new Midwifery Support Assistant posts with training on smoking cessation and the importance of the very brief advice (VBA) model when working with their client group in SIMD 1 & 2 areas to ensure an effective referral pathway to the specialist service for Maternity Quit Your Way programme. We have training dates scheduled for September & October in QMH & VHK, our aim is to increase referrals to the Maternity QYW programme.

Staffing capacity remains in deficit: Three new advisors are at varying stages of completing their specialist training to complete the Smoking Cessation Competency Framework; two advisors are on maternity leave, and the Band 6 Stop Smoking Coordinator has not yet to commenced in post whilst we await employment checks.

A temporary plan is in place to support Community Pharmacies (CP) Quit Your Way programme with the administration of their 12-week quit follow up contact to clients. It has been highlighted by CP that time to conduct follow up calls is not a priority and therefore quit data is lost. Our additional support will be reviewed in 3 months to ascertain if any impact has been made to successful quits. Specialist QYW service and CP QYW service will work together to increased footfall and reach to support people to stop smoking.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**74.1%**

Monthly performance increased from 68.0% in May 2023 to 74.1% in June, taking it just above the 26-week average of 73%. For the seventh month running, no young people are having to wait more than 35 weeks for treatment, though the number of those waiting between 19-35 weeks increased from 48 in May to 70 in June. The percentage of those waiting less than 18 weeks reduced from 84.8% in May to 76.2% in June.

The number of referrals received in June was 233, a decrease of 23 on the previous month but slightly higher than the same time last year (+6.4%). The waiting list saw a slight decrease (294 in Jun compared to 316 in May) which follows 6 months of increasing waiting list numbers.

NHS Fife remains in the mid-range of Health Boards as of the last quarterly publication in June (for the quarter ending Mar 2023) and was above the Scottish average (83.8% compared to 74.2%).

DNA rate has reduced compared to May 2023 as the result of an initiative where all first appointments in Core Teams now receive a phone call prior to appointment. Evening clinics (activity against longest waits) continue to mitigate the reduced staffing capacity due to current vacancies and to hold the position where no one is waiting over 36 weeks. Although those waiting over 18 weeks has increased, the overall number of children and young people waiting has reduced. Recruitment to fill posts is underway with all posts at interview stage. RTT will continue to fluctuate dependant on ratio of urgent presentations to work against longest waits. Performance specifically related to longest waits has followed the predicted trajectory reported to Scottish Government which will see an incremental increase in waiting list until September 2023 followed by a gradual reduction through to

	Target	Current

March 2024 when RTT% will be achieved, dependant on demand following previous pattern and successful recruitment & retention of staff.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**67.5%**

Monthly performance fell from 72.3% in May 2023 to 67.5% in June: this is outwith control limits and is the lowest since October 2020. Performance on the target falls when the service is focused on seeing people who have been waiting longest. In June, the number of people who had waited over 52 weeks who were taken on for treatment was 55% higher than in May 2023 and 18% higher than the average for the previous 12 months.

The number of those waiting over 52 weeks decreased from 286 in May to 273 in June and the number of those waiting 36 to 52 weeks decreased from 271 to 265, although the numbers waiting between 19 to 35 weeks increased from 579 to 635. The overall waiting list however decreased by 3.8% (from 2738 to 2633). Between May and June 2023, referrals for all ages decreased by 8.4% (from 974 to 892). However, the June 2023 referral rate was still higher than that for June 2022 and higher than the average for the previous 12 months. NHS Fife remains in the mid-range of Health Boards, albeit at the lower end of the range, as of the last quarterly PHS publication in June (for the quarter ending Mar 2023) and was below the Scottish average (79.8% compared to 71.9%).

The specific Psychology Services where waiting times remain an issue continue to progress service developments to better meet demand and there were a number of developments initiated during May. Within the Adult Mental Health (AMH) Psychology Service, a test of change has been implemented to assess the impact of providing a Brief Psychological Formulation Intervention to people referred to both the Kirkcaldy Community Mental Health Team and the Levenmouth Community Mental Health Team. As well as increasing access to PTs this development aims to improve psychologically-informed practice and interventions delivered by non-Psychology staff. Following an increase in capacity, the AMH Psychology service in Kirkcaldy and Levenmouth has also been able to re-introduce a Brief Interventions Service for people referred from Primary Care settings. This will improve access to PTs and help maintain performance against the PT target in the future.

The Psychology Service as a whole continues active recruitment although national workforce pressures still pose a challenge. Access to enough suitable clinic accommodation also remains a challenge.

Immunisation: 6-in-1	*At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age*	**95%**	**92.5%**

The latest published data (for quarter ending March 2023) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 92.5%, falling below target to the lowest figure recorded. PCV saw a reduction of 2.6% (lowest since Dec-20); Rotavirus and MenB each saw reductions of 2.4% (lowest recorded for both).

Uptake at 12 months for 6-in-1 in NHS Fife was the lowest of all mainland NHS Boards with the highest uptake being 97.2%.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions. The group continues to meet regularly to oversee implementation. Mop up clinics are running over the summer months and contact made with those who did not bring child for Immunisation.

Immunisation: MMR2	*At least 92% of children will receive their MMR2 vaccination by the age of 5*	**92%**	**86.4%**

The latest published data (for quarter ending March 2023) shows that NHS Fife uptake for MMR at 5 years of age had held relatively static at 86.4% (having been 86.3% in the previous quarter). Again, this is only marginally better than the low of 86.2% achieved in March 2019. MMR1, Hib/MenC and 4-in-1 all saw the same small reduction of 0.4% compared with the previous quarter.

Uptake at 5 years for MMR2 in NHS Fife was the second lowest of all mainland NHS Boards with the highest uptake being 94.8%.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions. The group continues to meet regularly to oversee implementation. Mop up clinics are running over the summer months and contact made with those who did not bring child for Immunisation.

e. Performance Exception Reports

CLINICAL GOVERNANCE

Adverse Events	Number 44

Year Ending: Jun-23

Actions from Significant and Local Adverse Event Reviews	Closure Rate 39.1%

Open Actions; Jun-23 (330)

within time 48

overdue 282

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed

	Delivery of Clinical Governance Strategic Framework - Adverse Events	Mar-24
Key Milestones	Publication of updated Adverse Events Policy	Apr-23
	Adverse Events Management Resource Pack uploaded to Blink	Sep-23
	Deliver bespoke training session, where requested, to complement the e-learning package for review teams	Aug-23
	Facilitate short life working group to identify changes required to Datix action module	Mar-24
	Review and refresh of Datix Action Module to support improvement to the theming of action types to enhance identification and inform on themes of learning	Dec-23
	Implementation of updated Adverse Events policy and related procedures	Jan-24

HSMR *Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.*	**Performance 0.96**

Reporting Period: April 2022 to March 2023

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

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

Victoria Hospital
Within Limits
Observed Deaths: 1,730
Predicted Deaths: 1,830
HSMR: 0.95

Commentary

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

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

Performance 6.80

Local Performance

Legend: Target | Average | Control Limit | ● Outlier

Falls with Harm; QE Jun-23

Pie chart: Major/Extreme 19, Moderate 14, Minor 96

Bar chart legend: Falls | with Harm

Performance by Service Area

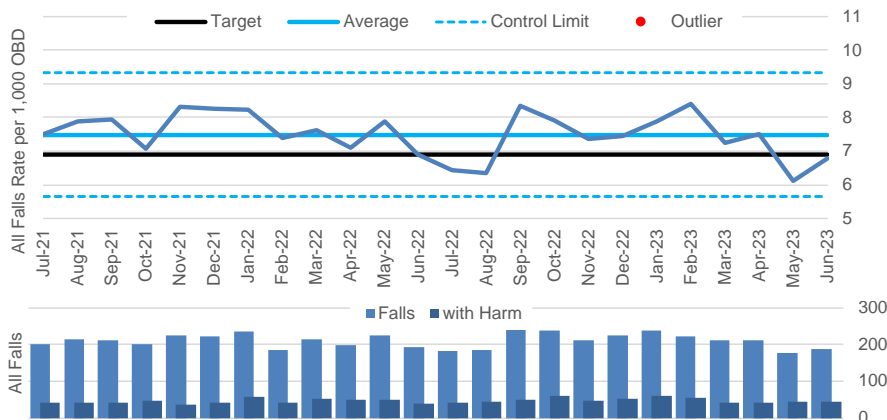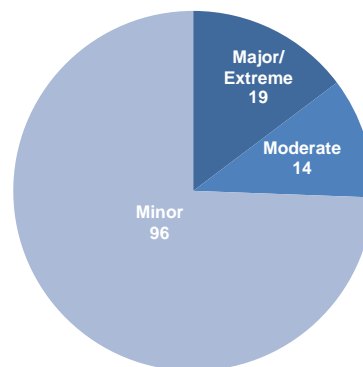|	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	6.91	6.44	6.34	8.34	7.90	7.37	7.44	7.88	8.39	7.24	7.50	6.12	6.80
Acute	7.83	8.06	6.45	9.33	7.53	8.21	7.20	8.22	9.73	6.52	8.90	5.70	6.68
HSCP	6.08	4.97	6.25	7.47	8.24	6.64	7.65	7.58	7.28	7.82	6.33	6.48	6.89

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed

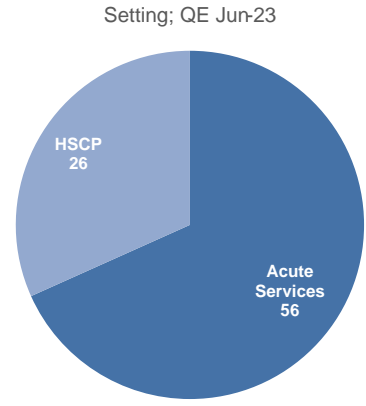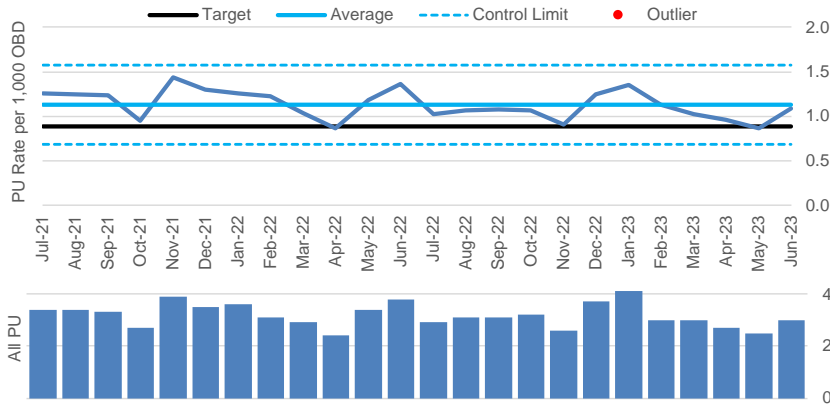|	Reduce Falls across all hospital inpatient setting	Mar-24
Key Milestones	Review and confirm falls link practitioners for each ward area on every hospital site.	Sep-23
	Ensure that falls related data is discussed and displayed in the ward to strengthen awareness across multi-disciplinary team.	Sep-23
	Rollout revised Falls toolkit including related policies e.g.: Boarding, Supervision, Bed rail.	Sep-23
	Support shared learning from incidents and share good practice	Sep-23
	Align all NHS work with the newly updated SPSP National Inpatient Falls driver diagrams	Mar-24
	Develop a national Falls education module within TURAS system	Sep-23
	Rollout new patient information leaflet and endeavour to audit the impact and benefit for patients	Sep-23

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

Performance 1.08

Local Performance

Legend: Target — Average — Control Limit --- Outlier ●

Setting; QE Jun-23

Pie chart: Acute Services 56, HSCP 26

Performance by Service Area

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	1.37	1.02	1.07	1.08	1.07	0.91	1.24	1.35	1.13	1.02	0.96	0.87	1.08
Acute	2.05	1.48	1.69	1.94	1.97	1.28	2.29	2.39	2.33	1.82	1.33	1.44	1.59
HSCP	0.75	0.60	0.52	0.32	0.25	0.59	0.32	0.44	0.14	0.37	0.65	0.38	0.66

Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended		Proposed

Reduce Pressure Ulcers (PU) developed on case load across all health care settings		**Mar-24**
Key Milestones	Acute TVNT - Provide training to over 1000 staff	Mar-24
	Acute TVNT - Re-launch the service (updating service spec, training resources, TVN link programme)	Jul-23
	Embed the use of the CAIR resource	Mar-24
	Embed the revised HIS Pressure Ulcer Standards (October 2020)	Mar-24
	Review of services and options for new service design	Aug-23

HAI/HCAI

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

Performance 10.3

Local Performance

Legend: Target — Average — Control Limit — • Outlier

Infection Source: YE Jun-23

VAD, Not Known, Skin & Soft Tissue, Device other than VAD, Other, Other Sources

National Benchmarking

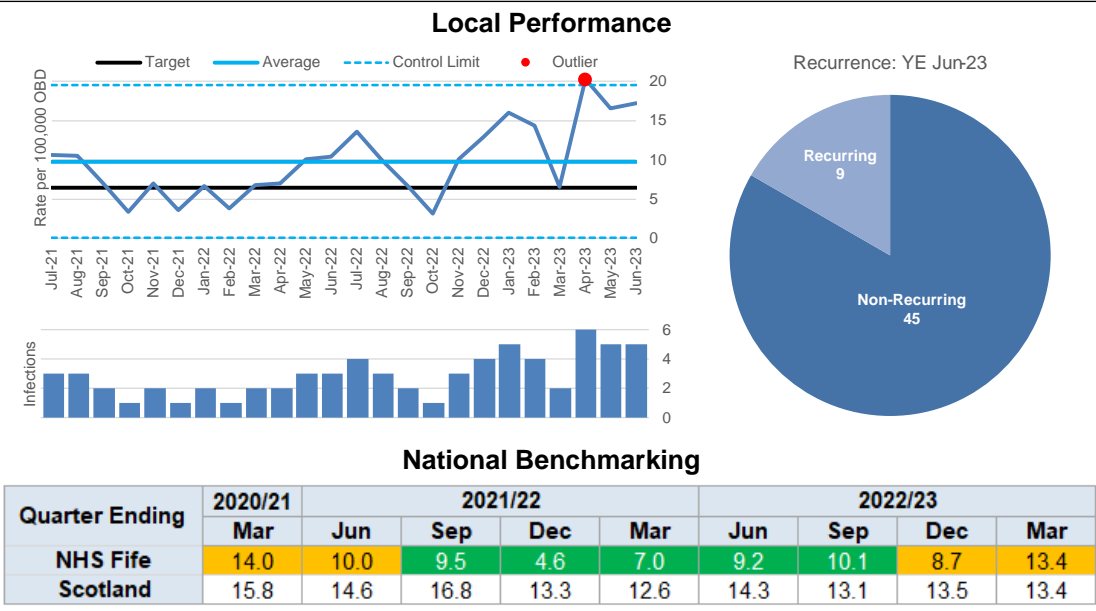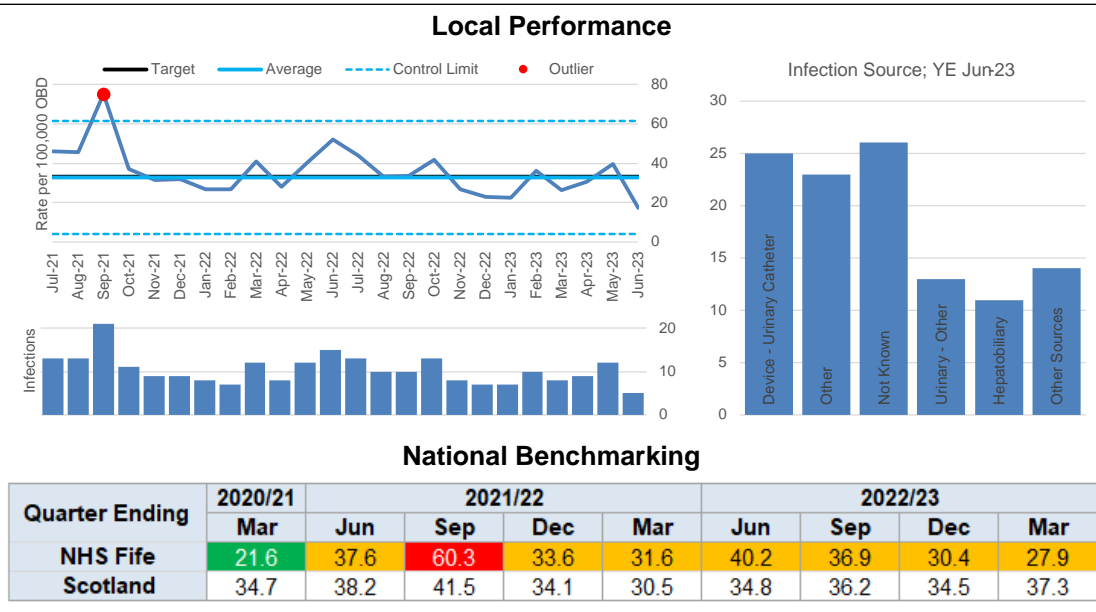| Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	10.9	17.9
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	19.2	19.1

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

Performance 17.2

Local Performance

Legend: Target — Average — Control Limit — • Outlier

Recurrence: YE Jun-23

Recurring 9 / Non-Recurring 45

National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	8.7	13.4
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	13.5	13.4

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

Performance 17.2

Local Performance

Legend: Target — Average — Control Limit — • Outlier

Infection Source; YE Jun-23

Device - Urinary Catheter, Other, Not Known, Urinary - Other, Hepatobiliary, Other Sources

National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9	30.4	27.9
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2	34.5	37.3

CLINICAL GOVERNANCE

Key Deliverable		End Date
Off track	At risk	On track	Complete	Suspended	Proposed

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

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

Performance 16.2%

Local Performance
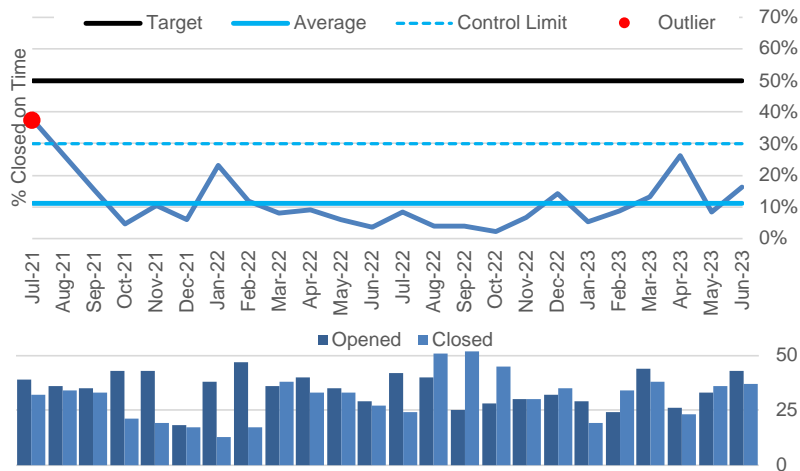
Open Complaints; Jun-23
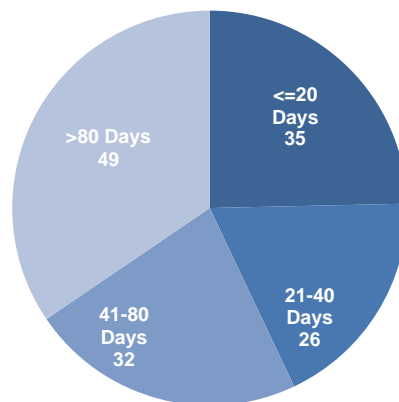
Performance by Service Area

		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	Opened in Month	42	40	25	28	30	32	29	24	44	26	33	43
	% Acknowledged on time	85.7%	87.5%	96.0%	96.4%	93.3%	96.9%	100.0%	95.8%	97.7%	96.2%	97.0%	95.3%
	Due in Month	30	47	37	21	30	27	32	30	28	38	29	35
	% Closed on time	3.3%	6.4%	5.4%	4.8%	3.3%	14.8%	6.3%	13.3%	14.3%	15.8%	6.9%	17.1%
	Closed in Month	24	51	52	45	30	35	19	34	38	23	36	37
	% Closed on time	8.3%	3.9%	3.8%	2.2%	6.7%	14.3%	5.3%	8.8%	13.2%	26.1%	8.3%	16.2%
Acute	Closed in Month	14	43	34	29	22	26	17	23	23	16	27	23
	% Closed on time	14.3%	2.3%	0.0%	0.0%	9.1%	19.2%	5.9%	13.0%	13.0%	31.3%	7.4%	21.7%
HSCP	Closed in Month	10	6	16	16	7	9	2	10	15	7	9	14
	% Closed on time	0.0%	0.0%	6.3%	6.3%	0.0%	0.0%	0.0%	0.0%	13.3%	14.3%	11.1%	7.1%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed

	Key Deliverable	End Date
	Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets	**Mar-24**
Key Milestones	PET to meet regularly with Acute and H&SCP to discuss Model Complaint Handling process improvements to assist with meeting target	Oct-23
	Implement complexity scoring system to categorise complaints	Aug-23
	Supportive escalation process to be implemented to highlight delays within the Model Complaint Handling Process	Oct-23
	New weekly complaint report to be created and shared with services to provide data and highlight delays within the Model Complaint Handling Process	Oct-23
	Testing of focused Multidisciplinary Team Meeting (MDT) within Acute to respond to complex complaints in a view to negate the requirement for statements and reduce service response time	Dec-23
	Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences	**Apr-24**
Key Mileston es	Review current Patient Experience Team's funded establishment to recruit a Bank Band 4 Patient Experience Officer 0.26 WTE	Oct-23
	Perform workforce review of Patient Experience Team	Oct-23

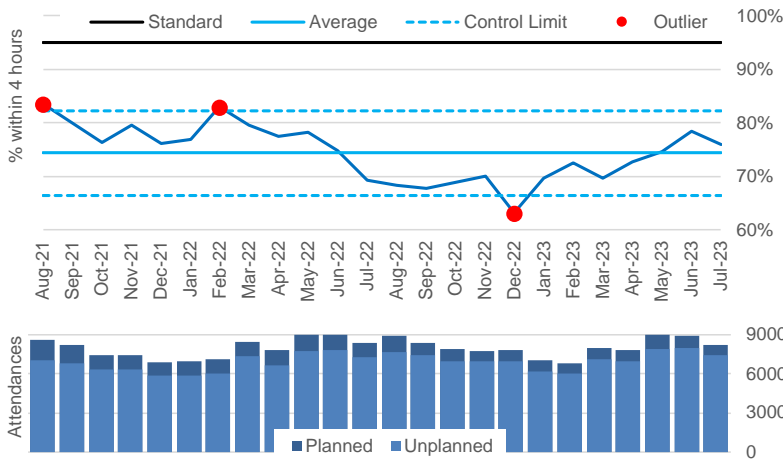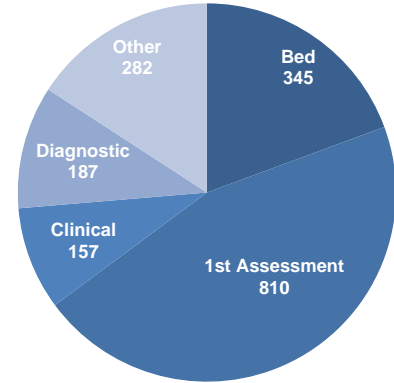| Digital Solution for reporting Live Patient Experience (Complaint) data	Apr-24
Key Milestones Meet with Information Services to discuss and develop Dashboard	Apr-23
Liaise with other Health boards regarding their Dashboards	May-23
Discuss and agree data to be displayed with Acute, Corporate and H&SCP	Oct-23
Discuss and agree data to be displayed within Patient Experience Team screen	Oct-23
Identify test area prior to roll out	Oct-23
Education and training	Oct-23
Test implementation of dashboard	Nov-23
Communication, promotion and raise awareness of dashboard	Jan-24
Roll out Dashboard within NHS Fife	Jan-24

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

Performance 76.0%

Local Performance

Legend: Standard — Average — Control Limit --- Outlier ●

Y-axis: % within 4 hours (60%–100%); Attendances (0–9000)
X-axis: Aug-21 through Jul-23

Bar legend: Planned / Unplanned

Breach Reasons: Jul-23

- Bed 345
- 1st Assessment 810
- Clinical 157
- Diagnostic 187
- Other 282

National Benchmarking

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHS Fife	68.4%	67.7%	68.9%	70.1%	63.2%	69.6%	72.6%	69.6%	72.7%	74.5%	78.4%	76.0%
Scotland	69.6%	69.0%	67.6%	67.5%	62.1%	68.7%	69.6%	68.0%	69.3%	70.8%	72.6%	

Key Deliverable	End Date
Off track / At risk / On track / Complete / Suspended	Proposed

		End Date
Develop and scope ambulatory models of care supporting early supported discharge and admission prevention		**Sep-23**
Key Milestones	Relocation of Haematology Day Unit to VHK site and increase treatment capacity to provide a sustainable service meeting legislative guidelines and future-proof patient services for Haematology patients in Fife	Apr-23
	Outcome report and future demand/capacity planning based on results of the 22/23 Ambulatory Care SLWG	Apr-23
	Detail requirements by specialty and workforce requirements to support	Apr-23
	Scope option appraisals and submit for approval	Jun-23
	Approval	Sep-23
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		**Sep-23**
Key Milestones	ED Staffing model proposal to EDG	Aug-23
	In collaboration with HSCP, develop an in reach model for people requiring mental health support UCAT. Develop an in reach model for people requiring addictions support for recovery and crises management	Sep-23
	In collaboration with HSCP, develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Sep-23
Improve Same Day Emergency Care and rapid assessment pathways		**Jun-24**
Key Milestones	Sustainable staffing model in RTU	Jul-23
	Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care	Jul-23
	Expansion of ECAS out of hours	Aug-23
	Increase to 7-day service OPAT	Jun-24

Develop a workforce and delivery model that is financially sustainable		Oct-23
Key Milestones	Establish a Finance and Workforce Group	Jun-23
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current model against role descriptions	Jul-23
	Develop options appraisal for submission to FNC SOG.	Sep-23
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	Sep-23
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	Oct-23

Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time		Oct-23
Key Milestones	Establish a Pathways Group	Jun-23
	Establish a FNC Clinical Governance Group	Jun-23
	Improve and increase number of pathways FNC can access: Review existing pathways in and out of the Flow Navigation Centre (FNC) and identify new opportunities and areas for expansion	Jul-23
	Develop robust verification process to identify opportunities for pathway development/improvement	Jul-23
	Progress pathway development/improvement after ratification at FNC Clinical Governance Group	Sep-23
	Review list of identified pathways for development and present prioritisation for progression to the FNC Strategic Oversight Group (SOG) for ratification	Aug-23
	Develop internal communication plans to ensure people access are in the right place, at the right time	Sep-23
	Test, evaluate, and implement pathways using a data driven and QI approach	Oct-23

Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC		Oct-23
Key Milestones	Establish a Data and Digital Group	Jun-23
	Develop an improvement plan for data collection and reporting ensuring confidence and assurance in the data: Scrutinise the current methods of data collection and reporting and identify opportunities for improvement with Flow Navigation Centre and Planning and Performance teams	Jul-23
	Understand local and national sources for data collection	Aug-23
	Review business case submitted by FNC for implementation of Trak Care interface with Adastra to improve data collection	Aug-23
	Submit exploration conclusions and recommendations to Flow Navigation Centre (SOG for ratification)	Aug-23
	Work with FNC Clinical Care Governance and Assurance (CCGA) group on agreement of definitions for 'front door', 'redirection', and 'admission avoidance' to provide consistency and clarity for data	Jul-23
	Draft KPI's to be submitted to FNC SOG	Sep-23
	Develop KPI dashboard for FNC following approval	Oct-23

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

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

Performance 44.4%

Local Performance
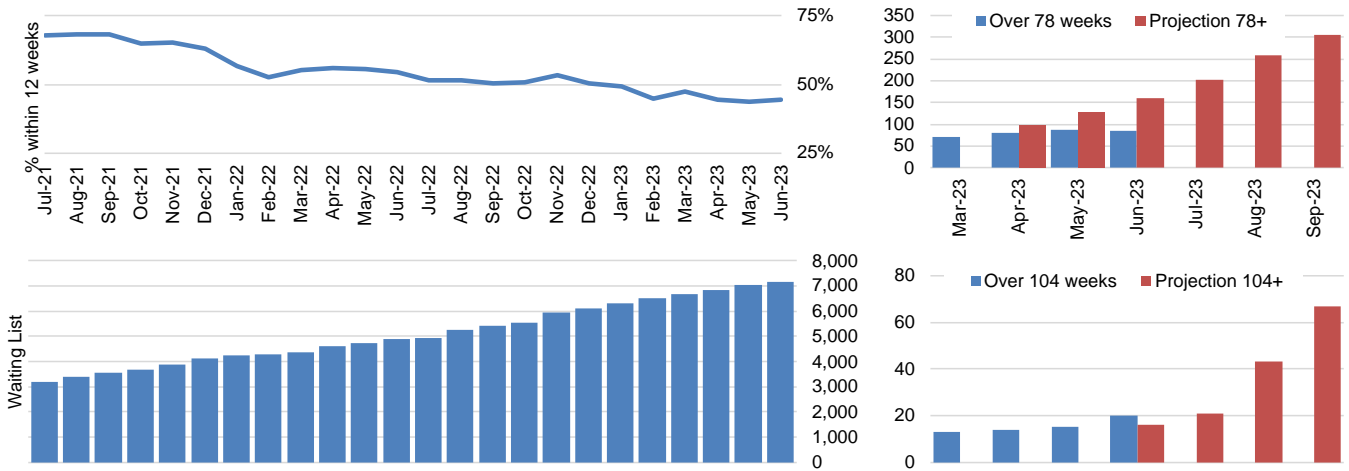
National Benchmarking

	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23
NHS Fife	47.1%	65.0%	52.0%	69.4%	69.3%	65.0%	57.1%	55.6%	52.2%	51.3%	47.8%
Scotland	30.6%	37.8%	35.6%	39.8%	38.4%	35.4%	34.7%	32.0%	32.2%	31.7%	32.3%

Key Deliverable		End Date
Off track	At risk	On track	Complete	Suspended	Proposed

Key Deliverable	End Date
Enhance Theatre efficiency	**Mar-24**
Improve ERAS visibility and development of robust mechanisms for reporting	Mar-24
Engagement with national drives toward standard high volume same procedure lists (Cataracts)	Oct-23
Reduce unwarranted variation and adopt minimum standards per procedure across theatre productivity, day case activity and start and finish times	Dec-23
Roll-out of Buddy Health digital platform in Orthopaedics for Preassessment	Oct-23
Develop, Enhance and re-invigorate Regional Networks	**Dec-23**
Development of regional working with OMFS	Dec-23
Regional Network with Tayside for Vascular	Dec-23
Regional working with Tayside for Plastic Surgery	Dec-23
Regional Working with Lothian for routine surgery of childhood	Dec-23
Good links with Lothian and SE Networks for Cancer	Dec-23
Regional working with Forth Valley for Breast Service	Oct-23
Refresh small volume SLAs to streamline decision making	Dec-23

Key Milestones

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

		Performance
New Outpatients		**48.3%**
95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment		

Local Performance
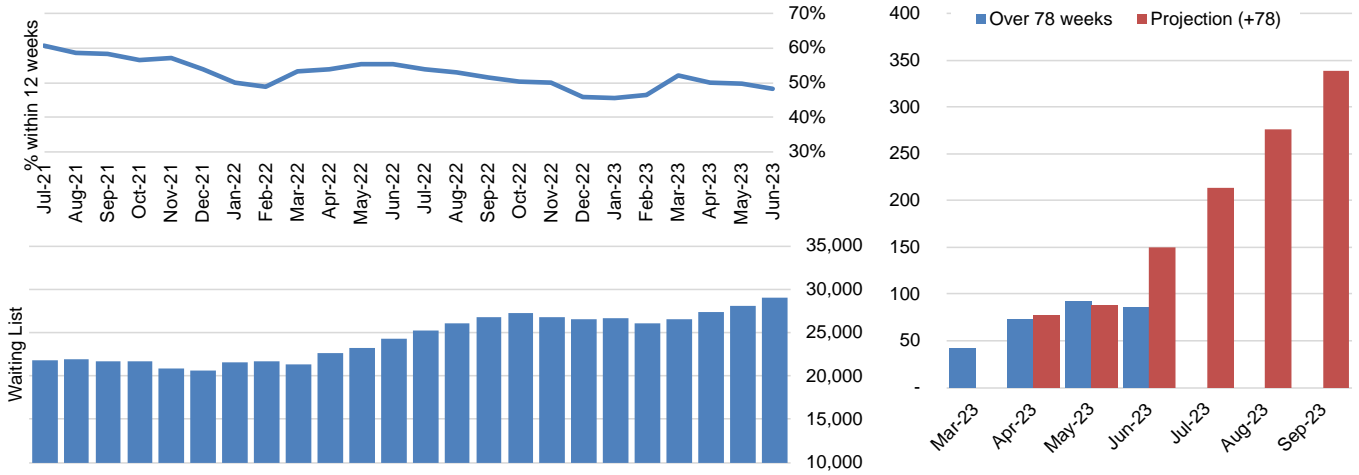
National Benchmarking

	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23
NHS Fife	56.6%	57.0%	52.6%	62.2%	57.9%	53.5%	53.4%	54.8%	51.0%	45.6%	51.5%
Scotland	46.6%	48.0%	48.5%	53.8%	48.9%	47.1%	50.1%	49.5%	47.0%	44.1%	47.1%

Key Deliverable		**End Date**
Off track / At risk / On track / Complete / Suspended		Proposed

Review and redesign Outpatient capacity to maximise capacity and timely access		**Oct-23**
Key Mileston	Engagement with national ENT Access QI project; Oct-23	Oct-23
	Review processes to optimise space and templates in line with Royal College recommendations; Oct-23	Oct-23

Implement robust ACRT processes		**Dec-23**
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Oct-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Oct-23

| **Implement robust PIR processes**		**Dec-23**
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Oct-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Oct-23

OPERATIONAL PERFORMANCE

Diagnostics Waiting Times *No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment*	Performance 47.0%

Local Performance

National Benchmarking

	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23
NHS Fife	93.1%	96.0%	80.7%	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%
Scotland	53.3%	55.9%	61.4%	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%

Key Deliverable		End Date

Off track	At risk	On track	Complete	Suspended	Proposed

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

OPERATIONAL PERFORMANCE

Cancer 31-Day Diagnosis to Treatment
95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment
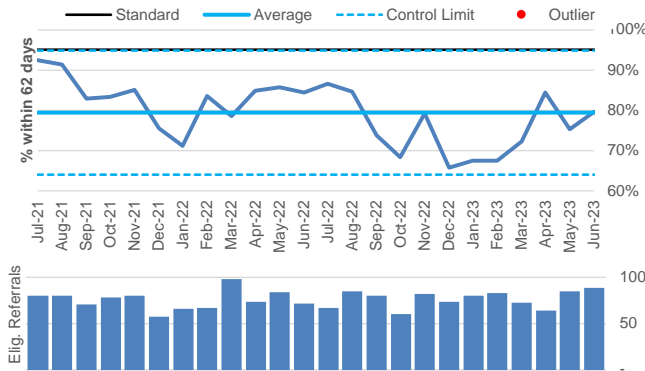
Performance 96.5%
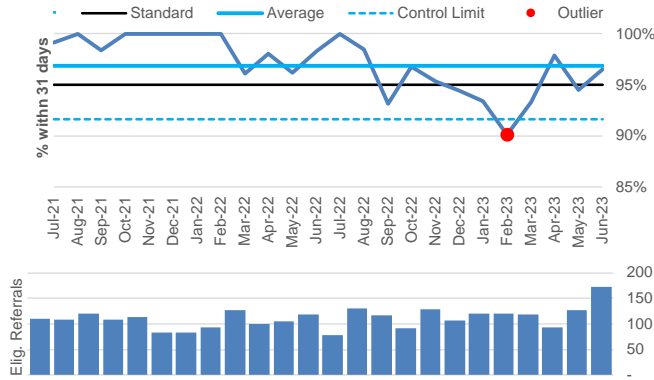
Breaches; QE Jun-23
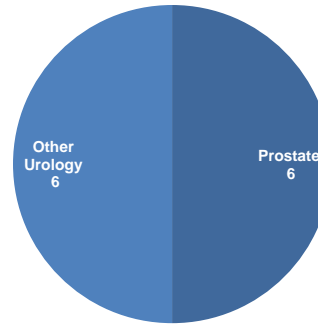
Legend: Standard | Average | Control Limit | Outlier
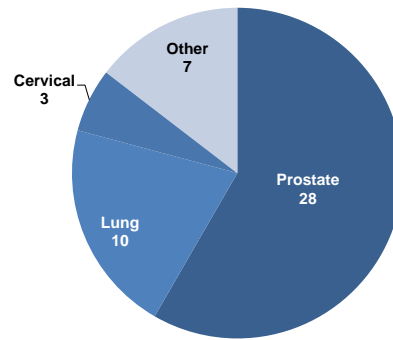
Pie: Other Urology 6, Prostate 6

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

Performance 79.5%

Breaches; QE Jun-23

Legend: Standard | Average | Control Limit | Outlier

Pie: Other 7, Cervical 3, Lung 10, Prostate 28

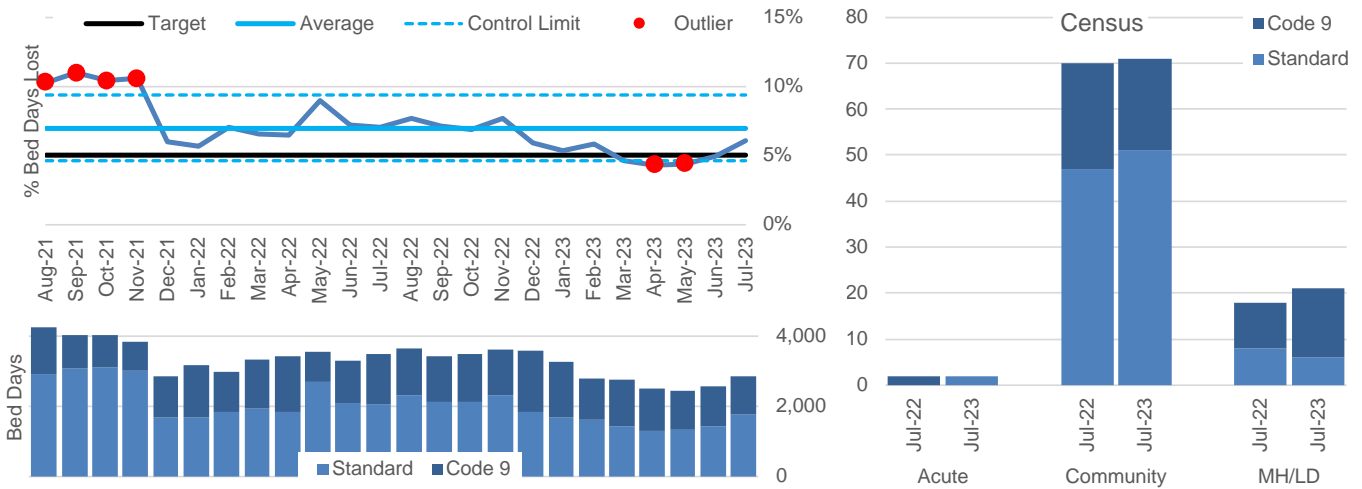| Key Deliverable	End Date
Off track / **At risk** / **On track** / **Complete** / **Suspended**	Proposed
Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	**Mar-24**
Work toward implementation of the Effective Breach Analysis SOP	Mar-24
Undertake a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

(Key Milestones / Key Milestone row labels)

OPERATIONAL PERFORMANCE

Delayed Discharges (Bed Days Lost)	Performance
We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied	**6.1%**

Local Performance

National Benchmarking

% Bed Days Lost		Quarter Ending									
		2020/21			2021/22				2022/23		
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%	6.8%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%	11.6%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.7%	7.1%	7.2%	7.2%	7.9%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.3%	9.6%	10.3%	10.2%	10.7%	11.1%

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

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

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

<div style="background:red">**Performance 6.61%**</div>

Local Performance (sourced from East Region Workforce Dashboard)
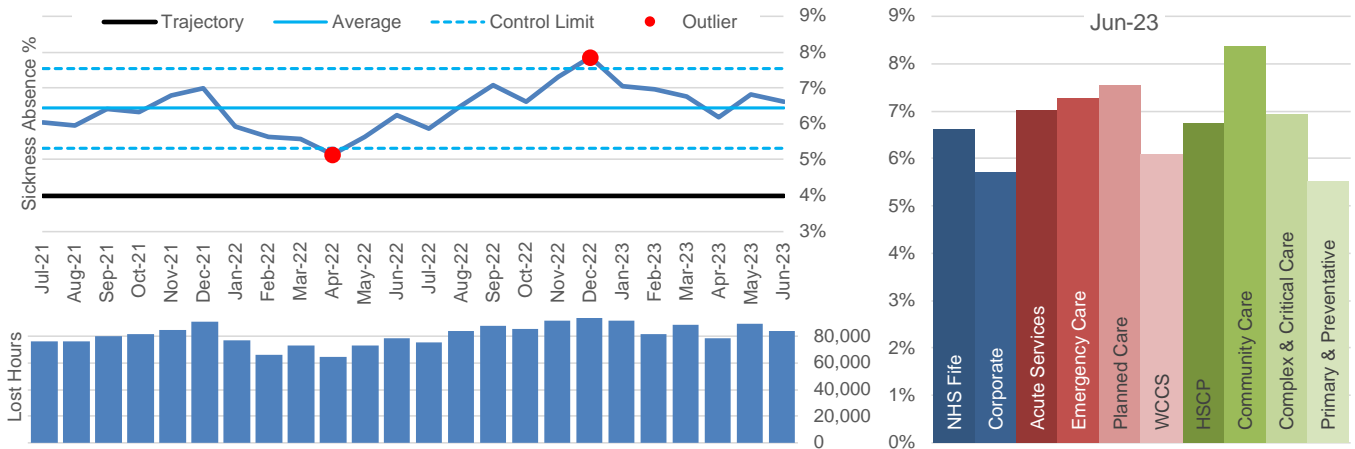
National Benchmarking (sourced from SWISS)

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife	5.82%	5.56%	5.79%	6.34%	6.51%	6.68%	7.47%	6.76%	5.69%	6.51%	5.59%	6.20%
Scotland	5.87%	5.54%	5.73%	6.17%	6.47%	6.65%	7.37%	6.87%	5.60%	6.25%	5.55%	5.94%

Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended		Proposed

	Key Deliverable	End Date
	Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	**Mar-25**
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group	Oct-23
	Draft Staff Wellbeing action plan to be considered by NHS Fife Area Partnership Forum	Oct-23
	Draft Staff Wellbeing action plan to be considered by NHS Fife Staff Governance Committee	Nov-23
	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities	Mar-24
	Review of Action Plan to inform development of 24/25 aims	Mar-24
	Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support.	**Jan-24**
Key Milestones	Review and retention of bank and admin fixed term contracts	Jun-23
	Review of OH provision as part of Directorate service change proposals completed	Jan-24
	Examine the effects of diversification of service provision and implications on OH Team resources	Mar-24

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

Performance 40.4%

Local Performance
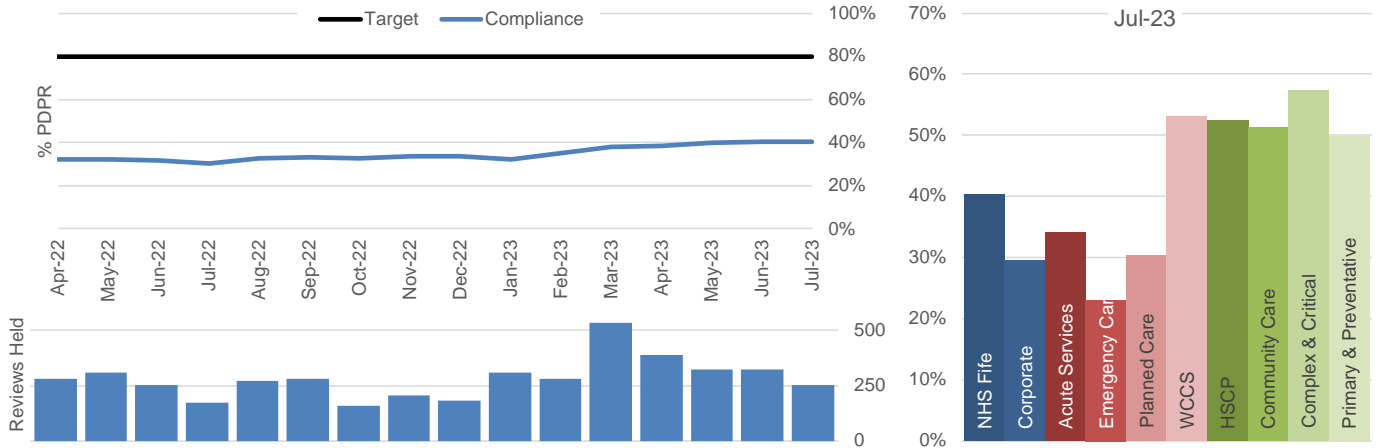
	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHS Fife	32.4%	33.3%	32.5%	33.6%	33.3%	32.3%	35.0%	37.9%	38.3%	39.8%	40.3%	40.4%
Corp.	25.7%	26.7%	26.6%	26.2%	26.9%	26.3%	26.3%	25.6%	24.1%	27.6%	29.2%	29.5%
Acute	33.9%	35.9%	34.7%	36.7%	35.0%	34.5%	35.2%	36.6%	36.0%	36.2%	35.3%	34.0%
HSCP	35.6%	35.3%	34.4%	35.5%	36.0%	34.3%	40.2%	46.7%	49.1%	50.5%	51.5%	52.5%

Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended		Proposed

|	Create and Nurture a Culture of Person-Centred Care	Mar-26
Key Milestones	Development of Leadership Development framework completed	Jul-23
	Review of OD function delivery as part of Directorate service change proposals completed	Sep-23
	Stakeholder Engagement on the development of a behavioural framework completed	Dec-23
	Proposals developed for a programme to embed a behavioural framework delivered	Mar-24

PUBLIC HEALTH AND WELLBEING

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

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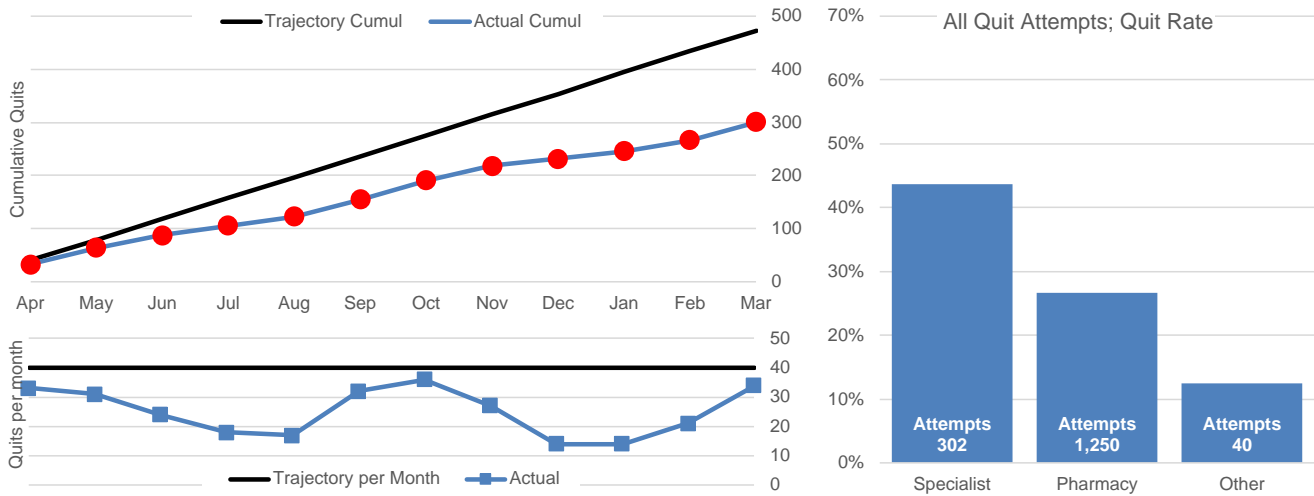
National Benchmarking

		2022/23											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	33	31	24	18	17	32	36	27	14	14	21	34
	Actual Cumul	33	64	88	106	123	155	191	218	232	246	267	301
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	82.5%	81.0%	74.6%	67.1%	62.4%	65.7%	69.2%	69.2%	65.5%	62.4%	61.5%	63.6%
Scotland	Achieved			63.3%			62.0%						

Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended		Proposed

			End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24			**Mar-24**
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system		Mar-24
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system. Ongoing review and improvement of service provision		Mar-24
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment		Mar-24
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan		Mar-24
	Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage		Mar-24
	Development and review of text messaging system		Mar-24
	Deliver financial inclusion referral pathways for pregnant women and families with young children		Mar-24
	Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s		Mar-24

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

Performance 74.1%

Local Performance
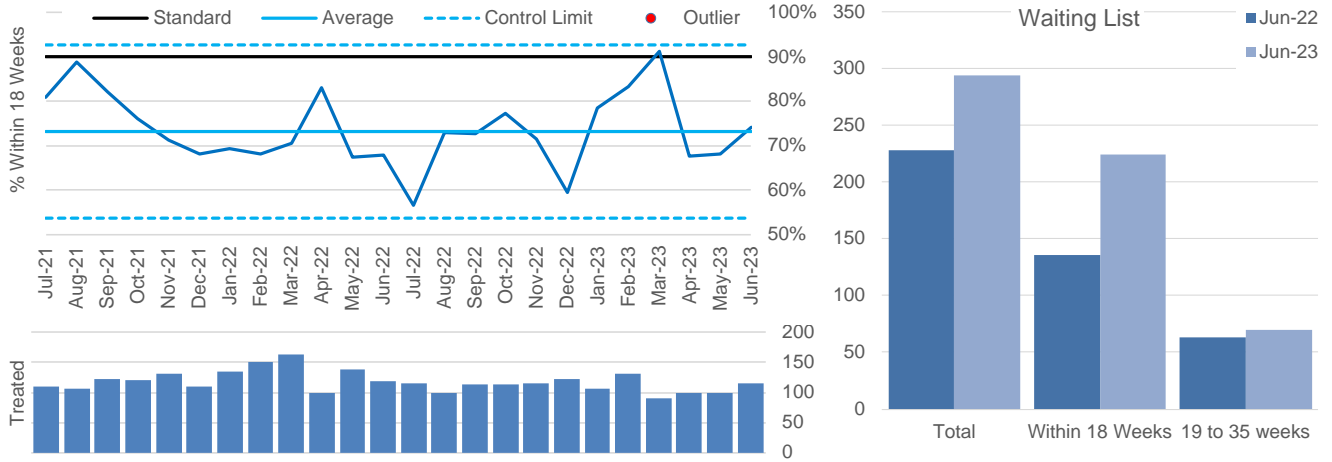
National Benchmarking

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%	91.1%	67.7%	68.0%	74.1%
Scotland	67.5%	66.4%	69.5%	69.0%	67.4%	75.9%	74.3%	73.8%	74.5%			

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

Psychological Therapies 18 weeks RTT
At least 90% of clients will wait no longer than 18 weeks from referral to treatment
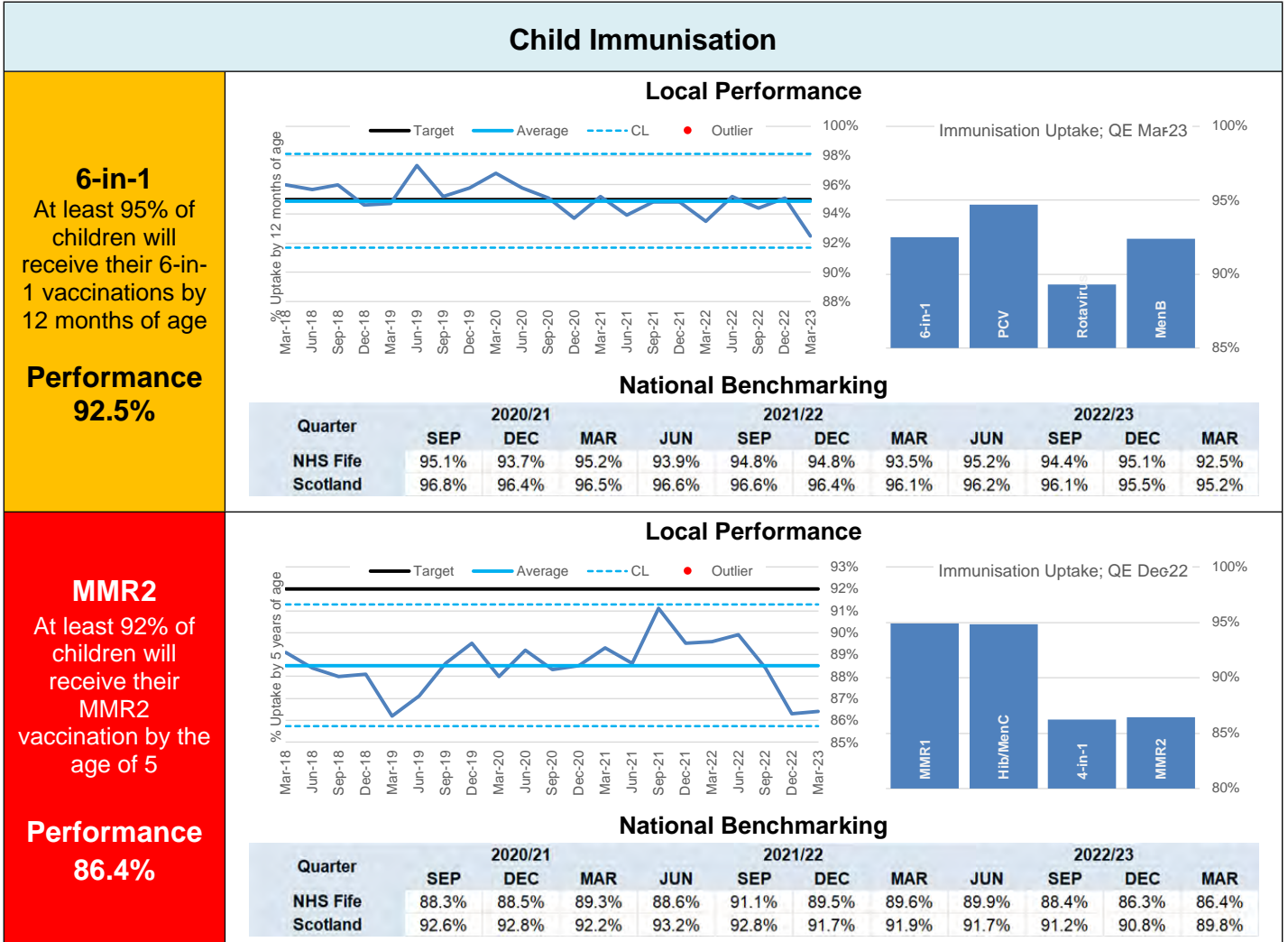
Performance 67.5%

Local Performance
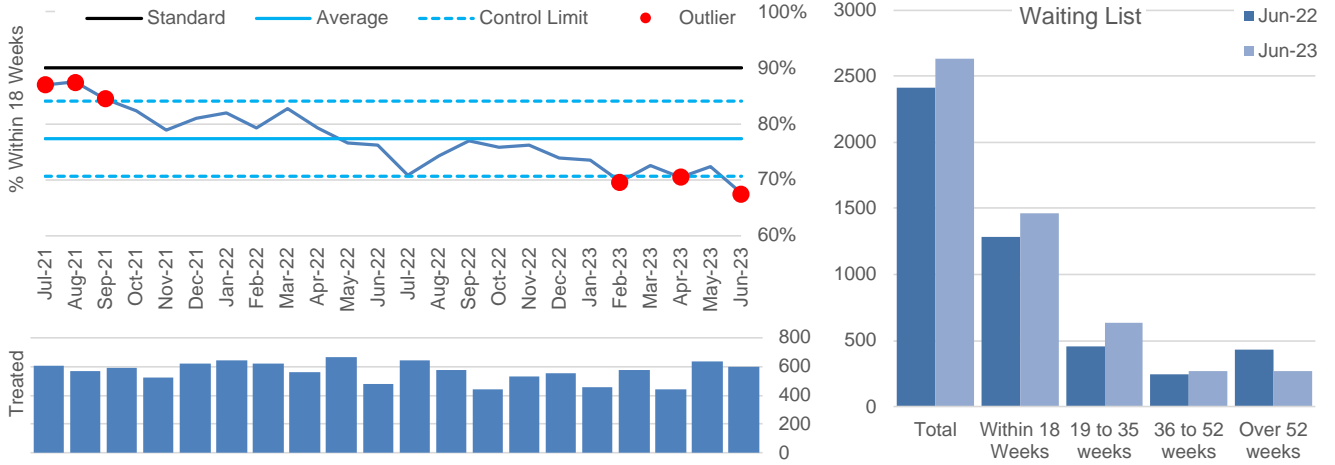
National Benchmarking

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%
Scotland	79.2%	81.6%	81.2%	80.9%	80.6%	82.4%	80.6%	79.4%	79.3%			

Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended		Proposed

		End Date
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard		**Mar-24**
Key Milestones	Recruitment to increase capacity	Mar-24
	Service development and redesign	Mar-24
	Training and CPD activities to increase capacity	Mar-24
	Demand-capacity monitoring across all services	Mar-24

Child Immunisation

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

Performance 92.5%

Local Performance

Immunisation Uptake; QE Mar23

National Benchmarking

Quarter	2020/21			2021/22					2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%	92.5%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%	95.2%

MMR2
At least 92% of children will receive their MMR2 vaccination by the age of 5

Performance 86.4%

Local Performance

Immunisation Uptake; QE Dec22

National Benchmarking

Quarter	2020/21			2021/22					2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%	86.4%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%	89.8%

Key Deliverables		End Date
Off track	At risk	On track	Complete	Suspended	Proposed

Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population		**Mar-24**
Key Milestones	EQIA action plan implementation	Mar-24
	Outreach model and strategy	Aug-23
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever-evolving immunisation need		**Mar-24**
Key Milestones	Integration of Primary Care Nursing and Admin teams	Aug-23
	Workforce education strategy & training programme	Mar-24
Targeted actions to improve the quality of our Immunisation services		**Mar-24**
Key Milestones	Children's immunisation QI group	Mar-24
	Learning from Adverse Events	Mar-24
	Implementation of 15 step review of community clinics and other quality assurance tools	Mar-24
	Development of robust clinical pathways and process of SOP review	Mar-24
Develop plans to make sure CIS delivers on key operational priorities		**Mar-24**
Key Milestones	Maternity immunisations	Mar-24
	S3 to S2 changes	Jul-23
	Preparation for children's 18-month visit	Sep-23
	Communication strategy to stakeholders	Sep-23

NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**26 September 2023**
Title:	**Financial Performance & Sustainability Report at 31 July 2023**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Maxine Michie, Deputy Director of Finance**

1 Purpose

This report is presented for:

Assurance

This report relates to:

Annual Delivery Plan

NHS Board / IJB Strategy or Direction / Plan for Fife

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

Safe

Effective

Person Centre

2 Report summary

2.1 Situation

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

2.2 Background

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

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

A £10.9m revenue overspend is reported for the four months of 2023/24 for Health Board retained Services. This position reflects the continuing impact of the historic and emerging financial pressures set out in the medium-term financial plan but also reflects the limited progress to deliver against the agreed £15m cost improvement programme. The areas of greatest financial challenge including risk and uncertainty are detailed in the main body of the paper.

2.3 Assessment

At the end of March 2023, the Scottish Government acknowledged the position outlined in our financial plan for 2023-24 and advised the Board to undertake the following actions by 30 June 2023.

> To provide an update on progress against actions set out in the financial recovery plan, including the work carried out in collaboration with the IJB and regional partners.
>
> Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high-risk savings balance.
>
> Development of other measures to be taken to further reduce the financial gap.
>
> Review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
>
> Focus on addressing Covid-19 legacy costs, including additional bed capacity.

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

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, outwith the

Board's agreed risk appetite for value and sustainability. This reflects the ongoing financial consequences of operational challenges, the uncertainty around planning assumptions and outstanding funding allocations.

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

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

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

Executive Directors' Group – 07/09/2023

Finance, Performance & Resources Committee – 19/09/23

2.4 Recommendation

Assurance

3 List of appendices

Financial Performance & Sustainability Report

Report Contact
Maxine Michie
Deputy Director of Finance
maxine.michie@nhs.scot

Appendix 1

1. Financial Position July 2023

1.1 This report details the financial position for NHS Fife to 31 July 2023. A £10.9m revenue overspend is reported for the four months of the 2023/24 financial year for Health Board retained services. Despite the receipt of additional financial sustainability allocations for NRAC and New Medicines Funding from Scottish Government during June, the Board financial position continues to track beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Revenue Financial Position as a July 2023

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	281,126	95,107	103,116	-8,009
IJB Non-Delegated	9,539	3,191	3,070	121
Non-Fife & Other Healthcare Providers	98,689	32,940	35,399	-2,459
Non Clinical Services				
Estates & Facilities	92,733	30,965	31,766	-801
Board Admin & Other Services	88,371	29,857	30,294	-437
Other				
Financial Flexibility & Allocations	28,512	4,110		4,110
Income	-32,591	-10,992	-11,101	109
23-24 Cost Improvement Target	-12,420	-4,140	-522	-3,618
Sub-total Core position	**553,959**	**181,038**	**192,022**	**-10,984**
Financial Gap	-10,865	-3,622		-3,622
SG Financial Sustainability Allocation	10,865	3,622		3,622
TOTAL HEALTH BOARD RETAINED SERVICES	**553,959**	**181,038**	**192,022**	**-10,984**
Health & Social Care Partnership				
Fife H & SCP	410,904	134,129	140,561	-6,432
TOTAL HEALTH DELEGATED SERVICES	**410,904**	**134,129**	**140,561**	**-6,432**
TOTAL	**964,863**	**315,167**	**332,583**	**-17,416**

2. Health Board Retained Services

2.1 The financial position at 31 July shows an overspend of £10.984m predominately occurring within our Acute Services Division, External Healthcare providers and limited progress across our cost improvement programme. At the beginning of June Scottish

Government confirmed additional recurring funding to be allocated on an NRAC basis to all territorial boards, with weighting to Boards behind NRAC parity, bringing those boards to 0.6% from parity. This results in additional NRAC funding for NHS Fife for 2023/24 of £8.3m, representing total NRAC funding of £9.3m for the financial year. Additionally, non-recurring New Medicines funding, £6.852m was also confirmed. The letter received from SG further confirmed the funding was predicated on Boards continuing to work towards delivery of 3% recurring savings in year supported by local and national Sustainability & Value arrangements. A pro rata share of the additional funding received has been reflected in the July financial position reported in the table above.

2.2   During July we received several allocations including £7.827m for Planned Care (Waiting Times) which has been baselined as well as Cancer Waiting Times £0.776m and funding for a mobile scanner and Endoscopy £1.447m. The remaining anticipated funding for New Medicine Funding £10.279m was also received. In year allocations provided by SG policy teams continue to be reviewed for pay award impact and will be notified in due course. The impact of ongoing pay award discussions and negotiations, most specifically the Junior Doctor Pay Award, and the confirmed Senior Medical staff award for 2023/24 remain outstanding but are anticipated to be funded in full by SG.

2.3   There is a risk we will not secure sufficient planned care funding to deliver activity targets and regular review of funding and performance will be required with relevant actions taken to mitigate risk. NHS Fife has employed substantive staff to deliver waiting times rather than supplementary staffing and waiting lists initiatives as much as possible. Although the impact of pay awards for 2022/23 and 2023/24 have been funded in our waiting times funding allocation for 2023/24 prior years remain unfunded. There is a risk that the impact of historic national pay awards for these substantive posts will remain unfunded.

2.4   Although there has been significant positive activity across all services to respond to the government's directions on the use of agency staffing, moving away from off framework agencies, there has not been a reduction in the overall use of temporary staffing when compared with the run rate incurred in 2022/23. Plans are progressing to reduce the surge capacity footprint by 50% but not until the midway point of the financial year and therefore limiting the level of cost reductions that can be achieved. The 3 cost improvement focus areas laid out in the financial plan are currently behind target and consequently other measures are required to provide the resilience needed to deliver the £15m in year cost reduction target.

2.5   The Acute Services Division reports an overspend of £8.009m. This is mainly driven by costs of supplementary staffing across both nursing and medical staffing budgets coupled with significant overspends in surgical sundries and external SLAs for Laboratory services. Surge and Covid expenditure are also included within the Acute overspend with an ongoing focus on covid exit strategy to minimise the financial impact.

2.6   Included in the ASD position is an overspend on specialties defined as "large hospital services" which form part of IJB Set Aside budgets. At the end of July, set aside services are reporting an overspend of £4.319m which continues to funded on a non-recurring basis by the board.

2.7   Service Level Agreements and contracts with external healthcare providers are £2.459m overspent. In the main this overspend is driven by increased costs from NHS Tayside which were previously funded directly by SG to NHS Tayside on behalf of NHS Fife along with high

costs of SLAs and contracts with both NHS and independent providers for mental health services.

2.8 Corporate Directorates including Property and Infrastructure have improved their position in July over the reported June figures. The main areas concern continue to be; the impact of inflation across PPP contracts, energy, property maintenance and confirmation of funding allocations. Work will continue to reduce spend in line with available resources.

3. Financial Improvement & Sustainability Programme

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

3.2 As a result of limited progress to deliver cost reductions in line with the financial plan for 2023/24, it is essential that there is a concentrated focus not only on the areas for cost improvement identified in the financial plan but also to bring forward as quickly as possible pipeline schemes and the other pieces of work which would bring resilience to the cost improvement plan. It is clear from the July financial position the board needs to deliver on its £15m cost improvement programme despite the additional NRC and NMF received in June given the divergence between the actual financial position and the approved financial plan for 2023/24. The table below summaries efficiency savings delivered to date measured against the financial plan, £1.171m to July.

Cost Improvement Plans	Target per Fin Plan	Achieved M4	Projected
	£m	£m	£m
Temporary Staff Reduction	10.00	0.00	10.00
Surge Capacity Reduction	5.00	0.00	0.60
Corporate Overheads	0.00	0.00	0.00
Medicines	0.00	0.51	1.32
Vacancy Factor (Corporate)	0.00	0.04	0.14
Acute Services	0.00	0.10	1.39
Balance Sheet Review	0.00	0.52	1.55
	15.00	1.17	15.00

Bank and Agency Staffing

3.3 In relation to reducing our spend on agency staffing there has been significant activity by services in responding to Scottish Government's directions on the use of agency staffing, DL (2023)14 Supplementary staffing Agency Controls.

3.4 In parallel with the work to reduce reliance on agency staffing there are also several initiatives underway to increase our substantive nursing staff levels. These include the work of the International Recruitment Oversight Group, the Healthcare Support Worker, and Assistant

Practitioner (band 2-4) Career Development Framework Group and the recent block recruitment event. In addition, unregistered staff pools have been created within the Planned Care and Emergency Care directorates to support the underlying long-term vacancies.

3.5   During June a "block recruitment" event took place with a view to recruit both registered and unregistered staff. The event provided to be a success predominately across unregistered staff and the process to enable successful candidates to commence employment with NHS Fife is underway with a small number of staff with commencement dates in July.

3.6   The spend on supplementary remains significant for July which is higher than the rate of spend in the previous financial year. It is worth noting spend with off-framework agencies has significantly reduced with only known and specific requirements remaining with off framework agencies from June. However, that spend has been pushed onto framework agencies and bank staff. The actions being taken to reduce the reliance on temporary staffing described above take time to bed in and to favourably impact the level of spend. Consequently, we anticipate seeing reduction in temporary staffing spend coming through the system in August/September onwards.

Reducing Surge Capacity

3.7   There are plans to reduce surge capacity within ward 6 at VHK by up to 50% over the summer months and relocate surge activity to ward 9 to enable continued flexibility to safely manage surge activity across the site. At the end of July spend on surge is £1.2m of which approximately £0.9m has been incurred on temporary staffing.

Corporate Overheads

3.8   In relation to reducing corporate overheads, several areas for consideration were presented to the July FIS Programme Board. Further analysis is required to identify priority areas and move work forward. We anticipate a firm plan to be agreed by September.

Medicines Optimisation

3.9   Work continues to drive out cost improvements across other spend categories including medicines with the Medicines Optimisation Board working to a target of £1m. Plans are in place to drive out cost improvements of £1.3m with £0.514m delivered as at month 4.

Major Contract Review

3.10   Work also continues on a major contract review to deliver recurring cost reductions. No projections have been factored into the financial position yet as the impact for this financial year and beyond is still not confirmed. However, work remains on target to deliver this significant piece of work by the end of the calendar year. There is a level of confidence that this review will release significant and importantly, recurring cost reductions over the remaining term of the contract.

Digital Services

3.11   Work has been considered at the July FIS Programme Board to initiatives to deliver efficiencies in relation to paperless contact for some services and reviews of all digital contracts. This work will be taken forward alongside a wider review of corporate overheads.

3.12 **Balance sheet Review**

A review of the Balance sheet has confirmed financial flexibilities of £0.522m to date with scope to deliver a further £2m by the end of the financial year. It is important to note that, whilst helpful, this flexibility is non-recurring in nature.

3.13 To deliver the cost improvement target in full over the remaining months of the financial year will be very challenging. A concerted focus is required to expedite actions to reduce temporary staffing, remove legacy covid costs, reduce surge capacity and reduce corporate overheads.
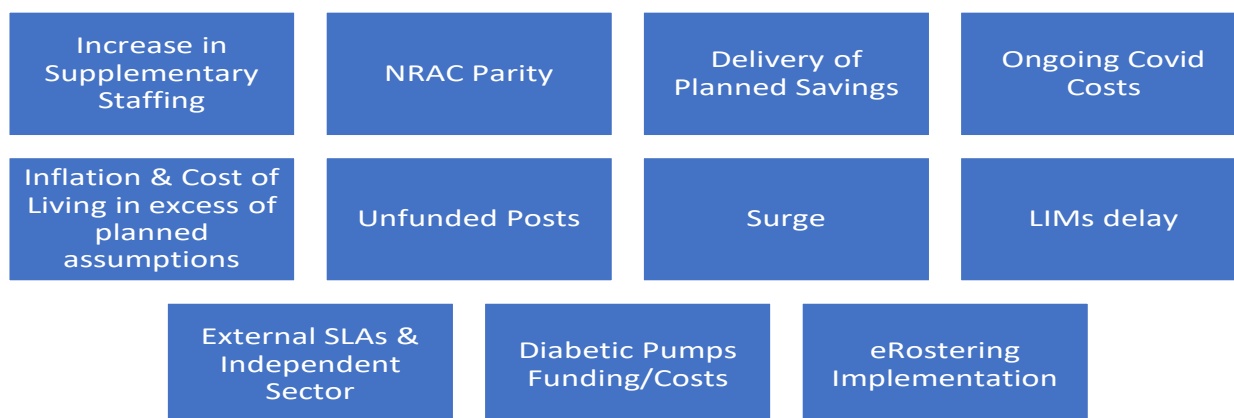
4   Health & Social Care Partnership

4.1   Health services in scope for the Health and Social Care Partnership report an overspend of £6.432m. Detailed financial reporting for the partnership sits with the IJB.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	410,904	134,129	140,561	-6,432
TOTAL HEALTH DELEGATED SERVICES	**410,904**	**134,129**	**140,561**	**-6,432**

5.   Financial Forecast - Risk Assessment – Recovery Options

5.1   On 10 August the Director of Finance & Strategy presented on potential financial position recovery options following the Q1 review. The forecast outturn position could deteriorate beyond the current financial plan assumptions if expenditure levels continue and no further actions are possible to mitigate this at a local level. Whilst this is an extremely challenging position, the EDG agreed that we must corporately develop and focus on further actions to manage the forecast position to get, as close to, or lower than, the current financial plan position of £10.9m overspent. The main cost areas driving this deteriorating position are set out in the diagram below.

Increase in Supplementary Staffing	NRAC Parity	Delivery of Planned Savings	Ongoing Covid Costs
Inflation & Cost of Living in excess of planned assumptions	Unfunded Posts	Surge	LIMs delay
External SLAs & Independent Sector	Diabetic Pumps Funding/Costs	eRostering Implementation	

Managing the in-year position – Horizon 1

5.2   EDG agreed the need to consider the current financial year and the plans to work towards in-year financial balance as Horizon 1. There are a range of established projects as set out in section 3 which we must continue to progress.

5.3   EDG agreed to continue the focus on reducing supplementary staffing, particularly agency staff recognising that the target reduction in this area is proving hugely challenging. A different lens was agreed where agreement was reached to focus on determining the impact and effectiveness of the additional measures taken over the past 12 months to increase substantive staffing to enable a reduction in premium cost agency staffing. This will include reflection on the impact of International Recruitment, the introduction of the Assistant Nurse Practitioner role and the increase in ward based administrative staff. It was agreed that the importance of increasing the resilience of our core staffing levels remains a far superior option, in terms of patient care and staff wellbeing, as the same time as delivering cost reduction.

A number of further areas of focus for Horizon 1 are noted below.

External Service Commissioning

5.4   NHS Lothian have plans to change their current cost model for Service Level agreements to a Patient Level information and Costing system (PLICs) which provides increased accuracy for costing of services and activity. This planned change will increase our SLA with NHS Lothian by circa £1m per annum. We anticipate engaging with NHS Lothian on this issue over the next few months.

5.5   We are following up with Scottish Government colleagues the implications of the withdrawal of funding to NHS Tayside for Service Level agreements paid on behalf of NHS Fife. The size of the financial risk to the Board is £1.5m per annum.

Covid Cost Legacy

5.6   Whilst SG have confirmed there will be no Covid funding going forward apart from recurrent funding commitments for Vaccinations, Test and Protect activities, additional PPE requirements and some specific Public Health Measures and Public Health, we anticipate additional spend will continue to be incurred by the board in managing both the pandemic and its impact on services. A group has been established within the Acute Services division to review and reduce legacy Covid expenditure as far as possible without compromising patient safety or staff wellbeing.

Acute Medicines

5.7   The extent of the cost increases associated with new secondary care medicines remains a risk and will continue to be reviewed.

Taking a Medium-Term Approach (Horizons 2&3)

5.8   EDG confirmed commitment to progressing the Horizon 1 areas noted above but also undertook to assess the viability of a range of other options to seek to deliver greater value and, where possible, cost reduction over the more medium term. In relation to Horizon 2 options being explored include Service Redesign, Estates Review, Reducing Corporate Overheads, Optimising Digital Opportunities and review of Waste systems. The main focus agreed for Horizon 3 is driving forward the Values Based Healthcare discussion with clinicians to determine whether there are opportunities to realise greater value from the c£900m revenue budget based on considering how services might be delivered in the future. The latter is a discussion which is emerging in most Boards and at a national level but which will require public and political engagement.

6. Capital

6.1 The total anticipated capital budget for 2023/24 is £11.165m and is summarised in the table below. This reflects a Capital Resource Limit (CRL) of £7.764m as advised by the Scottish Government plus anticipated allocations for a number of specific projects. The distribution of the formulary budget allocated by SG has been discussed in detail and agreed at FCIG meetings in April and May 2023. The Scottish Government have indicated that capital funding availability will be limited until 2026/27 and until then the focus is to fund projects that have been approved and committed to by SG. The most significant financial risk for the capital plan is the lack of funding to progress capital investment priorities including the development and improvement of our estate alongside our capital equipment stock.

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2023/24 £'000
Statutory Compliance/Backlog Maintenance	1,500	25	1,500
Clinical Prioritisation	1,450	118	1,450
Capital Equipment	1,240	88	1,240
Digital & Information	500	65	500
Mental Health Review	1,000	-	1,000
QMH Upgrade	1,114	692	1,114
HEPMA	1,707	188	1,707
LIMS	420	165	420
GreenSpace Project	150	-	150
Fleet Decarbonisation	486	-	486
Project Team	271	110	271
Capital Repayment to SG	200	-	200
To be allocated	1,613	-	1,613
Capital to revenue	(486)	0	(486)
Total Capital Expenditure 2023/24	**11,165**	**1,451**	**11,165**

6.2 A relatively low level of capital expenditure has been incurred for the period reported which is not unusual at this early stage in the financial year with the majority of capital expenditure generally occurring in the latter half of the financial year due to tender lead in times.

7 Recommendation

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

Health Board retained reported core overspend of £10.984m
Progress with the Financial Improvement and Sustainability Programme
HSCP overspend position of £6.432m
Financial Forecast Risk Assessment – Recovery Options
Progress on the capital programme.

NHS Fife

Meeting:	**NHS Fife Board**
Meeting Date:	**Tuesday 26 September 2023**
Title:	**Three Year Workforce Plan 2022-2025**
Responsible Executive:	**David Miller, Director of Workforce and Nicky Connor, Director of H&SCP**
Report Author:	**Rhona Waugh, Head of Workforce Planning & Staff Wellbeing and Roy Lawrence, Principal Lead for Organisational Development & Culture, H&SCP**

1.   Purpose

This report is presented for:
   Assurance

This report relates to:
   Government policy / directive

This report aligns to the following NHSScotland quality ambition(s):
   Safe, Effective and Person Centred

2.   Report Summary

2.1   Situation

The NHS Fife 3 Year Workforce Plan was published in late 2022, as was the Health and Social Care Partnership 3 Year Workforce Plan and Strategy (the Plans), both covering the period from 2022 to 2025. The purpose of this report is to provide NHS Fife Board members with an update on workforce planning actions since the plans were published.

2.2   Background

The Scottish Government workforce planning landscape is still lacking clarity, albeit the Scottish Government has now advised that there does not require to be a publication of a separate annual Interim Workforce Plan (Appendix 1) and that updates should be provided via the Annual Delivery Planning process. In addition, there has been no confirmation of a workforce projections exercise for 2023/2024, so this level of detail is being captured within the templates being prepared for service based Workforce Plans. Details of the process for this are set out below and a sample draft service report is attached at Appendix 3.

The process services are currently working through to produce their local plans includes detailing actions captured within the Strategic Planning and Resource Allocation (SPRA) process which are linked to Corporate Objectives; service based workforce projections, capturing proposed / expected changes to the composition of the local workforce and actions

which are not linked to Corporate Objectives, but which include service sustainability pressures. Work will then be progressed to capture current vacancies and Health Care and Staffing Act (HCSA) implications at a macro level.

A summary of our current corporate actions describing the on-going workforce planning activity in response to both the previous Scottish Government and the recent Annual Internal Audit report feedback is set out at Appendix 2.

Fife H&SCP has worked collaboratively with NHS Fife to ensure an integrated approach to delivering our Workforce Strategy 2022-2025 and Year 1 Workforce Action Plan 2022/2023. A Year 2 Plan 2023/2024 and Annual Report on Year 1 activity will be presented to the IJB and Committees in November 2023. The Workforce Strategy Group is overseeing the creation of the Year 2 Plan, which is being developed in consultation with operational portfolios, professional standards and business, enabling senior managers to align our actions for 2023/2024 to key strategies and the transformation agenda. Work is on-going to generate collective data that includes the third and independent sectors to understand the workforce challenges across the whole integrated system and develop actions that benefit the whole partnership. The Year 2 Plan continues to set out the workforce actions through the lens of the 'Five Pillars' to ensure alignment to the national approach and our local priorities in collaboration with NHS Fife.

2.3 Assessment

In terms of current NHS Fife workforce planning actions for this financial year, SPRA submissions have been reviewed and links with Corporate Objectives identified, along with confirmed or possible workforce sustainability impacts. This information has been used to populate the templates provided to the Operational Workforce Planning Group to gather Acute Services Division and Corporate functions data. The review of the actions from the SPRA submission has allowed us to ensure clear and specific actions on the impact on the workforce and why they are necessary.

The H&SCP Workforce Strategy Group leads have been working closely with operational and professional leads for all areas of the Partnership to agree the key workforce actions for the year ahead, linked to the Partnership's Strategic Plan and Medium-Term Financial Strategy, ensuring actions support the future vision for health and social care and the requisite workforce capacity and capability. As with the Year 1 Workforce Plan, the Year 2 Plan will continue to describe the outcomes expected of any action and how that supports the strategic goal.

2.3.1 Quality / Patient Care

Delivery of workforce planning across the organisation is a key enabler to successful implementation of the NHS Fife Population Health & Wellbeing Strategy. Underpinning this intent, delivery of robust workforce planning is supportive of enhanced patient care and quality standards and is a key element of the Annual Delivery and Medium Term Planning processes, which reflects our in-year and medium term service delivery commitments.

2.3.2 Workforce

The Three Year Workforce Plans for 2022-2025 identify our workforce commitments at local level, which complement the overall National Workforce Strategy for Health & Social Care in Scotland. The current workforce challenges and the actions being taken to mitigate these

challenges and risks are captured within the Corporate Risk profile. The additional information being captured in lieu of workforce projections will assist with the understanding at a granular level and with expansion of the risk profile.

2.3.3 Financial

Aligned to the feedback set out above and attached, the commitments within the Plans will be subject to consideration through the Annual Delivery Plan Strategic Planning and Resource Allocation process and the equivalent process within H&SCP.

2.3.4 Risk Assessment / Management

NHS Fife's Workforce Plan 2022-2025 aims to address the key workforce risks for the organisation and reflects risks identified in the former Board Assurance Framework. These risks have been updated as part of the new NHS Fife Risk Management arrangements in 2022.

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution Ambitions

The content and aspirations of the Workforce Plans are aligned to the merits of being an Anchor Institution.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

The approach to this paper has been discussed by NHS Fife's Operational Workforce Planning Group, the H&SCP Workforce Strategy Group, Workforce Directorate Senior Leadership Team and Staff Governance Committee.

2.3.8 Route to the Meeting

The details within this paper have been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

    H&SCP Workforce Strategy Group on 6 July 2023 and 31 August 2023
    NHS Fife Operational Workforce Planning Group on 27 July 2023
    Executive Directors Group on 7 September 2023
    Staff Governance Committee on 14 September 2023

2.4 Recommendation

This paper is provided to NHS Fife Board members for **assurance** and provides detailed updates on the respective workforce planning actions.

3.   List of Appendices

The following appendices are included with this report:

Appendix 1: Scottish Government Letter – May 2023
Appendix 2: NHS Fife Workforce Planning Action Plan
Appendix 3: Sample service based draft Workforce Plan

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Scottish Government
Riaghaltas na h-Alba
gov.scot

05/05/23

Dear Colleagues,

THREE YEAR WORKFORCE PLANS: DEVELOPING AN INTEGRATED PROCESS

Purpose

1. This letter highlights recent developments with regard to <u>two</u> practical workforce planning issues.

   The first issue – <u>requiring your action</u> - is the **review of three year workforce plans** – covered in paragraphs 2-10 below.

   The second issue – primarily for information at this stage - concerns **quantification of local workforce need**, and is covered at paragraphs 11-13 below.

Review of three year workforce plans

2. Scottish Government guidance to NHS Boards and HSCPs on three year workforce plans was set out on 1 April 2022 in DL 2022 (09) DL(2022)09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans (scot.nhs.uk)

3. Paragraph 10 of DL 2022 (09) asked NHS Boards and HSCPs:

   to review and update their workforce plans annually in the years between publication of full three year plans, to reflect progress on actions and workforce planning assumptions; and
   to submit annual revisions to the Scottish Government WFPPMO@gov.scot, with updated plans published on organisations' websites by the end of October each calendar year.

4. Colleagues in NHS Boards have sought clarification on these requirements, following Scottish Government guidance circulated in February 2023 on Annual and Medium Term Development Plans (ADPs). This guidance includes sections requiring responses from NHS Boards on local workforce planning issues.

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5. To streamline reporting, and rather than separately submitting annual workforce plan revisions to the Scottish Government under the DL requirements above, <u>NHS Boards are therefore asked to use the ADP process to update the Scottish Government on their workforce plans and to work with HSCPs to provide comprehensive updates on workforce planning</u>.

6. The Health Workforce Planning and Strategy Unit will consider the ADP sections on workforce planning as part of the overall ADP process, responding as appropriate to NHS Boards and HSCPs on revisions to three year workforce plans.

7. This development is part of an ongoing process to evolve planning arrangements for service, finance and workforce so that they can be considered together within a more effective integrated context.

8. To sum up, we are therefore requesting that:

> <u>NHS Boards</u> use the ADP process instead of the DL guidance to respond as they undertake the annual review of their workforce plans;
> <u>HSCPs</u> undertake a collaborative approach, with the NHS Boards in their areas by feeding into their workforce plans.[1]

9. <u>In addition</u> to what is asked within the ADP, we ask that NHS Boards and HSCPs set out in their ADP responses:

> how they are measuring against their actions set out in their three year workforce plans;
> what are the main/new and emerging challenges to their workforce and objectives of their three year workforce plans.

10. For the first point, Boards and HSCPs should outline progress toward the actions they advised they would take in their three year workforce plans. For the second point, Boards and HSCPs should advise of the main challenges as well as any unforeseen and emerging challenges they are facing that were not included in their three year workforce plans. We ask that answers to these two points are provided within the workforce section in the ADP which is **due for return <u>8 June 2023</u>**.

Quantification of workforce supply/demand needs

11. Scottish Government feedback in 2022 to individual Boards on their three year workforce plans identified that further work would be required to accurately quantify levels of anticipated workforce need, particularly given continuing financial challenges. More quantified information will be key to informing future decisions on workforce planning, particularly where that involves investing in workforce capacity where it is most needed.

12. We believe Boards and HSCPs would welcome further support to undertake this quantification more effectively and consistently. We are working in partnership with

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[1] The ADP guidance requires Delivery Plans to be developed in a complementary way, with clear reference to IJB Strategic Plans and priorities, including reference to workforce plans; and to demonstrate local partnership working across IJBs and Local Authority Partners, as well as joint deliverables.

colleagues in NES and the Centre for Workforce Supply to see how supply and demand challenges can be helpfully represented and modelled.

13. Good progress is being made in constructing a modelling tool which can be used both nationally and at local level. Prior to introducing this tool, further discussion, presentation and testing will be required first with regional and national groups with involvement in workforce planning. We are embarking on this process now.

Further guidance

14. As set out in this letter, we are striving toward a more integrated approach to reporting on workforce planning. We are considering this further with colleagues, and will update you in the Summer on future reporting processes.

Yours sincerely

Stephen Lea-Ross

Dr Stephen Lea-Ross
Deputy Director,
Health Workforce Planning and Development

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Workforce Planning Action Plan 2023: Scottish Government Feedback Actions

Scottish Government Workforce Planning Data, Analytics & Insight Unit feedback received on 7 October 2022

The Scottish Government feedback recognised the considerable work undertaken by NHS Fife and its partners in the various stakeholder groups in developing the Workforce Plan during a challenging operating environment.   Efforts to integrate Workforce Planning into a wider suite of strategic planning were also noted and welcomed. The SG used the guidance published under DL (2022)09, National Health & Social Care Workforce Strategy: Three Tear Workforce Plans, and the indicative content checklist contained in Appendix 1, as a baseline to frame the feedback.

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
Recruitment & Resourcing: Clearer articulation of actions being taken to mitigate recruitment challenges; building in projected number of candidate(s) sourced from various actions.	1. Enhance description of actions being taken to attract / retain employees into the workforce within Workforce Plan and within the Annual Delivery Plan, detailing the number of staff anticipated via each recruitment source. 2. Measure anticipated numbers against projected retirements and projected workforce numbers within future Workforce Plan and Annual Delivery Plan.	Ability to provide numerical value against various recruitment sources; provision of MI reports showing success of the recruitment sources to Strategic Workforce Planning Group and Staff Governance Committee.	Head of Workforce Resourcing and Relations / Workforce Planning Lead	March 2024	To be achieved through submission of service templates and regular reporting.
Workforce Projections: Increased emphasis on the projected short and medium term workforce numbers required; quantifying how projected workforce gap is to be addressed	1. Establish Service Level Workforce Planning template(s), linking SPRA submissions and Corporate Objectives to anticipated workforce developments in the short and medium term. 2. Workforce Planning template built around SMART objectives, with Directorates continuously reviewing and updating actions based on progress against expected outcomes. 3. Establishment of Workforce Planning (Workforce) Matrix to monitor anticipated changes against actual changes in workforce numbers / composition.	Collated results of the service level Workforce Planning template(s), agreed as a Corporate Objective as part of the SPRA process, to be built into future 3 Year Workforce Plans / updates within Annual Delivery Plans and Medium Term Plan, projecting short and medium workforce requirements and specifying any workforce gap/s. Workforce Planning (Workforce) Matrix in use and providing detail for analysis / review.	Operational Workforce Planning Group / Workforce Planning Lead	March 2024	Workforce Planning Template circulated to members of Operational Workforce Planning Group (June 2023)

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
Development of new roles: Clearer articulation of how new roles mitigate sustainability pressures; project expansion of new roles; and provide evidence of resourcing efficiencies.	1. Enhance description of new roles within Workforce Plan / Annual Delivery Plan / Medium Term Plan, detailing service benefits and outlining the projected expansion of new roles in the medium and long term. 2. Establishment of Workforce Planning (Workforce) Matrix to monitor anticipated changes against actual changes in workforce numbers / composition.	Greater articulation of service benefits associated with the introduction of new roles to be built into future 3 Year Workforce Plan and Annual Delivery Plan. Projected numbers to be included in Workforce Planning (Workforce) Matrix, with MI reports provided to Strategic Workforce Planning Group and Staff Governance Committee. Workforce Planning (Workforce) Matrix in use and providing detail for analysis / review.	Operational Workforce Planning Group / Workforce Planning Lead	March 2024	
Financial Planning: Enhanced reference to financial planning would have been welcomed to understand extent to which affordability factors were considered as art of the overall planning process.	1. Affordability of posts are considered during the Strategic Planning and Resource Allocation Process which leads to the development of the board's financial plan. Efficiencies required to support investment in workforce are identified in the financial plan and monitoring of delivery of efficiencies is reported to the board's Financial Improvement and Sustainability Programme Board monthly.	Financially sustainable Workforce Plan	Director of Finance	March 2024	

Page 2 of 5

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
Service Planning & Sustainability: Clearer articulation of how changing population demographics will impact services, linking population changes > service sustainability > development of new roles / workforce composition.	1. Implementation of the ambitions of Population Health and Wellbeing Strategy (PHWS) for Fife reflecting population changes 2023-2028. This will include reporting to NHS Fife Board on agreed indicators throughout implementation. 2. Strategic Planning and Resource Allocation (SPRA) plans services changes and the impact on workforce redesign. 3. Corporate Objectives and Annual Delivery Plan deliverables are aligned and reported against the 4 strategic priorities including improving staff experience and wellbeing. 4. Closely work with Workforce and Finance to ensure all strategic plans include service, workforce and financial impacts.	Improve health and wellbeing of Fife population demonstrated through PHWS Annual Report. Providing health and care services that meet the needs of the population through robust planning.	Director of Public Health / Associate Director of Planning & Performance	TBC	

Workforce Planning Action Plan 2023: Annual Internal Audit Report 2022/2023 Report No. B06/24

It was concluded that whilst the plan represented an important and helpful first stage in the process and was developed broadly in line with the Scottish Government 5 Pillars approach, further updates through the Annual Delivery Plan (ADP) process will support the achievement of NHS Fife's strategic objectives and operational sustainability and the mitigation of the significant workforce risks facing NHS Fife. A number of key issues were identified to mitigate the workforce risks facing NHS Fife, as detailed below.

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
1 - Risk Management: Ensure risk score for workforce sustainability is regularly reviewed, incorporating clear and effective mitigating action(s), and reflected within future iterations of the Workforce Plan.	1. Undertake a 'Deep Dive' strategic risk assessment of the Workforce Plan and associated risks. 2. Ensure future iterations of the Workforce Plan will clearly identify short/ medium risks to areas such as staff approaching retirement age; establishment gap; funding uncertainty; skill mix along with mitigating actions.	Risks will be better articulated in future iterations of the Workforce Plan. Map trajectory of workforce risk score in short, medium and longer term. Short and medium term risks will be clearly identified, along with associated actions to mitigate risk.	Director of Workforce / Head of Workforce Planning & Wellbeing	14.September 2023 2. For 2026-2029 Plan	Report to Staff Governance Committee on 14 September 2023. Workforce Directorate Risk session planned.
Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
2 - Gap Analysis to assess Capacity and Capability: Embed the output of the SPRA process into future iterations of the Workforce Plan, articulating the resources required to sustain services in short to medium term, associated financial implication and affordability.	1. Continue roll out of service level Workforce Plans to capture future staffing requirements, incorporate the following requirements: Gap analysis of projected workforce requirements to meet service need v's staff in post. Strengthen financial planning reference within Workforce Plan to better explain which affordability factors were considered as part of the planning process. Articulate the various risks associated with being unable to obtain the required staffing levels.	Granular detail will be captured allowing enhanced understanding and analysis of the gaps and plans for mitigating risks where gaps in staffing levels affect service delivery.	Director of Workforce / Director of Finance	30/09/2023 for initial service level Workforce Plans being developed.	Workforce Planning Template circulated to members of Operational Workforce Planning Group (June 2023)

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Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
3 – Scope of Workforce Plan: Appropriate arrangements to be made allowing Staff Governance Committee to receive assurance over the monitoring and oversight of HSCP Workforce Strategy and Plan and Action plan for delegated services.	1. Joint paper being prepared for submission to Staff Governance Committee on 14 September 2023, with an update on the HSCP Workforce Strategy and Plan and Action plan for delegated services. 2. Strategic Workforce Planning Group monitoring and oversight of activity within NHS Fife and Fife HSCP.	Staff Governance Committee assured of workforce planning arrangements for delegated services within HSCP, in addition to those within NHS Fife.	Head of Workforce Planning & Wellbeing / Principal Lead for Organisational Development & Culture, H&SCP	14 September 2023 for report to Staff Governance Committee and future quarterly updates scheduled within Committee Workplan.	Paper confirming intentions to Staff Governance Committee on 14 September 2023.
4 – Service Level Workforce Plans: Detailed actions arising from the Workforce Plan should contain SMART objectives enabling effective monitoring and oversight of progress, with assurance to Strategic Workforce Planning Group and Staff Governance Committee.	1. Continuation of development of service level Workforce Plans to capture future staffing requirements, incorporating SMART objectives and gap analysis of projected workforce requirements to meet service need v's staff in post and the various risks associated with being unable to obtain the required staffing levels.	Granular detail will be captured allowing enhanced understanding and analysis of the gaps and plans for mitigating risks where gaps in staffing levels affect service delivery. Workforce Planning (Workforce) Matrix in use.	Service Leads / General Managers	30/09/2023 for initial service level Workforce Plans being developed.	Workforce Planning Template circulated to members of Operational Workforce Planning Group (June 2023)
5 – Strategic Risk: The Terms of Reference (ToR) for the Staff Governance Committee to include oversight of Workforce Planning, delivery & risk, enabling appropriate scrutiny and monitoring of the implementation of the Workforce Plan and the impact on related strategic risks, with Strategic Workforce Planning delivery of associated workplan.	1. To update the Staff Governance Committee ToR to incorporate this change.	1. Clarity provided that the Staff Governance Committee will have appropriate scrutiny and monitoring of the implementation of the workforce plan and the impact on related strategic risks. 2. Regular reports provided to Staff Governance Committee as part of the annual workplan – quarterly from September 2023.	Head of Corporate Governance and Board Secretary Director of Workforce / Head of Workforce Planning and Staff Wellbeing	September 2023 and March 2024 September 2023 and January 2024	Reference to change included within report to Staff Governance Committee in September 2023. To be undertaken when ToR next due for review in March 2024.

Appendix 3: Sample Service Based Workforce Plan

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Laboratories							
Yes	WCCS003	Roll out of Digital Pathology will require increase in D&I staff.	1. Recruitment, Mar-23 2. Integration of digital systems with LIMS/Labcentre (Clinisys; Jun-23		To Improve Health and Wellbeing	Mar-24	
Yes	WCCS031	Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	1. Agreement to proceed with new supplier 2. Testing and training of new system 3. Go live of accelerated product by April 23 4. Implementation of national product by April 24		To Deliver Value & Sustainability	Mar-24	
Yes	WCCS035	Results reconciliation - full electronic reporting and switch off paper reports	1. Significant improvement in governance of reporting of lab results. 2. Decrease in use of paper, envelopes and printers as well as reduction in confidential waste generated. 3. Saving in staff time both within the laboratory and within clinical areas.		To Deliver Value & Sustainability	Mar-25	
Yes	WCCS036	Delivery of services to NTC for Labs	1. Understand requirements of NTC for labs		To Improve Quality of Health and Care Services	Mar-24	
No	WCCS034	Examine use of extended Biomedical scientist and Biomedical Support worker roles to address recruitment challenges across laboratory disciplines	1. Agree potential extended BMS roles in conjunction with clinical lab staff. 2. Identify job descriptions for extended BMS and support worker roles 3. Identify appropriate funding where possible within existing budgets 4. Recruit to posts and monitor effectiveness				

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Paediatrics							
No	WCCS002	**Paediatrics - Diabetes Service** Pressure on the Paediatric Diabetes Service, and our comparative standing across NHSS paediatric population, necessitates further development to enhance support for children with diabetes and to improve health outcomes. Enhance specialist nursing input is required to improve performance on this outcome and reduce long-term health risks within the diabetic child population.	**Milestones** (i) Review of current workforce model and development of business case to strength resolve of Specialist Paediatric Diabetes Nursing Resource. (ii) Compliance with National Diabetes outcomes for Scotland with regards (HbA1c) blood marker check and subsequent targeted improvement programme. (iii) Monitor a range of Service Improvement indicators, on basis that improvements generate reduced renal impairment, retinopathy and cardiovascular disease; and therefore a reduction in long term health costs	1. Business case unsuccessful in receiving funding approval. Further business case to be submitted Aug 2023	Children's Health and Wellbeing Strategy	Mar-24	
No	WCCS015	**Paediatrics - ADHD Service** Continued excessive waiting times experienced within the Community Paediatric Service, specifically with regards to the NHS Fife ADHD service, requires rationalisation of Community Paediatric service and re-modelling service provision relating to children/young people with suspected/diagnosed ADHD	**Milestones** (i) Fife wide multi professional review of provision of services to children / young people with suspected / diagnosed ADHD (ii) Identification of workforce requirements to meet review recommendations (iii) Development of Business case and associated recruitment (iv) Monitor improved ADHD waiting times and overall patient satisfaction (v) Monitor increased capacity within wider CCH team, with regards to range of non-ADHD related Community Paediatric care		Children's Health and Wellbeing Strategy	Jun-23	

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Paediatrics							
No	WCCS016	**Paediatrics - Consultant Workforce** To meet increased service pressures, enhanced acute paediatric consultant workforce to ensure increased effectiveness and sustainability of a range of Paediatric Services (inc. Epilepsy / cardiology / child protection)	**Milestones** (i) Development of Business Case to expand Consultant workforce, with subsequent recruitment process. (ii) Introduce a workforce model increasing sustainability of General Paediatric, Paediatric Epilepsy, Paediatric Cardiology and Child Protection services (iii) Monitor improvements in waiting times for General Paediatrics & Epilepsy Services (iv) Monitor compliance with NICE Guidance for Paediatric Epilepsy Service reduction in range of waiting times across Paediatrics following appointment	Business case successful and recruitment to additional consultant post complete.	Children's Health and Wellbeing Strategy National Access and Waiting Times Standards	Aug-23	🟩
No	WCCS017	**Paediatrics - Middle Grade Rota** Current model for service delivery is unsustainable and requires to be reviewed to minimise WTD compliance breaches and dependency on supplementary solutions including locum cover.	**Milestones** (i) Undertake service review to identify a sustainable workforce model (ii) Development of a business case for the recruitment to Speciality Doctor; APNP and ANNP positions; (iii) Monitor reduction in supplementary staffing costs and WTD compliance (iv) Monitor improvements in staff wellbeing and Patient Safety (v) Monitor enhanced patient safety and increased capacity for increased in-reach to ED to optimise patient flow at hospital front door	Business case unsuccessful. Proposal to be reconsidered.	Childrens Health and Wellbeing Strategy Staff Health and Wellbeing Strategy	Mar-24	🟧

Sample

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Paediatrics							
No	WCCS018	**Paediatrics - Nursing Team** Review of current workforce model in order to increase capacity and sustainability of the Specialty Paediatric nursing team (Paediatric Epilepsy/Neurology, Rheumatology, Respiratory, Endocrine, Allergy services)	**Milestones** (i) Undertake service review of Specialty Paediatric Nursing Team (ii) Development of a business case for the recruitment of a staff nurse and Clinical Support Worker position(s) (iii) Introduce succession planning for Specialist Nursing roles	Business case to be prepared	Childrens Health and Wellbeing Strategy Staff Health and Wellbeing Strategy	Sep-23	
Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Radiology							
Yes	WCCS019	**Radiography** Review of Computerised Temography (CT) out of hours service is required to provide a more efficient and equitable service to patients, regardless of admission time, which maximises the capacity of CT scanner.	**Milestones** (i) Mutli professional review of staffing model options, with due regard to safe staffing requirements, (ii) Identification and agreement for preferred staffing model, with subsequent recruitment and training programmes (iii) Embed new model, monitoring impact on patient care through review of capacity and waiting times.	No funding agreed. Project currently Identifying service delivery and staffing model options	Staff health and well being National diagnostic waiting times standards Trauma and stroke waiting times targets.	Mar-25	

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Radiology							
No	WCCS005 WCCS006 WCCS007 WCCS031	**Radiology** Review of equipment within Radiology, and potential introduction of new CT scanner, will support range of national commitments linked to National diagnostic waiting times; Cancer strategy framework; Reduced length and of stay and early discharge. Staffing implications of these developments to be established.	**Milestones:** (i) Participation with and representation on National Steering Group to review the collective need for additional capacity across Scotland.	Meeting with national imaging group took place in June, National steering group with NHS fife participation has been established to identify collective need for development equipment.	National diagnostic waiting times Cancer strategy framework Reduced length and of stay and early discharge	TBC	TBC
No	WCCS021	Capacity challenges requires development of an additional mammography unit					
No	WCCS023	Reinstate competency progression band 5-band 6 linked grade					

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Rehabilitation Services							
No	WCCS027 WCCS028 WCCS029 WCCS030	Review of Therapies and Rehabilitation services to (i) support reduction in delayed discharge by ensuring quality of weekend access to OT & PT resource across inpatient settings; (ii) Aid in recovery, remobilisation and redesign of outpatient services; (iii) ensure equity of service to Hospice Palliative / Elective Orthopaedic Services	1. 5/6 day Test of change for Physio across medicine & respiratory by Nov 2023. 2. Refreshed SBAR with identified uplift requirements for progression to 5/7day working for OT and PT across inpatients by Oct 2023. 3. Continued evaluation of OP models and ensure they are efficient with maximum application of digital support with best fit skill mix which may include new roles; eg non registered Band 5s. 4. Streamline Community and Acute palliative therapists into Acute with 2 new part time Band 4 HCSWs by Oct 2023. 5.Robust and sustainable extended day Physio service to elective orthopaedics that impacts length of stay				

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Women's Services							
Yes	WCCS012	**Specialist Nursing** Endometriosis nurse specialist to support women through their journey and improve the care and advice they receive	**Milestones** (i) Submission of business case, linking to WHP (ii) Approval to recruit with either funding agreed or an agreed cost pressure aligned to delivery of the WHP (iii) Monitor improved service performance with regards to pain management; peri-operative support to women; and improved collaboration with Primary Care & Pelvic Health Physio		Women's Health Plan	Mar-24	
No	WCCS024	**Midwifery** Review of training provision for Midwifery staff to ensure compliance with SG statutory requirement for all staff to complete emergency drill training in relation to NLS and CTG training.	**Milestones** (i) Determine the appropriate level of backfill and funding required to support Midwives in completion of training. (ii) Production of a business case to support the request (iii) Approval from SLT to recruit the required workforce to meet the SG requirement (iv) Recruitment process complete (v) Training undertaken to meet SG requirements	Development of business case estimates that training commitment for each midwife is 39 hours per annum.			

NHS Fife

NHS SCOTLAND

Meeting:	**Fife NHS Board**
Meeting Date:	**Tuesday 26 September 2023**
Title:	**Whistleblowing Quarter 1 Report for 2023/24**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Sandra Raynor, Head of Workforce Resourcing and Relations**

1.   Purpose

This is presented for:
   Assurance

This report relates to a:
   Government policy / directive
   Legal requirement

This aligns to the following NHSScotland quality ambition(s):
   Safe, Effective and Person Centred

2.   Report Summary

2.1   Situation

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

2.2   Background

This report is to provide NHS Fife Board members with an update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 April 2023 to 30 June 2023 (Quarter 1), together with the iMatter Survey Raising Concerns overview.

An update on the Whistleblowing Concerns received during 2021/2022 and 2022/2023 is also contained within this report to confirm all three concerns are concluded with appropriate actions taken.

2.3 Assessment

Whistleblowing Concerns Reporting

NHS Fife received one whistleblowing concern during the first quarter reporting period within NHS Fife, primary care providers and contracted services.

Anonymous / Unnamed Concerns Reporting

An anonymous concern is one that has been shared with the organisation in such a way that nobody knows who provided the information.

Alternatively, someone may raise a concern with the organisation, but are not willing to have their name or personal details recorded. This is known as an 'unnamed concern' (someone is aware of their identity, so it is not completely anonymous).

NHS Fife received no Anonymous / Unnamed Concerns during the first quarter reporting period.

Local Press Coverage

We are cognisant of what has been reported in local press coverage and how this informs our practice, therefore, we continue to report quarterly on any press coverage. There were no Whistleblowing articles published in the local newspaper during the first quarter.

Awareness Raising and Training

NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. INWO updates continue to encourage the use of business-as-usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access, which we continue to promote.

NHS Fife attended a recent National Speak Up Conference held on 5th September including our Whistleblowing Champion and the day itself was extremely informative hearing from external speakers including the INWO. It did highlight areas for development around a speaking up culture and the challenges in a complex health care setting.

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

Attached as Appendix 2 to this paper is information on themes, actions taken, lessons learned and confirmation of the concerns being closed in relation to Whistleblowing Concerns which had been received during 2021/2022 and 2022/2023, to conclude previous cases reported, as best practice.

2.3.1 Quality / Patient Care

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services. As noted above, actions have been discussed with the Board Whistleblowing Champion to ensure that changes are made to support the handling of concerns.

2.3.2 Workforce

The monitoring of whistleblowing concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork.

These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous concerns are an important factor in the identification and management of risk and providing appropriate assurance to the NHS Fife Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution Ambitions

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2023 / 2024, quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes, Local Partnership and Area Partnership fora, HR Policy Group and Whistleblowing Oversight Group.

2.4 Recommendation

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

There was one whistleblowing concern received in Quarter 1; no Anonymous / Unnamed Concerns received; no whistleblowing articles were published in the local newspaper; assurance of awareness of standards, the whistleblowing training undertaken during Quarter 1, and the iMatter Survey Raising Concerns overview.

Provides an update on the Whistleblowing Themes, Actions Taken, Lessons Learned and confirmation of the concern being closed in relation to Whistleblowing Concerns received during 2021/2022 and 2022/2023.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, assurance of awareness of standards, Whistleblowing Training undertaken during Quarter 1 (1 April 2023 to 30 June 2023), and the iMatter Survey Raising Concerns Overview

Appendix 2 – Whistleblowing Themes, Actions Taken, Lessons Learned and confirmation of the concern being closed in relation to Whistleblowing Concerns received during 2021/2022 and 2022/2023

Report Contact:

Sandra Raynor
Head of Workforce Resourcing and Relations
E-mail: sandra.raynor@nhs.scot

Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, Assurance of Awareness of Standards, Whistleblowing Training Undertaken During Quarter 1: 1 April 2023 to 30 June 2023, and the iMatter Survey Raising Concerns Overview

1.   Introduction

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

2.   Whistleblowing Concerns Received During Quarter 1

There was one Whistleblowing Concern received during Quarter 1:

Quarter 1 1 April 2023 to 30 June 2023	Theme	Division	Service
One	Poor Patient Care and Hostile Culture	H&SCP	Complex & Critical Care
Quarter 2 1 July 2023 to 30 September 2023	Theme	Division	Service
Quarter 3 1 October 2023 to 31 December 2023	Theme	Division	Service
Quarter 4 1 January 2024 to 31 March 2024	Theme	Division	Service

Overview / Additional Detail: Concern 1 – Quarter 1

Current Stage	Investigation (Stage 2)
First received	24/04/2023
Days at Stage One	N/A
Days at Stage Two	112 days
Closed date	Still open
Service Area (s)	Complex and critical care

Additional Detail:

Has the person raising the concern raised that they have experienced detriment?
No
Has a separate adverse event been logged on Datix in relation to this concern?
No

How was the whistleblowing concern received?
Received by email
Was this escalated from Early Resolution (Stage 1)?
No
Is this whistleblowing concern being raised on behalf of another person?
No
Date logged on Datix
08/05/2023
Date the event occurred? (if known)
Date unknown
Date Closed
Still open
Outcome - Investigation (Stage 2)
Still sitting at stage 2
Findings
Not yet documented
What key themes and trends were identified in relation to this whistleblowing concern?
Not yet documented

3. Anonymous / Unnamed Concerns Received During Quarter 1

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous / unnamed concerns should be recorded for management information purposes.

There were no Anonymous Concerns received during Quarter 1:

Quarter 1 1 April 2023 to 30 June 2023	Theme	Division
Nil		
Quarter 2 1 July 2023 to 30 September 2023	Theme	Division
Quarter 3 1 October 2023 to 31 December 2023	Theme	Division
Quarter 4 1 January 2024 to 31 March 2024	Theme	Division

4. Local Press Coverage During Quarter 1

There were no Whistleblowing articles published in the local newspaper during Quarter 1:

Quarter 1 1 April 2023 to 30 June 2023	Theme	Quarter 2 1 July 2023 to 30 September 2023	Theme
Nil			

Quarter 3 1 October 2023 to 31 December 2023	Theme	Quarter 4 1 January 2024 to 31 March 2024	Theme

5. Experience of Individuals Raising Concerns

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

6. Whistleblowing Training Data

The whistleblowing training data undertaken during Quarter 1 (1 April 2023 to 3 June 2023) is summarised below:
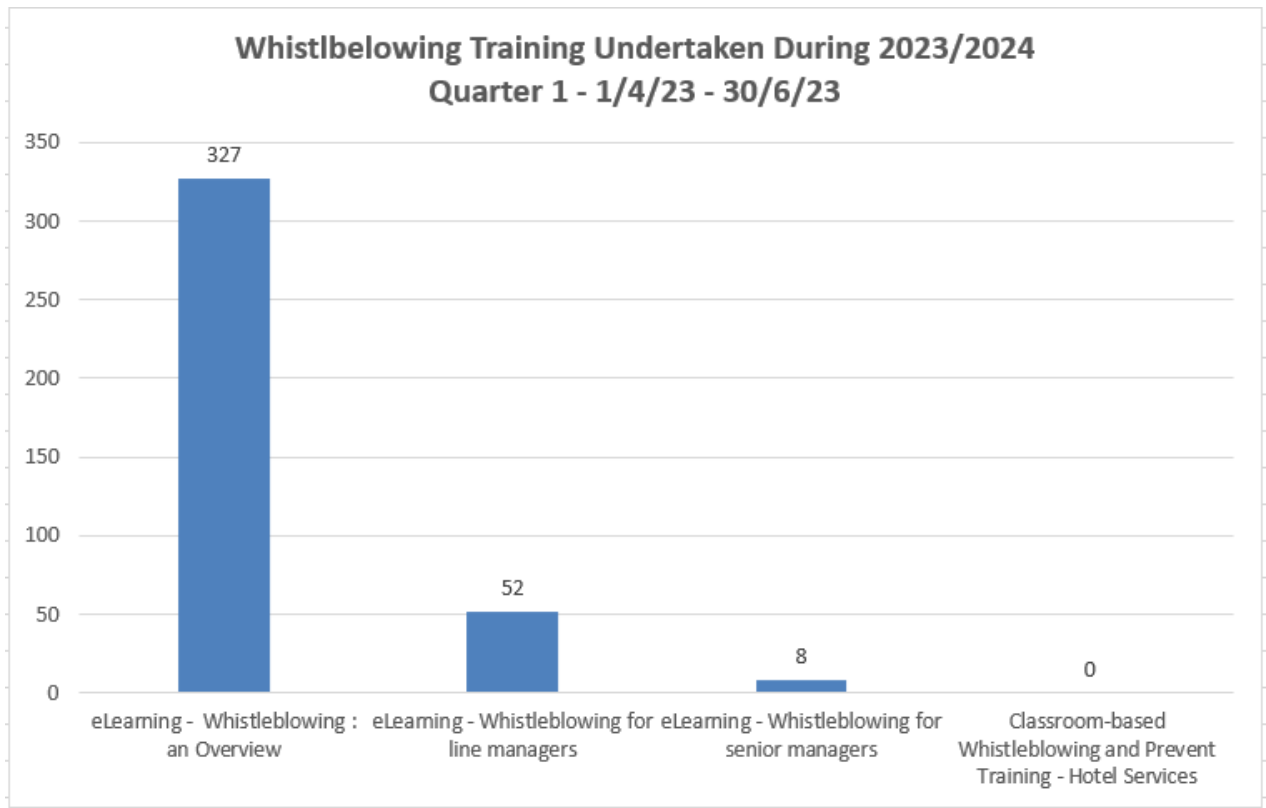
7. iMatter Survey Raising Concerns

As part of the iMatter Survey, for the first-time staff were asked if they were confident that they could safely raise concerns about issues within their workplace and if they were confident that these would be followed up and responded to.

Work continues thought the local operational group, Chief Executive newsletters to continue to promote speaking up across the Board.

An overview of the NHS Fife and H&SCP iMatter Raising Concerns responses are provided below, for information:

i Matter

Raising Concerns Report

NHS Fife

Total number of respondents: 7710

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 7578
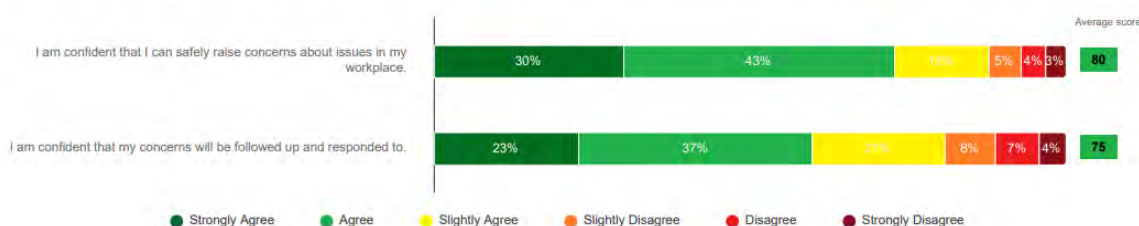
Statement	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree	Average score
I am confident that I can safely raise concerns about issues in my workplace.	30%	43%	16%	5%	4%	3%	80
I am confident that my concerns will be followed up and responded to.	23%	37%	21%	8%	7%	4%	75

Legend: ● Strongly Agree ● Agree ● Slightly Agree ● Slightly Disagree ● Disagree ● Strongly Disagree

Appendix 2 – Whistleblowing Themes, Actions Taken, Lessons Learned and confirmation of the Concern being closed in relation to Whistleblowing Concerns received during 2021/2022 and 2022/2023

1.   **Whistleblowing Themes, Actions Taken, Lessons Learned and Confirmation of Concern Being Closed**

This section provides information on themes from Whistleblowing Concerns being raised, actions taken, lessons learned and confirmation the concerns are closed.

The themes, actions taken, lessons learned, and confirmation of the concern being closed from the two Whistleblowing concerns lodged in 2021/2022 Quarter 4 and one Whistleblowing Concern lodged in 2022/2023 Quarter 3 are detailed below:

2021/2022 Quarter 4				
	Theme(s)	**Action(s) Taken**	**Lessons Learned**	**Concern Closed**
Whistleblowing Concern 1 **H&SCP Community Care Services** **Adult Protection, Other Clinical Events, Patient Information**	Failure of Leadership No evidence of delegation Lack of development of the workforce Poor communication structures Culture of not seeing poor quality care Incomplete documentation Requirement for robust induction processes	HR processes are now completed, and actions taken. HR action plan on-going but being actively managed. Action plans developed from the recommendations described including staff development, communication and identifying poor quality care almost complete, 1 item still to be completed in relation to bladder and bowel assessments / documentation and there is a plan in place to complete this by the end of April with support from the Bladder and Bowel team leader and a SCN. On-going review, implementation and scrutiny of service. Significant improvement noted across all identified themes for improvement. As part of the action plan new agreed care assurance tools for Fife HSCP are being introduced. The introduction of older people's knowledge and skills framework is underway. Robust induction process now in place for all of Fife HSCP and being implemented in Glenrothes Hospital.	An Action Plan has been developed from the recommendations within the whistleblowing report relating to Glenrothes Hospital and has now been implemented. Training will be provided on an on-going basis. Induction packs are being updated and aligned across all community in-patient and will be in place by 30 September 2023.	Yes

2021/2022 Quarter 4				
	Theme(s)	**Action(s) Taken**	**Lessons Learned**	**Concern Closed**
Whistleblowing Concern 2 **H&SCP Complex & Critical Care Services** **Adult Protection**	Improving the patient's day	There has been an activity co-ordinator in post since July 2022. The Activity Co-ordinator has made a significant impact upon the activity level. Group and one-to-one activities are arranged across each day of the week including music groups and craft work. The activity co-ordinator has worked with patients / families / carer to complete Getting to Know documents for all the patients in the ward. Additional monies have been provided by the HSCP specifically for dementia friendly improvements. Activity devices - RITA device and a Torvertafle table have been purchased, along with sensory and activity products to provide meaningful activity and provide stimulation. Dementia clocks, IPADS, sensory boards and a digital aquarium have also been purchased. There is currently has a volunteer who has been providing support to the patients in the mornings which has been beneficial. The volunteer interacts with the patients and helps with activities.	Improvement in the above areas have been taken forward as part of a formal response to the findings; and, where appropriate, such as the review of the Induction Process, following discussion with the operational management team, improvement actions may be expanded to become service wide initiatives within Mental Health. Establishment of activity co-ordinators to ensure more therapeutic dialogue and engagement with patients. A Music Therapist has now commenced for one day per week, with group work in the morning and individual one-to-one sessions in the afternoon. All actions have now been met.	Yes

2021/2022 Quarter 4				
	Theme(s)	**Action(s) Taken**	**Lessons Learned**	**Concern Closed**
	Creating a more therapeutic environment	Painting of the main areas – corridors / dayroom utilising dementia friendly colours and new dementia friendly flooring is installed. New furniture for the dayroom has been purchased along with a new large TV which will contribute to creating and maintaining a more therapeutic environment. Sky light panels are being installed to create a calming space in a specific area of the ward.	An application to the Health Charity has been submitted for consideration for funding to provide a designated space within the ward, turning this into a functional cafe area for patients and relatives.	Yes
	Review of meal and menu provision	The SCN, Lead Nurse and interim CSM has had a meeting with the catering manager who has provided a comprehensive review of meal provision for the ward. One of the HCSW'S has developed a menu planner for patients and family to go through on admission and in conjunction with the completion of the Getting to Know Me document has ensured patients preferences are being captured and recorded.	SCN continues to meet quarterly with the catering department to ensure on-going review of meal provision within the ward. Relatives are encouraged to support their relatives at meal times, if required, and work in collaboration with the staff to menu plan if needs indicated.	Yes
	Development and implementation of a staff competency framework to provide assurance that all staff are competent and have the required skills and knowledge to deliver care.	This work is currently underway by the professional heads of nursing as part of the roadmap for all staff working in the service.	Heads of Nursing continue to take this forward.	Yes

2021/2022 Quarter 4				
	Theme(s)	**Action(s) Taken**	**Lessons Learned**	**Concern Closed**
	Review of the induction process for new staff and students to ensure that all new persons are inducted safely and that there is a record of this.	An acting SCN and a new band 6 have been appointed at the end of 2022. Student nurses now have access prior to commencing placement up to date information on QMPLE. Staff and students' own objectives require that they have an induction which incorporates orientation and system and process which is signed off by their supervisor. Quality Improvement have complied a new information booklet for patients / relatives which holds essential information for new staff within it. This is waiting for final agreement then can be printed off for use. One of the newly qualified nurses has worked with Quality Improvement and devised a student handover sheet which contains essential information and has just been rolled out. Another newly qualified nurse is taking forward a revamp of the student induction checklist with 3 of the new students who have just come into placement and will have this completed within the next two weeks. Newly Qualified Practitioners all have signed up to Flying Start and have had their corporate inductions carried out. SCN is in the process of updating bank and agency induction checklist for new staff coming to work in the ward. New medical staff checklist will be rolled out next week mid-April 2023.	New student checklist now implemented for all new students on placement. Students have provided positive feedback regarding same whilst using this within their placement. Awaiting final sign off for the new booklet via the Documentation Group. All other actions have now been met.	Yes

2022/2023 Quarter 3				
	Theme(s)	**Action(s) Taken**	**Lessons Learned**	**Action(s) Complete**
Whistleblowing Concern 1 **Corporate Services – Pharmacy** **Patient Information (Records / Documentation / Tests / Results)**	Patient information leaflets and process for patient consent.	Review of locally produced leaflets and consent process.	Improvement to patient information and consent process.	Yes
	Delay in managing Whistleblowing concern.	Review of process for managing complex Whistleblowing concerns.	Lessons learned built into the newly developed Terms of Reference for the Commissioning Officer	Yes

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 September 2023**
Title:	**Risk Management Framework**
Responsible Executive:	**Margo McGurk, Director of Finance and Strategy**
Report Author:	**Pauline Cumming, Risk Manager**

1   Purpose

This is presented for:

Assurance

Approval

This report relates to a:

Local policy

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

Safe

Effective

Person Centred

2   Report summary

2.1   Situation

The extant NHS Risk Management Framework 2020, and the complementary Risk Register / Risk Assessment Policy GP/R7 (hereafter to be referred to as the Framework and Policy), require to be updated to reflect the changes made to the Board's risk management arrangements since 2022. A draft of the updated Framework is provided at Appendix 1.

2.2   Background

A key deliverable of the risk management improvement programme agreed in 2022, was to update the Framework and the Policy. It was also recognised that the update should incorporate details of the updated risk management arrangements between NHS Fife and Fife Integration Joint Board (IJB), and particularly the responsibilities of all parties.

2.3   Assessment

The updated Framework reaffirms the Board's commitment to embed an effective risk management framework and culture to support the achievement of the strategic priorities, and the ambitions of the Population Health and Wellbeing Strategy. The update reflects the following developments from 2022 to date:

the Board Risk Appetite and Statement were reviewed and updated

a Risks & Opportunities Group has been established

a Strategic Risk Profile set in the context of the strategic priorities was agreed

a risk dashboard has been introduced to the IPQR

a refreshed Corporate Risk Register replaced the Board Assurance Framework

the approach to assurance reporting has evolved to include:

agreement on 'levels of assurance'

the formal introduction of a set of Assurance Principles as part of the Corporate Risk Register papers provided to Committees and the Board which include the 'levels of assurance'

deep dive reviews commissioned on selected corporate risks and scheduled on the work plans of the governance committee to which the risks are aligned

A delivery plan is being developed to support implementation of the Framework

Work is underway to update the Policy which will contain the more detailed operational arrangements to support delivery of the Framework. The updated Policy will be taken forward through the General Policy approval process.

2.3.1 Quality/ Patient Care

Effective risk management will support the achievement of the quality ambitions of safe, effective, person centred care.

2.3.2 Workforce

All staff in the organisation have a responsibility for identifying risk. They will be supported to do so through education and training relevant to their role and responsibilities.

2.3.3 Financial

There are no direct financial implications linked to this paper.

2.3.4 Risk Assessment / Management

The report summarises progress to update key risk management documents.

2.3.5 Equality and Diversity, including health inequalities

An Equality and Diversity (E&D) assessment has not been conducted but there are not considered to be direct E&D implications associated with this paper.

2.3.6 Other impact

None identified

2.3.7 Communication, involvement, engagement and consultation

Engagement on the components which form the updated Framework, has taken place through discussion and feedback with groups and key stakeholders including the Executive Directors' Group (EDG), the Associate Director of Quality & Clinical Governance, the Risks and Opportunities Group, and the committees of the Board.

2.3.8 Route to the Meeting

The Framework has been previously considered by the following groups as part of its development. These groups have endorsed the Framework, and their feedback has been used to inform the further development of the content presented with this paper.

EDG on 28 August 2023
Audit and Risk Committee on 31 August 2023

2.4   Recommendation

Fife NHS Board is asked to take **assurance** from and **approve** the updated Framework.

3   List of appendices

Appendix No.1, Draft Risk Management Framework 2023 - 2025

Report Contact
Author Name: Pauline Cumming
Author's Job Title: Risk Manager, NHS Fife
Email Pauline.Cumming@nhs.scot

Risk Management Framework

2023 – 2025

1. Executive Introduction

The delivery of healthcare is complex and we operate in a context that inevitably requires the daily management of emerging and inherent risk. It is not always possible or necessary to eliminate all risks. There are occasions where we need to tolerate or take risks in order to develop and improve our care and services and the environment in which we work.

This Framework sets out our ambition, to create a culture which supports each of us, whatever our role, to manage risk in our daily work. In this way, Risk Management is Everyone's Business.

Carol Potter
Chief Executive NHS Fife

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2. Purpose

2.1 The purpose of this Risk Management Framework is to promote awareness of risk, and set out the approach, objectives and responsibilities for risk management in NHS Fife.

2.2 The Framework affirms our commitment to risk management and to integrating this more fully within the culture, practice, and values of the organisation. It is supported by a Risk Register/ Risk Assessment Policy which outlines the associated operational arrangements.

2.3 The Framework has been developed in the context of recovering from the impact of the global pandemic on our communities, staff, patients, and partners and as we consider how to redesign services fit for the future.

2.4 The Framework is aligned to the Population Health and Wellbeing Strategy 2023-28 and delivery against the four strategic priorities set out in Figure 1 below.
Figure 1

2.5 Framework Review

The Framework and the Board risk management arrangements will be reviewed every 2 years, with an update provided to the Audit and Risk Committee and the Board. This will ensure that the core framework remains current, reflects local and national developments and priorities, and drives continuous improvement in risk management across the Board.

2.6 What is Risk?

A risk is an 'uncertain future event', (or set of events), which, should it occur, will have an effect on the organisation's ability to achieve its objectives (The Orange Book, 2023). An effect is a deviation from the expected. It can be positive, negative or both, and can address, create or result in opportunities and threats (ISO, 31000, 2018).

2.7 What is Risk Management?

Risk Management is the co-ordinated activities designed and operated to respond to and manage risk and exercise internal control within an organisation (The Orange Book, 2023). It is a continuous and evolving process which aims to reduce risk to organisations.

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2.8   Why is Risk Management Important?

Effective risk management can help to:
- Ensure that decision making is informed and risk-based, to maximise the likelihood of achieving key strategic objectives and effective prioritisation of resources
- Ensure compliance with legislation, regulations, and other mandatory obligations
- Provide assurance to internal and external governance bodies that risks are being effectively controlled
- Prevent injury and / or harm, damage and losses
- Support organisational resilience
- Protect the assets and reputation of the organisation
- Achieve effective and efficient processes throughout the organisation
- Anticipate and respond to changing political, environmental, social, technology and legislative requirements and / or opportunities

2.9   Risk Management - Everyone's Business

It is important that all staff are involved in managing risk, regardless of their role and where they work. Examples of how each of us can manage risk are set out in Figure 2 below.

Figure 2

3.   Framework Overview

Our approach to risk management is summarised below.

Objectives	• The safety of patients, staff and others coming into our services is protected
	• Risks to the delivery of our strategic priorities and organisational objectives are identified and mitigated through proactive action planning.
	• Risk management supports organisational change and service development when considering opportunities and risks to improve services.
	• A proactive approach to risk management as an effective mechanism for managing risks through effective action plans.
	• Board organisational risk appetite will be agreed and communicated annually.
Enablers	• Ensure visibility of the organisation's risk profile, to enable effective and informed decision making.
	• Ensure a structured and consistent approach to managing risk from ward to board.
	• The Datix system facilitates the consistent recording, management and escalation of risk, across the organisation.
	• Clear systems and processes will be in place for the escalation or risks.
	• Effective risk management will be used to support decision making, planning and performance arrangements, by providing appropriate information for assurance to the respective management and governance structures.
	• Risks will be aligned as appropriate to groups and governance committees and will feature routinely on agendas.
	The Risk Management Team will:
	• Provide organisational support to ensure effective risk management practice.
	• Deliver training, education and development to support staff to fulfil their roles & responsibilities in relation the risk management.
Our Values	• We will deliver our risk management responsibilities within the context of our core values of; Care and Compassion, Dignity and Respect, Openness, Honesty and Responsibility, Quality and Teamwork.
Assurance and Strategic Oversight	• The Board will set an effective risk management culture.
	• The Director of Finance and Strategy will provide executive leadership for risk management arrangements on behalf of the Chief Executive.
	• The Executive Directors will deliver their responsibilities for ensuring effective risk management through active engagement in the process and reporting through the governance committees and NHS Fife Board.
	• Governance Committees will deliver their responsibilities in relation to effective scrutiny of risk management in their areas of focus.
	• The Audit and Risk Committee (A&RC) will support the Board by, reviewing and advising on the effectiveness of the risk identification, management and reporting processes.

4. Scope

4.1 This Framework applies to the management of risks, including clinical, environmental, financial, staff health and wellbeing across all areas of NHS Fife service provision.

5. Strategic Context

5.1 The diagram below summarises:
- The national documents which influence our approach to risk management;
- NHS Fife strategies with which this Framework and its delivery must align; and
- Local policies and procedures which align to the Framework.

National Policy & Strategy	Board Strategy, Codes & Plans	Local Policy & Procedures
Health & Safety at Work etc Act 1974 NHS Quality Improvement Scotland National standards: Clinical Governance and Risk Management: Oct 2005 The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (as amended 2013) Scottish Government (SG) The Healthcare Quality Strategy for Scotland, May 2010 Scottish Capital Investment Manual, 2017 SG Audit & Assurance Handbook, 2018 NHS Scotland Blueprint for Good Governance DL 2022) 02 HIS Learning from Adverse Events through Reporting and Review: A National Framework for NHS Scotland, Dec 2019, 4th edition NHS Scotland Whistleblowing Standards, April 2021 NHS Recovery Plan 2021-2026 National Workforce Strategy for Health and Social Care in Scotland(2022) SG Delivering Value Based Health & Care - A Vision For Scotland Realistic Medicine, Dec 2022 NHS Scotland Climate Emergency and Sustainability Strategy, 2022-26	NHS Fife Population Health and Wellbeing Strategy 2023-28 NHS Fife Medium-Term Financial Plan 2023-26 NHS Fife Property and Assets Strategy 2023-26 NHS Digital and Information Strategy 2019-2024 NHS Clinical Governance Strategic Framework 2022-2025 NHS Fife Workforce Plan 2022-2025 NHS Fife Greenspace Strategy 2023 NHS Fife Code of Corporate Governance NHS Fife Annual Delivery Plans Plan for Fife 2017-2027	NHS Fife Complaints Handling Procedure, 2021 NHS Fife Corporate Business Continuity Policy, May 2021 NHS Fife Data Protection & Confidentiality Policy GP/I5 NHS Fife Health & Safety Policy GP/H1, 2022 NHS Fife Infection Control Policy, GP/18, 2022 NHS Fife Risk Register/ Risk Assessment Policy GP/R7 being updated NHS Fife Safe &Secure use of Medicines Policy & Procedure V10, April 2023 NHS Fife Adverse Events Policy GP/I9, 2023 Fife Council Risk Management Policy and Strategy ,2023 Fife Integration Joint Board Risk Management Policy and Strategy 2023

6. Governance Structures

6.1 This section sets out the oversight, assurance and monitoring from the point of service delivery to NHS Fife Board.

6.2 Fife NHS Board is responsible for the management of risk in NHS Fife. There are a number of structures below the Board which have responsibility to assess and monitor the risk management systems and processes and initiate action and improvements when required.

6.3 The Corporate Governance Structure within NHS Fife includes the NHS Fife Audit and Risk Committee (ARC), a key governance committee of the Board as set out in Figure 3 below.

Figure 3 NHS Fife Governance Structure

6.4   The Board is responsible for approving the Risk Management Framework and setting the risk appetite. Ultimately, the Board must ensure that the risk register reflects the risks the organisation is facing and that there is an effective system of risk management in place.

6.5   The ARC's responsibility is to provide the Board with assurance on the effectiveness of risk management arrangements and confirm that a sound system of internal control is maintained.

6.6   Operationally, the Executive Directors' Group (EDG) acts as a point of escalation for risk management related matters as required through the internal management structure.

6.7   The Chief Executive, as Accountable Officer of NHS Fife, and the Director of Finance & Strategy hold various professional responsibilities for ensuring effective organisational risk management arrangements. EDG is the forum for broader discussion and decision-making, in relation to risks to the delivery of the Board's strategic priorities and key operational, clinical and performance issues, and is a key conduit for overall assurance reporting to the standing committees and the Board.

6.7   A Risks and Opportunities Group (ROG) has been created which has delegated responsibility from the EDG to progress the activities required to support and embed an effective risk management framework and culture through NHS Fife. The ROG will periodically report to EDG and the ARC, making recommendations, providing considerations, or in the form of escalation if required as part of its role and remit. The Group's Terms of Reference are set out in Appendix 1.

6.8   The purpose of the ARC and linkages to the Framework are summarised below:

	Purpose	Where this framework aligns with the ARC role in relation to risk management
1	The main objective of the Audit and Risk Committee is to support the Accountable Officer and Fife NHS Board in meeting their assurance needs.	Supporting the Chief Executive/Accountable Officer and Fife NHS Board formulate their assurance needs, through the implementation of a well-designed assurance framework, with regard to risk management, governance and internal control. The committee reviews and approves the Internal Audit Strategic and Annual Plans having assessed their appropriateness to give reasonable assurance on the whole of risk control and governance. The committee work plan is designed to capture key planning for audit and risk activity with reports scheduled.
2	Review and challenge constructively the assurances that have been provided as to whether their scope meets the needs of the Accountable Officer and Fife Health Board; Review the reliability and integrity of those assurances including the evidence base.	Promote Committee Assurance Principles. Propose or endorse modifications to risk management processes to embed the Principles and enhance assurance lines.

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3	Draw attention to weaknesses in systems of risk management, governance and internal control, and making suggestions as to how those weaknesses can be addressed.	Consider strengths and areas of weakness highlighted in internal audit reports including Internal Controls Evaluation (ICE). Review the effectiveness of risk management arrangements including risk identification and mitigation. Consider risk management KPI data presented for assurance.
4	The Committee is charged with ensuring that there is an appropriate publicised Risk Management Framework with all roles identified and fulfilled.	The Framework: Promotes a positive risk management culture where risk is everyone's business. Describes enablers to effective risk management. **Sets out -** the approach to managing risk governance structures and terms of reference risk management roles and responsibilities risk appetite and how this is applied an overview of risk management activities and how these support an effective system of risk management.
5	To discharge its advisory role to the Board and Chief Executive/Accountable Officer, and to inform its assessment on the effectiveness of corporate governance, internal control and risk management, the Committee shall: seek assurance on the overall system of risk management for all risks and risks pertinent to its core functions; including the adequacy & effectiveness of the Corporate Risk Register, in terms of coverage of key risks to the Board, identification of gaps in control and assurance and the impact of changes to the risk register on the assurance needs of the Board and the Accountable Officer.	A Corporate Risk Register is in place The risks are: mapped to the strategic priorities aligned to governance committees for scrutiny and assurance regularly reviewed reported bi-monthly to the committees considered at EDG & Risks & Opportunities Group subjected to assessment against the Assurance Principles to determine the level of assurance provided an annual risk management report will be assessed to confirm if there have been adequate and effective risk management arrangements throughout the year.
6	To escalate any issues of concern to the NHS Fife Board.	The Agenda contains' Items for Escalation' by the Committee Chairperson.

6.9 Partnership Working: Integration Framework and Services Delegated to the Integration Joint Board

To ensure there is clarity around governance, it is important that this framework sets out the risk management arrangements for services which are delegated to the Integration Joint Board (IJB).

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The IJB Risk Management Strategy and Policy, 2023 sets out details of the risk management approach and vision, how the strategy will be implemented and expectations in relation risk leadership and accountability, resourcing risk management training, learning and development, monitoring and reporting and communication.

Management of operational clinical risks associated with services delegated to the IJB rests with NHS Fife Board. The systems and processes through the stated governance structure support effective management and mitigation of these risks. Risks with the potential to impact more than one partner will be identified for inclusion in one or more of the following risk registers: NHS Fife Corporate Risk Register; IJB Strategic Risk Register.

Any such emerging operational risks should be submitted to the NHS Fife Executive Directors' Group for consideration and decision on action and/or addition to the NHS Fife Corporate Risk Register. Any potential IJB Strategic Risks will be considered through the IJB Governance routes via the IJB Chief Officer.

As a partner body of the IJB, NHS Fife will continue to operate appropriate risk management processes for operational risk. The NHS Board Chief Executive will ensure that processes are in place to alert the IJB Chief Officer to any strategic or operational risks which are likely to impact on the delivery of the IJB's Strategic Plan.

As a partner body of the IJB, NHS Fife will provide formal assurance to the IJB on the operation of its risk management arrangements and of the adequacy and effectiveness of key controls which could impact on the achievement of IJB objectives. The IJB will provide reciprocal assurance, including to other IJBs in their capacity as being responsible for hosted services, on its risk management processes and key controls.

NHS Fife risk management staff will participate in meetings as necessary to consider the implications of risks and provide relevant advice. Additionally, the Board will routinely seek to identify any residual risks and liabilities that it retains in relation to the activities under the direction of the IJB.

7. Risk Management Approach

7.1 This section sets out the key components of our approach to risk management:
Risk Process
Risk Definitions
Risk Registers
Risk Escalation
Risk Appetite

7.2 The NHS Fife methodology for achieving the objectives set out in section 3 above, is detailed in the NHS Fife Risk Register/ Risk Assessment Policy.

7.3 Risk Process

Risk management is a dynamic process. The steps to identifying and responding to risks are summarised in Figure 4 (Australia/New Zealand Risk Management Standard, AS/NZS 4360:2004).

NHS Fife will embed good risk management practice by promoting the consistent application of this process across all areas. Further details and guidance to support implementation of the Framework are provided in the Risk Register/ Risk Assessment Policy.

Figure 4

10
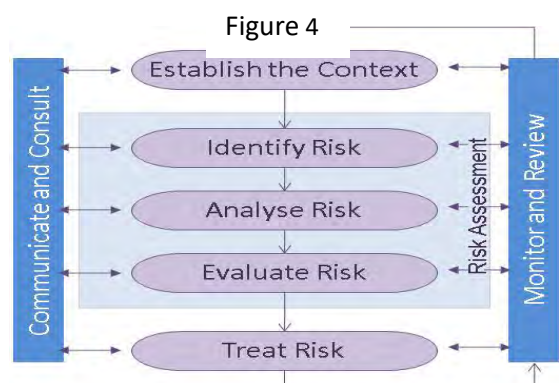
To support the assessment process, NHS Fife uses a 5x5 risk scoring matrix. This identifies a score between 1 (1x1) and 25 (5x5). The matrix is provided at Appendix 3. Guidance to support implementation is provided in the Risk Register/ Risk Assessment Policy.

7.4 Definitions

Corporate risk- A corporate risk can be defined as something which can either affect, or be created by, our decisions about strategy. e.g. internal and external events that may make it challenging for the organisation to achieve its objectives **i.e.** poses a threat to our ability to deliver the Population Health and Wellbeing Strategy. In NHS Fife, these risks are mapped to one of the four strategic priorities.
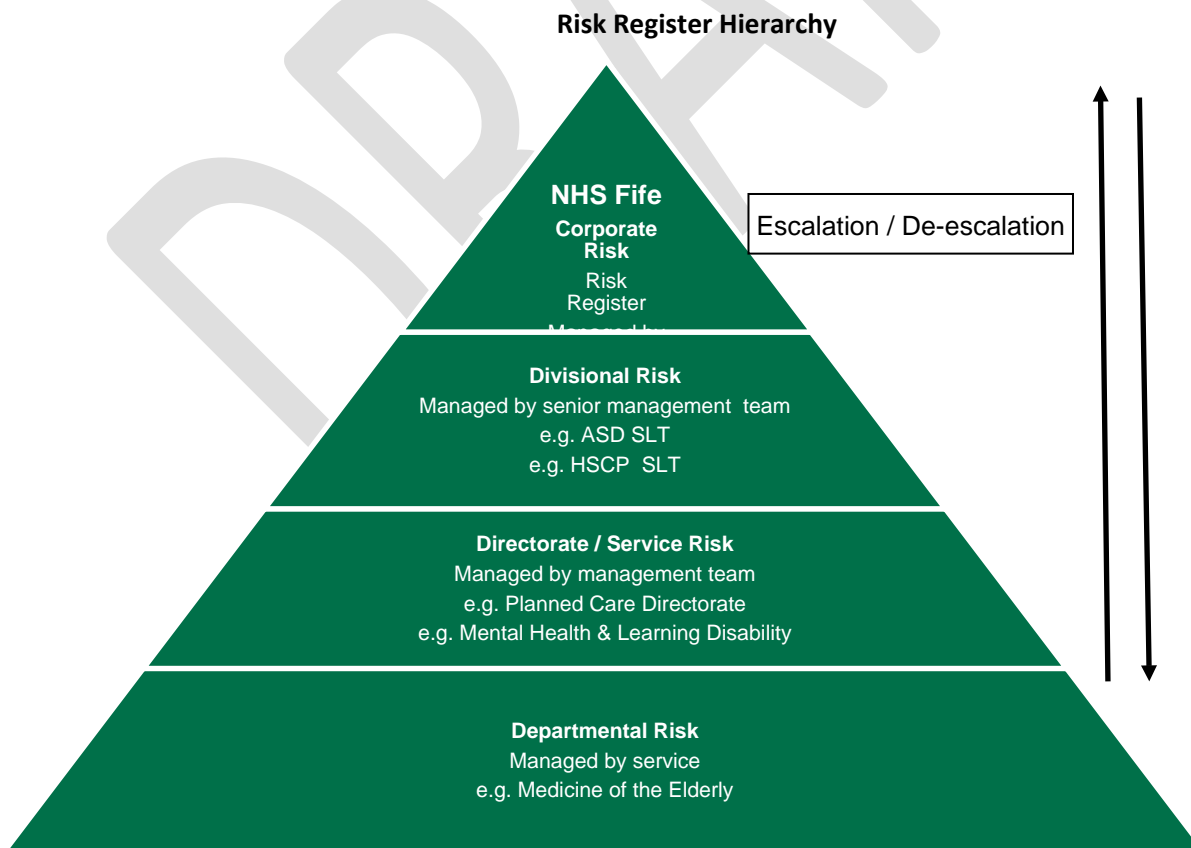
Operational risk - An operational risk is one which may impact on our internal day-to-day business. These are managed by the Executive Directors and their teams and escalated as necessary**.** These often present due to flawed or failed processes, policies, systems or events that disrupt operational delivery of services.

Risks are captured on risk registers. The repository for risks in NHS Fife is the Datix Risk Register module.

7.5 Risk Registers

A risk register is an information repository created by an organisation to record its risks and responses. It is a management tool intended to help managers achieve their objectives. It should drive and provide evidence of risk management activities and act as a means or source for risk reporting. Risk registers must be maintained and reviewed to ensure they are up to date and effective.

Risk registers exist at different levels across the organisation

Risk Register Hierarchy

NHS Fife
Corporate Risk
Risk Register

Escalation / De-escalation

Divisional Risk
Managed by senior management team
e.g. ASD SLT
e.g. HSCP SLT

Directorate / Service Risk
Managed by management team
e.g. Planned Care Directorate
e.g. Mental Health & Learning Disability

Departmental Risk
Managed by service
e.g. Medicine of the Elderly

Acute Services Division (ASD)

Executive Directors' Group (EDG)

Health & Social Care Partnership (HSCP)

Senior Leadership Team (SLT)

7.6   Risk Escalation

Risk escalation is a process that ensures risks that cannot be managed by a local team, department or specialty are escalated appropriately. To ensure that these risks are managed effectively, they must be escalated in a timely way to the appropriate level in the organisation and to external stakeholders where necessary. If you identify a risk that you think may require escalation, raise this first with your line manager to allow them to decide on the appropriate action having considered factors including:

> the risk likelihood and consequence scores
> the effectiveness or otherwise of current management actions / mitigations
> the threat presented by the risk e.g. to organisational objectives / national standards
> who needs to be made aware

The risk score and organisational risk appetite should be key considerations when considering recommending risks for escalation. The escalation process will be set out in the Risk Register/Risk Assessment Policy.

7.7   Risk Appetite

Simply put, risk appetite is the amount of risk the Board is willing to take or tolerate in the pursuit of its objectives. It underpins effective risk management and should reflect our functions, purposes and be balanced against our ambition.

Risk Appetite in Practice:
> supports a consistent approach to risk across an organisation and ensures that we are operating within acceptable limits
> informs decision making - ensures resources are not spent on further reducing risks already at an acceptable level
> promotes prioritisation of resource, including corporate focus and management time e.g. on risks above appetite; this could inform choices for deep dive reviews
> removes subjectivity
> innovation vs status quo - risks vs opportunity

The Board sets the Risk Appetite and captures this in a Risk Appetite Statement. Risk appetite is not static; it varies depending on internal and external circumstances and so should be reviewed and updated at least annually.

Risk Appetite Descriptors

To ensure a common understanding of 'levels' of risk appetite, we use the following descriptors:

Low - Regarding statutory functions, we have very little appetite for risk, loss, or uncertainty. We are prepared to accept low levels of risk, with a preference for ultrasafe delivery options, while recognising that these will likely have limited or no potential for innovative opportunities.

Moderate - Prepared to tolerate only modest levels of risk to achieve acceptable, but possibly unambitious outcomes and limited innovation.

High - Willing to consider and / or seek all delivery options (original / ambitious / innovative), and tolerate those with the highest likelihood of successful outcomes, in pursuit of objectives even when there are elevated levels of associated risk.

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Risk Appetite Statement

A Risk Appetite Statement describes the level that an organisation is prepared to accept against certain categories or types of risk. NHS Fife considered its risk appetite for key aspects of the delivery of health and care in 2022, as we emerged from the pandemic and developed the Population Health and Wellbeing Strategy. Our Risk Appetite Statement aligns to the 4 strategic priorities and is set out at Appendix 4. Detail of how risk appetite will be applied in practice will be contained within the Risk Register/Risk Assessment Policy.

7.8   **Monitor and Review**

When monitoring and reviewing risks, we should look to answer the following questions.
    Is the organisation taking the right risks?
    Is the management of risk effective? i.e. Are risks reducing to an acceptable level, increasing or static?
    Is risk management providing useful, timely information that helps improve the organisation's decisions?

Healthcare is delivered in a dynamic and challenging environment. It is therefore necessary to ensure that risks are regularly monitored, reviewed and reassessed for changes in context and risk score, and the current management controls or actions changed as required. As well as reviewing individual risks, it is necessary to review the risk management system as a whole in order to assure the Board on its effectiveness.

Assurance

To assess the level of assurance which can be given on the effectiveness of our risk management arrangements, we require to provide credible, relevant evidence that our risks are being adequately managed, and that key controls have been identified, implemented and are working effectively.

Assurance provides:	Evidence / Certainty / Confidence
To:	Directors / Organisation / The Board / The Public / External Agencies
That:	What we are currently doing is making a positive impact on risks

To support our approach and add consistency to our assurance reporting, we have adopted the 4-level assurance model used by Internal Audit.

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

This model forms part of the Assurance Principles document provided to the EDG, governance Committees and the Board within the Corporate Risk Register report.

The Principles also refer to what is often called the "three lines of assurance" model. This provides a framework for undertaking a comprehensive assessment of the effectiveness of risk controls and actions and allows a conclusion to be reached on the level of assurance obtained. It is summarised below.

1st line:	Management assurance from "front line " or operational areas that own the risks and are responsible for controlling them day-to-day and for taking corrective actions to address deficiencies. e.g. applying policies and procedures, understanding the key controls, and how well those are working.
2nd line:	Oversight of management activity, separate from those responsible for delivery, but not independent of the organisation's management chain e.g. corporate governance /compliance functions to assist the first line fulfil their assurance responsibilities. Includes e.g. quality assurance, inspection, to determine compliance with standards / policy / regulatory considerations.
3rd line:	Independent and objective assurance reports on the integrity and effectiveness of risk management & related controls, including the quality of assurance derived from the 1st & 2nd lines. Typically provided by internal audit but also external audit, accreditation bodies, regulators, Royal Colleges.

The Assurance Principles are set out in Appendix 5.

Deep Dive Review

Another component of our assurance approach is a risk deep dive review. The purpose of a deep-dive is to obtain a deeper understanding of a specific risk, including the rationale behind the risk scores, the adequacy and effectiveness of risk controls, and progress on key actions. Generally, though not exclusively, deep dives will be commissioned by the aligned governance committee or via a recommendation from EDG to review e.g. deteriorating corporate risks, risks above appetite and other priority areas or concerns.

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Key Performance indicators

Measuring, managing and monitoring risk management performance is key to the delivery of objectives. We will develop and use KPIs to assess the effectiveness of the risk management system and provide assurances to the governance committees and the Board.

7.9   Communicate and Consult

The communication of clear, relevant, reliable risk information is essential to developing effective risk management. The Model Meeting Paper SBAR Template provides a section in which key risks relevant to the report submitted should be described in line with the supporting guidance.

Key organisational risk reports include the following:

Reporting to the Board

The Corporate Risk Register will be reported to the Board on a 6 monthly basis or as indicated, by exception.

Additionally, the Strategic Risk Profile, as a dashboard set in the context of the Board's risk appetite, forms a component of the monthly Integrated Performance & Quality Report (IPQR).

Reporting to the Audit & Risk Committee

The Corporate Risk Register Report will be reported to each meeting of the Committee for consideration, review and comment; this will be at least quarterly. Risk KPIs will also be reported to the Committee. An Annual Risk Management Report will also be provided to inform the Committee's opinion on the overall system of risk management at year end.

Reporting to the Governance Committees

An overarching Corporate Risk Register report will go bi- monthly to the committees , according to their areas of scrutiny, with detailed reviews on specific corporate risks every 4 months, unless by exception. A risk may be referred to more than one committee depending on its nature and relevance.

Annual Risk Management Report

An Annual Risk Management Report will be presented to the EDG, the Audit & Risk Committee and the Board. This will include a formal conclusion on the adequacy and effectiveness of the risk management arrangements, supported by appropriate evidence.

Directorates and Services

Departments will carry out regular risk reviews which will be monitored and reported through their governance groups and committees to ensure that appropriate oversight, discussion, action planning and where indicated, escalation occurs. The Risk Register/ Risk Assessment Policy outlines the reporting requirements.

Fife Integration Joint Board

The reporting requirements and responsibilities relating to risks to delegated services are set out in the Fife IJB Risk Management Strategy.

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Risk management staff from both parties will work together to ensure that risk management arrangements are aligned to facilitate effective escalation of risks and provision of assurance.

Patients and the Public

NHS Fife seeks to inspire confidence and trust in its services and will:
be open with the public about our understanding of the nature of known risks
engage with stakeholders as appropriate in relation to risks that affect them
provide assurance through the Annual Risk Management Report that we have in place adequate and effective systems to manage risk.

Implementation

To support the implementation of this Framework, we will develop an annual delivery plan which will set out how we will achieve our objectives each year. Progress against the plan will be monitored by the Risks and Opportunities Group, and reported to the Audit and Risk Committee, and within the Annual Risk Management Report.

The information will be accessible for staff to download via Staff Link and accessible to patients and members of the public on the NHS Fife web site - nhsfife.org.

Training and Development

For risk management to be effective and embedded across the organisation, staff must understand its benefits and their responsibilities. Risk management training to enable staff to gain the knowledge and skills necessary for their role will be provided and advertised via Staff Link and targeted communications to managers.

References

The Orange Book: Management of Risk - Principles and Concepts, 2023
ISO 31000 Risk Management- a practical guide, 2018
Fife Health & Social Care Partnership - Integration Joint Board Risk Management Policy and Strategy, 2023

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**NHS FIFE
RISKS AND OPPORTUNITIES GROUP
TERMS OF REFERENCE**

1. **Purpose**

   The Group has been delegated responsibility by the Executive Directors' Group (EDG) to progress the activities described in this document and to prepare regular formal reports on progress and seek approval for proposals from the Group.

   The purpose of the Risks and Opportunities Group (ROG) is to support and embed an effective risk management framework and culture through:

   Promoting leadership to ensure the organisation gives risk management the appropriate priority;

   Contributing to the development and implementation of the risk management framework to ensure processes are in place and operating effectively to identify, manage, and monitor risks across the organisation;

   Identifying risks and opportunities in relation to delivery of the NHS Fife Population Health and Wellbeing Strategy and escalating to the EDG as appropriate;

   Assessing risks, opportunities, issues and events that arise and responding accordingly;

   Horizon scanning for future opportunities, threats and risks linked to the delivery of NHS Fife's strategic priorities;

   Considering the external environment for review of risks and opportunities in the context of national directives;

   Ensuring continuous improvement of the organisation's control environment;

   Creating a collective and enabling approach to risk controls and actions

2. **Composition**

   2.1 Core membership who attend all meetings and provide consistent direction for the agenda and work plan is as follows:

   Associate Director of Digital and Information (Co-chair)

   Assistant Director, Research, Innovation and Knowledge

   Director of Allied Health Professions (AHPs)

   Associate Director of Communications

   Associate Director of Planning and Performance

   Associate Director of Quality and Clinical Governance (Co-chair)

   Director of Nursing – Corporate

   Deputy Director of Finance

   Deputy Director of Pharmacy and Medicines

   Deputy Director of Workforce

   Deputy Medical Director (Acute)

   Estates Manager, Compliance

   General Manager, Acute Services Division

   Head of Corporate Governance and Board Secretary

   Healthcare Public Health Consultant

   Health & Social Care Partnership (HSCP) Representative

   Risk Manager

   Staff Side Area Partnership Forum Representative

   2.2 A member of the Internal Audit team will be **in attendance** at meetings.

   2.3 Other colleagues may be invited to attend meetings to contribute to particular topics as required.

   2.4 If a core member is unable to attend, they should identify a deputy to do so on their behalf.

   2.5 Members of the group commit to role modelling positive attitudes and behaviours which align to NHS Fife's organisational values.

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3. Role and Remit

3.1 The role and remit of the ROG is to:

    a) Maintain an overview of the corporate risks and their links to strategic priorities.

    b) Assess the corporate risk register using knowledge and understanding from members' respective areas of responsibility and assist the Executive Directors' Group (EDG) and the governance committees with recommendations (by way of a regular exception report) in relation to:

        the risk levels including target, and corresponding risk appetite level

        adequacy of controls (stabilising risk) and actions (current and future to reduce risk)

        specific timescales for impact of risks and ensuring that actions and corresponding timescales for delivery are appropriate

        identifying risks which require a more detailed assessment to ensure improvement is delivered

        horizon scanning of risks and opportunities which may impact the risk profile

        providing assurance that the corporate risk register reflects and aligns to the strategic priorities and in year corporate objectives

        assessment of immediate, mid and long term risks in terms of proximity

    c) Ensure a prioritised programme of work which responds to the Annual Delivery Plan (ADP), the corporate risk register and connects to the Integrated Performance & Quality Report (IPQR) deliverables and the Strategic Planning Resource Allocation (SPRA), with a view to reducing the risk exposure.

    d) Maintain oversight of the operational risk profile.

    e) Monitor risk performance through the implementation of key performance indicators.

    f) Identify operational risks for escalation.

    g) Develop a work plan which effectively embeds the NHS Fife Risk Management Framework. This will be submitted to EDG and to the Audit and Risk Committee (ARC).

    h) Provide leadership across respective areas of responsibility to promote, support and embed an effective risk management culture.

    i) Contribute to and monitor the development of organisational support to ensure effective risk management practice through:

        delivery of targeted education and training; and

        regular communications on developments in policy and process

4. Meetings and Reporting Arrangements

4.1 Meetings will be held bi-monthly.

4.2 The group will be quorate when at least one of the co-chairs plus at least 8 other members are present.

4.3 The ROG will report to EDG periodically, making recommendations, providing considerations or in the form of escalation if required as part of its role and remit.

4.4 The ROG will report to ARC periodically, making recommendations or providing considerations from its role and remit.

4.5 Individual members will report into respective local governance groups to ensure a focus on effective risk management arrangements. These groups include: e.g. Clinical Governance Oversight Group (CGOG), Senior Leadership Teams (SLTs), Public Health Assurance Committee (PHAC)

4.6 These reporting arrangements are additional to the existing reporting requirements conducted by the Risk Management team.

5. Review

5.1 These terms of reference will be reviewed on an annual basis.

Date of Approval: 8 August 2023

Review Date: April 2024

Risk Assessment Matrix

A risk is assessed as **Likelihood x Consequence**

Likelihood is assessed as Remote, Unlikely, Possible, Likely or Almost Certain

Figure 1 Likelihood Definitions

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Consequence is assessed as, Negligible, Minor, Moderate, Major or Extreme.

Risk Level is determined using the 5 x 5 matrix below based on the AUS/NZ Standard. The risk levels are:

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Figure 2 Risk Matrix

Likelihood	Consequence				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

Risks once identified, must be categorised against the following consequence definitions

Figure 3 Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome **directly related to care provision – readily resolvable.**	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk.	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects.
Objectives / Project	Barely noticeable reduction in scope / quality / schedule.	Minor reduction in scope / quality / schedule.	Reduction in scope or quality, project objectives or schedule.	Significant project over-run.	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints / Claims	Locally resolved verbal complaint.	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim/. Complex justified complaint
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day. Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. **Minor error** due to ineffective training / implementation of training.	Late delivery of key objective / service due to lack of staff. **Moderate error** due to ineffective training / implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff. **Major error** due to ineffective training / implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. **Critical error** due to ineffective training / implementation of training.
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<10k)	Minor organisational / personal financial loss (£10k-100k)	Significant organisational / personal financial loss (£100k-250k)	Major organisational / personal financial loss (£250 k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry, FAI

Based on NHS Quality Improvement Scotland (February 2008) sourced AS/NZS 4360:2004: Making it Work: (2004) and Healthcare Improvement Scotland, Learning from Adverse Events: A national framework (4th Edition) (December 2019)

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NHS Fife Risk Appetite Statement July 2022

Risk Appetite Descriptors

To ensure a common understanding of 'levels' of risk appetite, the following definitions have been adopted by the NHS Fife Board.

Low - Regarding statutory functions, we have very little appetite for risk, loss, or uncertainty. We are prepared to accept low levels of risk, with a preference for ultrasafe delivery options, while recognising that these will likely have limited or no potential for innovative opportunities

Moderate - Prepared to accept only modest levels of risk to achieve acceptable, but possibly unambitious outcomes and limited innovation.

High - Willing to consider and / or seek all delivery options (original / ambitious / innovative), and accept those with the highest likelihood of successful outcomes, in pursuit of objectives even when there are elevated levels of associated risk

Risk Appetite Statement

NHS Fife's Population Health and Wellbeing Strategy (2022-2027) sets an organisational vision that the people of Fife live long and healthy lives. A strategic framework, developed by our staff and built on our vision and values details how our priorities will link to National Care Programmes, underpinned by system enablers.

The Board recognises that it is not possible to eliminate all the risks which are inherent in the delivery of health and care and is willing to accept a certain degree of risk when it is in the best interests of the organisation, and ultimately, the population of Fife and people we serve. The Board has therefore considered the level of risk that it is proposed to accept for key aspects of the delivery of health and care, and these are described in line with our four organisational aims.

1. Improving health and wellbeing

The Board has a *high* risk appetite in this domain.

We are willing to consider original, ambitious, and innovative delivery options and accept those worth the highest likelihood of outcomes in influencing improvements in population health. We will proactively engage and involve 1/3 stakeholders in the design and delivery of services to meet their needs and explore transformational and sustainable change to align with our strategic ambition in this domain.

We will seek to maximise our influence on tackling social determinants of health through our ambitious strategy, and through contributing to the local population as an Anchor institution.

2. Improving the quality of health and care services

The Board has a *moderate* risk appetite in this domain.

We acknowledge that healthcare operates within a highly regulated environment, and we must meet high levels of compliance expectations in line with national standards and various regulatory sources.

We will endeavour to meet those expectations within a framework of prudent controls, balancing the prospect of risk elimination against pragmatic, operational imperatives Our focus is on delivering core health and care services safely. However, with the opportunity of potentially improved outcomes, where appropriate controls are in place, the Board may decide to accept risk and adopt innovative approaches in pursuit of these.

3. Improving staff experience and wellbeing

The Board has a *moderate* risk appetite in this domain.

We acknowledge the standard of expectations placed on the Board and individuals in relation to Staff Governance Standards with no intent to deviate, and we are committed to Partnership working. Our Workforce Strategy identifies the current and anticipated future workforce challenges the Board needs to address and defines the type of organisation and employer we aspire to be.

We acknowledge the innovation required to attract and retain the right people with the right skills and values to deliver our strategic ambition.

4. Delivering value and sustainability

The Board has a *moderate* risk appetite in this domain.

We acknowledge our requirements to adhere to Standing Financial Instructions, and financial statutory duties, as well as maintenance of robust financial controls, including our statutory responsibility to maintain the financial balance and sustainability of the organisation

In relation to investments, we understand we are accountable for the delivery of best value and efficiency in resource allocation. Therefore, capital investment and planning to enhance and develop services will require to demonstrate 'value added'. Realising benefits and efficient resource allocation are key drivers in making financial decisions and opportunities.

We recognise our ambition to achieve 'Net-Zero' status in line with Scottish Government direction. We realise this will require changes to the way we work and deliver services to maximise our reduction in our carbon footprint and maximise benefit to the environment.

Committee Assurance Principles

Purpose and Remit

The overall purpose of the Board is to ensure efficient, effective and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes.

Detailed scrutiny should take place at committee level, with each committee providing assurance and escalating key issues as required.

Sub-committees and groups will frequently have an operational focus but must ensure that they are in a position to provide the required assurances on their operations and on any risks, actions and controls for which they are responsible.

The Assurance Principles set out below have been developed to support the assurance function.

Assurance Principles

Risk Assurance Principles:

Board

Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

Relevance
Proportionality
Reliable
Sufficient

Chairs Assurance Report

Consider issues for disclosure

→ Escalation

Emergent risks or

→ Recording

Scrutiny or risk delegated to Committee

Year End Report

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

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General Questions:

Does the risk description fully explain the nature and impact of the risk?
Do the current controls match the stated risk?
How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly?
Will further actions bring the risk down to the planned/target level?
Does the assurance you receive tell you how controls are performing?
Are we investing in areas of high risk instead of those that are already well-controlled?
Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk?

Specific Questions when analysing a risk delegated to the committee in detail:

History of the risk (when was it opened) – has it moved towards target at any point?

Is there a valid reason given for the current score?

Is the target score:
In line with the organisation's defined risk appetite?
Realistic/achievable or does the risk require to be tolerated at a higher level?
Sensible/worthwhile?

Is there an appropriate split between:
Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
Actions – planned initiatives which should take it from its current to target?
Assurances – which monitor the application of controls/actions?

Assessing Controls
Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
Overall, do the controls look as if they are applying the level of risk mitigation stated?
Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?

Assessing Actions – as controls but accepting that there is necessarily more uncertainty
Are they on track to be delivered?
Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
Are they likely to be sufficient to bring the risk down to the target score?

Assess Assurances:
Do they actually relate to the listed controls and actions (surprisingly often they don't)?
Do they provide relevant, reliable and sufficient evidence either individually or in composite?
Do the assurance sources listed actually provide a conclusion on whether:
the control is working
action is being implemented
the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
1st line – management/performance/data trends?
2nd line – oversight / compliance / audits?
3rd line – internal audit and/or external audit reports/external assessments?

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance

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Risk Management Roles and Responsibilities

The Board

Approve the Risk Management Framework;

Set the organisation's risk appetite;

Oversee and seek assurance that the risk management system is effective;

Receive a report on the Corporate Risk Register at least bi- annually, ensuring this reflects the organisation's risks

NHS Fife Chief Executive

The Chief Executive of the NHS Board, as Accountable Officer, is personally answerable to Parliament, and accountable to the Board for the effective management of risk.

Director of Finance and Strategy

The Director of Finance and Strategy is the executive lead for risk management.

Executive Directors

Support the Chief Executive by fulfilling their risk management responsibilities;

Contribute to setting the Board's risk appetite;

Promote the importance of risk management and foster a good risk culture within their areas of responsibility;

Ensure that the Board's risk management processes are actively promoted, and adhered to, across their teams and within their areas of responsibility;

Receive and scrutinise regular risk reports on risks associated with their areas of responsibility;

Escalate risks to EDG where appropriate;

Ensure there is a focus on learning from past events, whether these are positive or negative, to improve staff anticipation and preparedness to address future situations.

Risk Manager

Is responsible for the implementation of the Risk Management Framework;

Ensures risks are properly identified, understood and managed across all levels within the organization;

Reports on the organisation's risk profile at various levels to the standing committees, and the NHS Board;

Periodically reviews the Risk Management Framework and arrangements, identifying areas for potential improvement;

Drives an improving risk culture through risk education, awareness and embedding into day-to-day management

Line Managers (Service Managers, Clinical Nurse Managers Senior Charge Nurses, Directorate, Departmental or equivalent)

Responsible for ensuring effective systems for risk management are in at ward, service or departmental level.

Risk Owner

Accountable for ensuring the effective management of a risk, and providing assurance that controls are operating effectively

Director of Health and Social Care / Chief Officer(DoHSC/CO)

The DoHSC/CO has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The DoHSC/CO will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

Chief Financial Officer

The Chief Financial Officer(CFO) will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance. The CFO is a member of the Fife Council Risk Management strategy group and the NHS Fife ROG.

Internal Audit

Internal Audit will provide an objective evaluation and opinion on the adequacy and effectiveness of the Board's governance, risk and control arrangements through implementation of the Internal Audit plan.

External Audit

External Audit will provide an independent evaluation to inform the Board's Governance Statement.

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

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

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

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NHS Fife

Meeting:	NHS Fife Board
Meeting date:	26 September 2023
Title:	Whole System Property & Asset Management Strategy 2023/24
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Ben Johnston, Head of Capital Planning

1   Purpose

This report is presented for:

Discussion

Decision

This report relates to:

Government policy / directive

NHS Board / IJB Strategy or Direction / Plan for Fife

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

Safe

Effective

Person Centred

2   Report summary

2.1   Situation

Presentation of NHS Fife Property and Asset Strategy 2023/24.

2.2   Background

The current guidance provided to Boards for the development of asset plans is set out in CEL 35 (2010): Strategic Property and Asset Management Guidance for NHSScotland Developing a Property and Asset Management Strategy (PAMS).

CEL 35 (2010) requires all NHS Scotland bodies to have a Property and Asset Management Strategy (PAMS) which is reviewed and approved by its Board annually and submitted to the Health Finance - Infrastructure Division in a timeframe consistent with the submission of Local Delivery Plans. This requirement was suspended during the period of the pandemic and current plans are now deemed outdated.

The Scottish Government's Health Finance - Infrastructure Division's view is that a longer term integrated whole system planning approach will be more sustainable - providing a clear and considered whole system plan will provide a stronger case for investment in health and social care infrastructure, which will be necessary to both meet future requirements and address the significant challenges of an ageing and deteriorating estate.

2.3 Assessment

Given the current context, NHS Fife have taken the opportunity this year to rationalise our previously recognised PAMS and transform it into an integrated Whole System Property and Asset Management Strategy. We believe that it now connects more succinctly with our local strategies including our Population Health and Wellbeing Strategy.

The document if supported will provide the strategic context in which to develop our Whole System Initial Agreement which is likely to be instructed by Scottish Government soon.

2.3.1 Quality / Patient Care

The Whole System Property & Asset Management Strategy will be a significant enabler for delivery of the Population Health and Wellbeing Strategy together with other local strategies. Therefore, it will contribute significantly towards Quality / Patient Care.

2.3.2 Workforce

We anticipate that the Whole System Property & Asset Strategy will make a significant positive impact on our workforce providing better places to work and learn/develop from.

2.3.3 Financial

The Whole System Property & Asset Management Strategy contains a section dedicated to funding.

2.3.4 Risk Assessment / Management

The Whole System Property & Asset Strategy outlines the key risks. The financial outlook remains a challenge to deliver the scope and speed of our ambition - prioritisation of our plan will therefore become a requirement.

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

We are in the process of arranging an EQIA Stage 1 to complement the Whole System Property & Asset Management Strategy. There will also be obvious links to our ambitions as an Anchor Institution which will be highlighted within the document.

2.3.6 Climate Emergency & Sustainability Impact

Climate Emergency and Sustainability Impact falls under one of our strategic priorities within the Population Health and Wellbeing Strategy. However, given this priority is so integral to property and assets, a dedicated section is afforded to this area within the Whole System Property & Asset Management Strategy.

2.3.7 Communication, involvement, engagement and consultation

The document will be produced in draft for comment at the meetings/committees noted below:

Fife Capital Investment Group - 16 August 2023
Executive Director Group - 7 September 2023
Finance Performance & Resources Committee - 19 September 2023
NHS Fife Board - 26 September 2023

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 - 16 August 2023
Executive Director Group - 7 September 2023
Finance Performance & Resources Committee - 19 September 2023

2.4 Recommendation

This paper is provided for:

Discussion

Approval

3 List of appendices

The following appendices are included with this report:

Whole System Property and Asset Management Strategy

Report Contact
Neil McCormick
Director of Property & Asset Management
Email neil.mccormick@nhs.scot

Ben Johnston
Head of Capital Planning & Project Director
Email ben.johnston2@nhs.scot

Whole system property and asset management strategy

2023

nhsfife.org

Executive overview

I am delighted to present NHS Fife's Whole System Property and Asset Management Strategy. Following the publication of our **Population Health and Wellbeing Strategy** earlier in 2023, we have taken the opportunity to align our efforts across our whole system whilst responding to our strategic priorities. This will contribute towards our anchor principles and vision which is "living well, working well and flourishing in Fife".

Whole System Planning will enable us to take a more holistic long-term view of health services in Fife. Tailoring provision and recognising the interdependencies between services could lead to a more sustainable long-term offer for our citizens. Making changes to our property and asset portfolio will contribute significantly towards this vision.

It is recognised that funding is currently constrained. In addition, NHS Fife have the legacy of an existing aging estate to continue to maintain and manage. These constraints may impact the speed and scale of our ambition, although we are confident that over the long-term, our flexible approach and collaborative outlook with Local and National partners, will produce positive outcomes.

A further key challenge that we face relates to the Climate Emergency where we have taken on the challenge to reduce our carbon emissions to net zero by 2040. To this end we have developed carbon zero road maps for nine or our sites with a further three in progress. In addition, we have accessed decarbonisation scheme funding to complete £1.8m of investment projects in FY22/23 and will make further significant applications over the next 3 years. Although this policy represents a huge challenge for us, there is an inspiring opportunity to decarbonise our estate for the health of our planet. It is therefore a challenge we will embrace and deliver with our partners.

One of our most significant successes for FY22/23 was the completion of our National Treatment Centre for Fife Orthopaedics. The project was handed over on 20 March 2023 and formally opened by the First Minister on 24 March 2023. The project was delivered on time and within budget representing a successful outcome given national and international uncertainty during delivery. The project showcases the Board's ability to deliver high-profile infrastructure projects. Most of all, the building will facilitate our high-performing Orthopaedic team to flourish and provide excellent care for years to come.

Contents

Neil McCormick
Director of Property and
Asset Management

Introduction

NHS Fife provides healthcare to a population of more than 370,000 and employs around 8,500 staff. Covering a large rural area with varied geography and several centres of population we have property and assets across Fife. NHS Fife requires to balance increasing demand through demographic changes with pressure on both capital and revenue resources. Our Population Health and Wellbeing Strategy and Whole System Planning approach will allow us to shape our services and estate sustainably, providing excellent healthcare provision locally and hospital care when people need it. We also recognise the added value our estate may bring to local populations, and we will continue to deliver against our Green Space Strategy in conjunction with our partners and stakeholders.

Estates, Facilities and Capital Planning is a significant directorate with a core revenue budget of £80m (not including capital investment) and a staff complement in the order of 1,100 or 900 whole time equivalents.

Our directorate's remit is diverse, but our main objective is to provide safe and appropriate facilities to facilitate patient care and to help with the day-to-day running of our services across Fife. Our departmental structure is noted below.

| Estates | Facilities | Capital Planning | Health & Safety | Property | Sustainability | Compliance |

80,000 hectares of land

70+ NHS sites

370,000 people served

Population health and wellbeing strategy

NHS Fife's Population Health and Wellbeing Strategy has been developed through extensive engagement with our communities, staff, patients, and partners. The work has highlighted what matters to the people of Fife when they need health care services and how communities want to be supported in maintaining and improving their health and wellbeing. There is therefore a clear emphasis on prevention and early intervention whilst continuing to provide excellent hospital care when it is required.

Within the overall vision of the Strategy, four key priority themes have been developed to direct our work against. These are:

Improve health and wellbeing: This priority is about working to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave. It is about prevention and the creation of opportunities to allow individuals to improve their own health and wellbeing.

Improve the quality of health and care: This priority is about the provision of the safest and best possible health and care services for the people of Fife. It includes providing person-centered integrated health care in the most appropriate setting, and close to home as far as possible.

Improve staff experience and wellbeing: This priority is about valuing and looking after our staff. It is also about providing opportunity for staff to develop and excel at what they do. We can support this priority through providing excellent places for staff to work, learn and rest.

Deliver value and sustainability: This priority is about using our resources wisely to ensure our services are sustainable to meet our population's needs. This includes providing the right services in the right places with the right facilities and ensuring the best use of our land and assets. It is also about reducing energy usage and carbon emissions.

Within the following pages we have described emerging requirements from our whole system and developed a matrix to show how these relate to our Population Health and Wellbeing Strategy.

Living well, working well and flourishing in Fife
Population health and wellbeing strategy
2023-2028

Scan the QR code or visit our website to read the strategy.

Primary care

Community and mental health care

Acute care
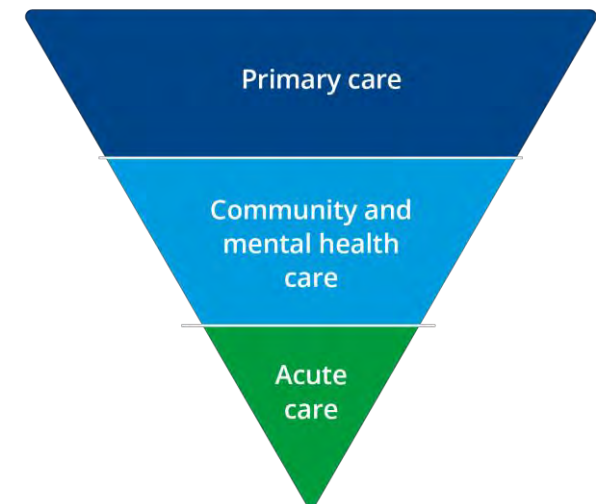
Primary care

Primary Care proportionately represents the first point of contact for individuals seeking access to health and wellbeing services which are supported by multi-disciplinary teams. Sustainable primary care services are vitally important to support people's health and wellbeing and reduce the need for hospital admittance.

These are our current key property and asset priorities relating to Primary Care:

- We have recently developed a Primary Care Premises Strategy. This together with our Primary Care Strategy will guide our future investment plans.
- Starting in 2022, we commenced a programme of work dealing with short and medium-term priorities identified within the Primary Care Premises Strategy.
- We have progressed the designs and business cases for the Lochgelly and Kincardine Health and Wellbeing Centres as far as we can and await capital funding from Scottish Government (forecast to be received in 2026).
- Our Primary Care premises strategy also recognises the long-term need for major investment in premises in Glenrothes, Kirkcaldy, Dunfermline, and North-East Fife. Developments in these areas will help to address existing pressures, space required for additional workforce, and the expansion of housing through the Local Development Plan.
- To enable GP sustainability, we will continue to support practices who wish to take advantage of GP sustainability loans and over the long-term with the support from Scottish Government will work towards transferring ownership for all GP premises in Fife.

4
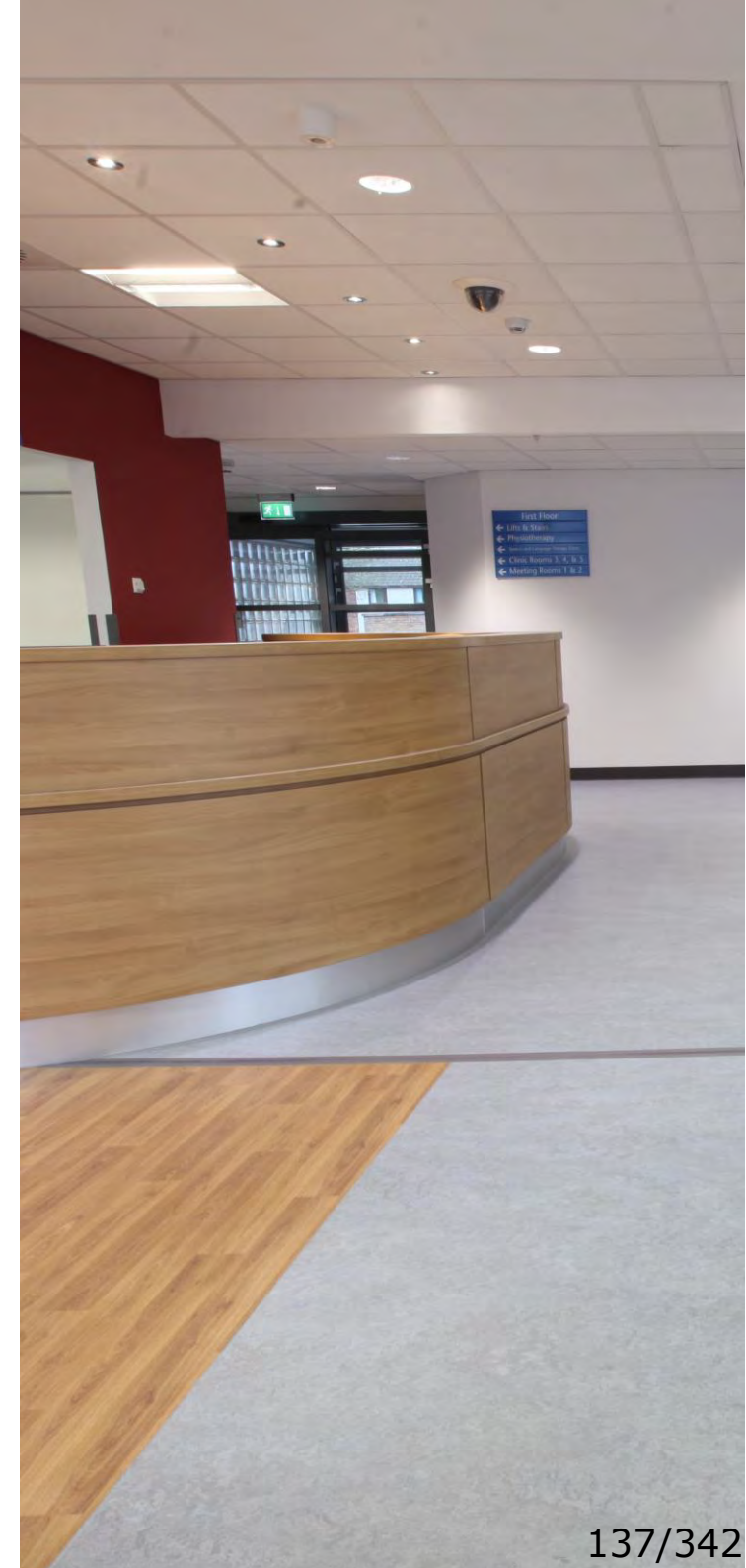
Community and mental health care

In line with our Care at Home Strategy, there are benefits in providing care at people's homes or within a domestic setting and models of care continue to be developed to facilitate this strategy. This in turn will allow community hospitals to focus on the provision of specialist and neurological rehabilitation beds together with complex clinical care beds.

Fife's Mental Health Strategy is comparable where there is a focus on providing community-based services locally as far as possible with appropriate specialist inpatient beds for patients who require additional support and care.

These are our current key property and asset priorities relating to Community and Mental Health Care:

We have helped to support the development of a Mental Health Estate Initial Agreement (business case) which is the first step towards progressing with major proposed changes to our Mental Health Inpatient Estate. The Initial Agreement also recognises the need to develop of our community mental health services and we will support this from a property and asset perspective as the emerging clinical model matures. There is also a need for short term improvements in our Mental Health facilities while we progress the business case for more significant change.

As the Care at Home Strategy is implemented, it will permit assessment and consideration concerning our existing community hospital sites and potential future rationalisation. The same will be true for our mental health inpatient estate where there is a desire to move away from multiple sites to a single site. These strategies could lead to potential opportunities to use our estate differently as part of our anchor institution ambition.

Acute care

The global pandemic significantly impacted on our acute services affecting our ability to meet patient demand which has meant that our performance has deteriorated in common with other NHS Boards across Scotland. Changes and investment in our whole system including primary, community and mental health services will help to offer a greater level of sustainability concerning acute care.

In addition, our Acute Directorate have strategic plans of their own to help with demand, capacity, and sustainability. It is anticipated that changes to our acute services will be accommodated within our existing estate at Victoria Hospital, Kirkaldy and Queen Margaret Hospital, Dunfermline with the emphasis being around evolution of our acute estate rather than revolution.

These are our current key property and asset priorities relating to Acute Care:

Support the Acute Directorate to achieve their strategic objectives, including:
- Re-design of urgent and emergency care
- Improvement of cancer care
- Completion of our National Treatment Centre for Fife Orthopaedics
- Development of day surgery service at Queen Margaret Hospital, Dunfermline
- Development of our ambulatory care services
- Re-design of women's services
- Improvement of dermatology services at Victoria Hospital, Kirkcaldy
- Improvement and rationalisation of services within our Phase 1 estate at Victoria Hospital, Kirkcaldy.

Our major acute hospital in Kirkcaldy is a mature site with the first development completed in 1890 and the most recent in 2023 (NTC). At this stage in its lifecycle there is a need to plan how the site might be developed into the future. To enable this, we have commissioned and completed a master-plan development framework for the site which will help to control how we meaningfully protect and enhance site development moving into the future.

Sustainability

To enable our national response to the global climate emergency the NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026 and a policy for NHS Scotland on the climate Emergency and Sustainable Development – DL (2021) 38 have been published. Our local response to this strategy and policy is as follows:

We are developing a dedicated sustainability team so that we can robustly manage our sustainability programme and achieve our objectives.

We have started the process of creating net-zero carbon road maps for all NHS Fife sites as part our building energy transition programme. These road maps will be invaluable in giving us a blueprint of exactly what we need to do to achieve net-zero emissions and the costs associated with that.

We have already completed several (£1.8m) energy efficiency projects across our estate and will make further significant applications over the next 3 years. These include lighting upgrades, building fabric improvements, installation of solar panels and zero carbon heating installations.

In alignment with our anchor institution ambitions, we feel that the way we use our greenspace in the future could make a positive contribution towards biodiversity, promoting local food, developing local sills, generating renewable energy, and adapting to our changing climate.
To enable this, we have published our 2030 Greenspace Strategy which covers six key themes helping to inform how our greenspace is developed.

We are prioritising the decarbonisation of our fleet in line with government targets. We will ensure all our small and light commercial vehicles are powered by renewable alternatives by 2025 and we will no longer buy or lease large fossil fuelled vehicles by 2030. To support the transformation of our fleet, we will continue to install electric vehicle charging points throughout our estate and collaborate across the public sector on charging infrastructure.

To encourage more sustainable travel throughout our workforce we have partnered with technology platform MobilityWays which aims to encourage active travel in order to bring down commuter emissions. Additionally, we are in the process of finalising a Travel Strategy for NHS Fife in partnership with TravelKnowhow Scotland which provides the basis to implement the necessary behaviour change elements associated with supporting and encouraging active and sustainable travel choices.

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Whole system enablers

Over and beyond improving our front-line health and care services, there are several other priorities for the organisation which we will support in respect to property and assets, these are:

Medicines Automation – we are striving to automate the storage and supply of medicines within pharmacy and clinical areas to safeguard and increase efficiency of the service via the provision of a sustainable, safe, and secure automated healthcare environment.

Medical Devices – we will make changes to the way we manage the inventory or our medical devices. This will improve clinical governance around patient safety, whilst assisting with maintenance and investment decisions connected to lifecycle and replacement.

Medical Education – as part of the strategy to tackle workforce supply issues in the health sector, the Scottish Government has instigated a significant expansion to the number of places available at Scottish universities to train medical students. The expansion brings the opportunity for NHS Fife to align with the University of St Andrews and be the primary partner in a new medical degree and this would lead the Board towards achieving Teaching Health Board Status.
To enable this, there will be a requirement to improve our teaching facilities and capacity – we are working closely with Medical Education colleagues to deliver these facilities.

Staff Wellbeing Hubs – with financial support from Fife Health Charity we continue to deliver a programme of staff wellbeing hubs across our estate. These facilities contribute towards our commitment to provide a healthy working environment for our staff.

Agile Office Space – the global pandemic has changed the way we work with many of us choosing to work flexibly between different office spaces and home. This has created an opportunity to make our assets more efficient creating more space for clinical use. To maximise the potential of this opportunity we will need to invest in providing appropriate agile work environments whether that be within our own estate or shared with our public sector partners in Fife.

Decontamination of medical devices – at present we rely upon a neighbouring Board for our decontamination needs. There have been resilience issues in respect to this arrangement. We also know that across Scotland we do not have enough capacity or resilience generally. Through representation on the Decontamination Collaborative Programme (DCP) we are expressing our desire for Fife to be considered as an appropriate location to establish a Regional Decontamination Unit.

Whole system property and asset management strategy matrix

The matrix below sets out our emerging property and asset priorities against the key priorities in our Population Health and Wellbeing Strategy.

	Improve health and Wellbeing	Quality of health and care	Improve staff experience and wellbeing	Deliver value and Sustainability
Primary Care				
Primary Care Premises Strategy	X	X	X	X
Minor works programme		X		X
Health and Wellbeing Hubs	X	X	X	X
GP sustainability loan support				X
Community and Mental Health Care				
Mental Health Estate – improvement and rationalisation	X	X	X	X
Community Hospital Estate – improvement and rationalisation		X		X
Acute Care				
Emerging acute projects		X		X
VHK masterplan development framework		X	X	X

	Improve health and Wellbeing	Quality of health and care	Improve staff experience and wellbeing	Deliver value and Sustainability
Sustainability				
Net zero carbon road maps and implementation	X			X
2030 greenspace strategy and implementation	X			X
Fleet decarbonisation	X			X
Sustainable travel	X			X
Whole System Enablers				
Medicines automation		X		X
Management of medical devices		X		
Medical education – teaching health board status		X	X	X
Staff wellbeing hubs	X		X	
Agile office space			X	X
Decontamination facility		X		X

Maintaining our assets

We are aware that capital funding will be constrained over the short to medium term at least.
Therefore, in order to maintain or improve service provision it is imperative that we recognise the need
to invest in our significant existing assets to ensure that remain viable and sustainable. We will continue to
invest in priority sites and built assets. We will also maintain a sustainable inventory of medical devices
and move towards a decarbonised electric fleet.

The current state of the Board's property and assets is summarised below.

45 — Number of sites

271,000 sq.m — Floor area

£511m — Net book value

64% — Age under 50 years old

£100m — Back-log maintenance costs

96,401,634 — Energy (kWh)

19,865 — Carbon (Tonnes)

68 leased (38 electric)
33 owned (3 electric) — Fleet of vehicles

£47m — Medical devices: £47m replacement value and £2.2m recurring expenditure

Tenure
- 1% leased
- 5% other
- 21% private finance
- 73% owned

Condition
- 7% Excellent
- 1% Unacceptable
- 27% Poor
- 65% Satisfactory

Funding

Context and outlook

Within this Whole System Property and Asset Management Strategy it's clear that we have much to do. The extent and speed to which we can realise our ambition and the ambition of our Population Health and Wellbeing Strategy will be constrained by numerous factors; one of these is availability of capital funding.

We are aware that capital funding provided by the Scottish Government will be constrained over the short-term (to 2026). Thereafter we anticipate an enhanced capacity to enable delivery of our programme. Over the short-term we will need to primarily rely upon our annual core capital formula, which is in the order of £7.8m. This allocation will only enable us to maintain a relatively static position in respect to managing our existing estate and assets. We will continue to work collaboratively with the Scottish Government to agree future capital planning assumptions so that we can develop our programme flexibly around these.

Expenditure

For the financial year 2022/23 we received capital funding in the order of £30.7m with almost 50% of this relating to our National Treatment Centre. Other funding beyond our core capital formula was agreed with Scottish Government in year. For financial year 2023/24 we are currently projecting an expenditure of £9.2m with Scottish Government.

Funding sources

There are several sources of funding which can contribute to financing the Capital Investment Plan, these are:

- Scottish Government annual core capital formula
- Scottish Government discretionary in year capital enhancement
- Scottish Capital Investment Group – business cases for larger schemes
- Energy efficiency grants (several)
- National Infrastructure Board - Equipping
- Fife Health Charity for the enhancement of patients and staff
- Additional Cost of Teaching (ACT) fund

As we move forward, we may need to think more creatively about how we provide new assets and spaces. For example, there are opportunities to rent existing vacant spaces on or near our high streets within local communities. There are also opportunities to deliver community hubs in partnership with Fife Council where health and wellbeing space is provided as part of a much larger interconnected development. These ideas would be funded by revenue via lease arrangements.

Whole system initial agreement

Scottish Government have proposed that all Boards develop a Whole System Initial Agreement setting out interlinked investment priorities over the longer term. Once agreed this would enable business cases to be developed more dynamically and credibly against agreed capital planning assumptions. It is intended that this Whole System Property and Asset Management Strategy will provide the strategic intent for the Whole System Initial Agreement.

Risk

There is a risk that the lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver this Whole System Property and Asset Management Strategy and Population Health and Wellbeing Strategy. This will be managed in the first instance though our Fife Capital Investment Group where planning and expenditure is agreed prior to committee oversight. We will also continue to collaborate with Scottish Government in respect to future capital planning assumptions and development of our Whole System Initial Agreement.

Governance

The diagram below summarises the arrangements through which this Whole System Property and Asset Management Strategy will be governed.

Whole System Property and Asset Management Strategy → Fife Capital Investment group → Executive Director's Group → Finance, Performance and Resource Committee → NHS Fife Board

Many of the priorities set out within our Whole System Property and Asset Management Strategy will be long-term and will remain static until they are delivered. There will also be emerging priorities not captured at this time. We will continue to update this document annually.

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Associated strategies and plans

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

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fife.EqualityandHumanRights@nhs.scot or phone 01592 729130.

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NHS SCOTLAND

Meeting:	**NHS Fife Board**
Meeting date:	**26 September 2023**
Title:	**Primary Care Premises Strategy**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Neil McCormick, Director of Property & Asset Management**

1   Purpose

This report is presented for:
Assurance
Discussion
Decision

This report relates to:
Emerging issue
Government policy / directive
Local policy

This report aligns to the following NHS Scotland quality ambition(s):
Safe
Effective
Person Centred

2   Report summary

2.1   Situation

PCA(M)(2018)08 provides guidance to NHS Boards, Integration Authorities and GP contractors on the implementation of the policy for GP Premises as set out in the National Code of Practice for GP Premises.

The National Code of Practice for GP Premises, 2017 sets out the support for a long-term shift to a model where General Practitioners (GPs) do not own their premises. In addition, it provides a code of practice where a GP wishes the Board to acquire property or take on some of their responsibilities under an existing lease. To enable this vision the GP Premises

Sustainability Fund was established to allow GPs to access interest-free secured loans. This fund allows partners to release capital and encourage GPs to become partners in practices who own their own premises by reducing the up-front costs of becoming a GP partner. The code describes the planned transition over a 25-year period to a model where GP contractors no longer own their premises.

The General Medical Services Contract Scotland, 2018 sets out the future focus for the GP role as "expert medical generalists" and the requirement for some tasks, historically carried out by GPs, to be undertaken by a wider multi-disciplinary Primary Care team, in addition to building on the role of GP clusters.

2.2   Background

Following approval from the NHS Board in July 2021, NHS Fife has taken on the head lease for Auchtermuchty Health Centre, Auchtermuchty and made significant progress towards agreeing terms for Primrose Lane Practice, Rosyth. A further four practices have also asked to be transferred and are on our register with a further two, post 2030.

Practice	End Date of Lease
Primrose Lane Medical Practice (now complete pending upgrade work)	04/06/2025
Markinch Medical Practice	05/03/2026
Benarty Medical Practice	21/09/2030
Leslie Medical Practice	07/06/2032
Tayview Medical Practice	02/09/2032

A total of 20 Sustainability Loan applications have been received by Scottish Government for Fife GP Premises and of those the following have now been completed:

Loans completed	7
Loans applications withdrawn	4
Loan applications in progress	9
Total	**20**

The Board asked for a review of Primary Care Premises to be brought forward prior to further work being undertaken in this area.

2.3   Assessment

A Primary Care Premises Review has now been undertaken which considers the following:

Identification of the appropriateness of current Primary Care Premises including technical assessment of condition, functional suitability, utilisation and quality of estate.

Assessment of estate requirements to implement a Primary Care Transformation Programme.

Establishing investment priorities to inform the updated Property & Asset Management Strategy.

Informing discussions with Fife Council in a more proactive way in terms of future housing development and population changes.

The scope of the exercise specifically included:

Determining the clinical room requirements to support all existing Primary Care Services taking account of potential changes in practice populations and new housing developments.

Assessing the impact of the new GMS Contract including all of the additional workforce roles and services eg space to accommodate Primary Care Mental Health Nurses, Physiotherapy, Pharmacotherapy etc.

Identifying opportunities to better use and improve the existing estate and to highlight areas for major capital investment.

This in turn will allow:

Primary Care Premises with the potential capacity to deliver the full range of services outlined within the Transforming Primary Care Programme.

Improved access to functionally suitable Primary (& Social) Care Premises.

The draft report is attached at Appendix 1.

In addition, a wide range of short-term and medium-term Premise Improvements have been undertaken with Primary Care Improvement Funds from the Health & Social Care Partnership (HSCP) and these have been detailed in Appendix 2.

2.3.1   Quality / Patient Care

This report relates to the sustainability of Primary Care services which is essential to ensure continued quality in the delivery of Primary Care.

2.3.2 Workforce
This change in emphasis may help with the future recruitment and retention of GPs and the deployment of multi-disciplinary teams within localities.

2.3.3 Financial
In simple terms, NHS Fife and the HSCP already hold the budget for the leases from third-party landlords as these are already reimbursed to practices as a matter of course.

There is a cost of delivering the short-term improvements required which has been estimated at approximately £2m. This has been identified by the HSCP and work has started to deliver the additional capacity within existing practices.

There will be a financial implication to the provision of the longer-term aims of the report when delivering a sustainable position in Dunfermline, Glenrothes and Kirkcaldy. These potential developments will require to be fully understood and costed as part of a wider business planning approach, in conjunction with a wider whole-system approach.

2.3.4 Risk Assessment / Management
The key risks with respect to Primary Care Premises are related to Delivering Value and Sustainability:

Sustainability of GMS Services mitigated by the development of a Primary Care Services Strategy developed with the HSCP - this may, in turn, lead to further pressures in the delivery of GMS services in the form of 2C practices. For example, a number of surrounding premises developments have had to be considered following sustainability issues in the Methilhaven Practice, Buckhaven.

Commercial Risk with respect to property transactions (audited on an annual basis) and advice from the Central Legal Office (CLO) and the District Valuer.

There is also a risk that finances may not be available to deliver further medium- and long-term developments to maintain a sustainable position in the larger settlements in Fife.

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution Ambitions
An Impact Assessment has not yet been completed but will be carried out in conjunction with the Property & Asset Management Strategy in due course.

2.3.6 Climate Emergency & Sustainability Impact
Providing sustainable care in local communities will reduce the need for the local population to travel unnecessarily. Future Primary Care buildings will be designed to deliver carbon neutrality and we are currently investigating the possibility of retrofitting environmental; technologies into existing buildings to make them more energy efficient.

Issues such as the number of inhalers prescribed within Primary Care and single use instruments could be reduced to provide a corresponding reduction in greenhouse gas emissions.

2.3.7 Communication, Involvement, Engagement and Consultation

The Board has had wide stakeholder engagement in the development of the Lochgelly and Kincardine Health & Wellbeing Hubs and the concept of the wider GMS Contract implementation is in line with the wider Health & Wellbeing Strategy for NHS Fife.

Specific discussions have taken place:
Stakeholder Workshop, 19 January 2022

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:

Portfolio Board, 12 May 2022 (progress update)
GMS Premises Group, 29 September 2022
Fife Capital Investment Group (FCIG), 7 December 2022
EDG, 10 August 2023
Fife Capital Investment Group (FCIG), 16 August 2023
Finance, Performance & Resources Committee, 19 September 2023

2.4   Recommendation

Members are asked to **discuss** and take **assurance** from the report so that it can be more widely circulated as part of the Property & Asset Management Strategy as an enabler for the recently approved Primary Care Strategy and the wider Health and Wellbeing Strategy.

Members are also asked to **approve** the register for the transfer of third-party leases to the Board and the transfer of these leases no sooner than 5-years before the original leases are due to expire.

3   List of appendices

The following appendices are included with this report:
Appendix 1, NHS Fife Primary Care Premises Report
Appendix 2, List of Improvements made to Premises

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NHS Fife

Primary Care Services & Premises Review

INTERIM REPORT

8th August 2023

Contents

Executive Summary

1. The new General Medical Services (GMS) contract, published in 2018, introduced a number of additional roles that are to be delivered by multi-disciplinary primary care teams; this fundamentally changes the way in which primary care services will be delivered. In particular, it identified a number of new workforce roles that is likely to create a requirement for additional accommodation in primary care premises in the future.

2. Buchan + Associates were commissioned by Hub East Central, on behalf of NHS Fife, to conduct a review of primary care services and premises considering the implementation of new GMS contract and a range of other drivers including new housing developments. The objective was to identify the investment priorities for primary care premises across NHS Fife.

3. The approach undertaken included the following key stages:

   ▪ **Data Gathering** – national, local, Board level and practice level information

   ▪ **Establishing Trends** – demographic, housing, impact of new models of care, increased use of Information Technology and smarter working

   ▪ **Future Capacity Planning** – identification of the capacity required to deliver demand by practice, highlighting gaps

   ▪ **Prioritised Investments** – identifying the investments both short-term minor modifications and long term major capital investments required

4. The table below summarises the key areas for major capital investment:

   ### Table 1: Key areas for long-term major capital investment

Cluster	Practice/Premises	Investment
Glenrothes	Rothes	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development. The new development would include all cluster hub services.
	North Glen	
	Cos Lane	
Kirkcaldy	St Brycedale	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development. The new development would include all cluster hub services.
	Path House	
	Nicol Street	
Dunfermline	Nethertown	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development. The new development would include all cluster hub services.
	New Park	
	Hospital Hill	
	Millhill	
	Bellyeoman	
North East	Cupar (Eden Villa & Bank Street)	Property extension and site masterplanning to provide additional capacity for the impact of new housing.

   (**Appendices C1 & C2** provide an overview of planned minor property modifications and operational changes)

5. As a result of significant new build housing within each of the areas it is likely that developer contributions could be sought for any proposed new facility within the clusters outlined above. This will be taken forward with the Fife Council as plans emerge.

6. To support the investment priorities outlined above a number of immediate actions are required including the prioritisation of investments and the development of a Strategic Assessment. Furthermore, in line with the Board's scheme of delegation, expenditure in excess of £0.250m will require Board approval via a local business case. Expenditure in excess of £1.5m will require Scottish Government approval in line with the national infrastructure investment appraisal process as per the Scottish Capital Investment Manual.

7. In addition to long-term investments a number of other recommendations have been made including:

Table 2: Additional Recommendations & Actions

Timeline	Action
Immediate <3months	Establish a future delivery model for all Health Board delivered services e.g. Allied Healthcare Professional Services, District Nursing, Midwifery, Health Visiting etc.
	Establish the current space utilised by Health Board delivered service – locations, frequency of use and actual occupancy via OccupEye
	Determine the overall revenue funding for new primary care services and the likely implementation timeline for new workforce roles
	Agree and confirm the long list of minor modifications and improvements - **Appendix C1**
	Agree and confirm the long list of operational changes – **Appendix C2**
	Confirm the cluster hub locations
	Approve the major investment required by practice / premises within the next 5 years
	Develop the Strategic Assessment for combined primary care investment priorities
	Engage with NHS Fife E-Health
	Engage with Fife council regarding developer contributions and wider opportunities
Short-term <18 months	Understand the total space required for all Health Board delivered services in line with the future model of care
	Determine the overall cost and programme for all the minor modifications **(Appendix C1)** and where they require further design development
	Develop a programme of operational review that highlights changes to room allocations dependent on the agreed requirement for all services. This should include any changes to financial apportionment of costs between Health Board and practices.
	Develop the Programme Initial Agreement for all major capital investments
Medium-term <3 years	Deliver the programme of minor modifications and improvements
	Ensure investment in E-health
	Develop the Outline and Full Business Cases including Option Appraisal & site selection for major capital investment

1 Background & Approach

1.1 Aims & Objectives

1.1.1 The new GMS contract, published in 2018, introduced a number of additional roles that are to be delivered by multi-disciplinary primary care teams; this fundamentally changes the way in which primary care services will be delivered. In particular, it identified a number of new workforce roles that is likely to create a requirement for additional accommodation in primary care premises in the future.

1.1.2 Buchan + Associates were commissioned by Hub East Central on behalf of NHS Fife to conduct a review of primary care services and premises with the aim to:

- Identify the appropriateness and functionality of current primary care premises;

- Assess the estate requirements to enable the implementation of the primary care transformation programme;

- Establish the investment priorities to support an updated Property & Asset Management Strategy; and

- Develop the Strategic Assessment to support the proposed investment.

1.2 Scope

1.2.1 The scope of the exercise specifically included:

- Determining the clinical room requirements to support all existing primary care premises taking account of potential changes in practice populations and new housing developments;

- Assessing the impact of the new GMS contract including all the additional workforce roles and services e.g. space to accommodate Primary Care Mental Health Nurses, Physiotherapy, Pharmacotherapy etc; and

- Identifying opportunities to better use and improve the existing estate and to highlight areas for major capital investment.

1.3 Approach

1.3.1 The approach undertaken followed four key stages set out below; the outputs and analysis from each stage is described in each of the following sections of this report:

Figure 1-1: Approach

1. Data gathering
- National & Local Strategic direction
- Practice level data collection: clinics, staff, rooms
- Housing Plan
- Technical information: condition, suitability, utilisation & quality
- Place Planning Tool

2. Establish Trends
- New models of care – community, acute, health & social care
- Information Technology/ digital health
- Demographics
- National & Regional drivers – National Code of Practice for GP Premises

3. Future Capacity
- Quantifying impact of the trends to assess the level of service provision at each practice
- Define and establish what is required at different sizes of practices including cluster hub

4. Prioritised Investments
- Gap analysis to identify where long list of investments identified
- Identify range of minor modifications to increase capacity

2   Data Gathering

2.1   *Overview*

2.1.1   A range of information was reviewed at the following levels; details of which are set out in the sections which follow:

- National Strategic Drivers for Change;

- NHS Fife and Fife Health & Social Care Partnership Drivers for Change;

- Local Authority information; and

- Practice level information.

2.2   *National Strategic Drivers for Change*

2.2.1   The key information reviewed at a national context included:

- **General Medical Services Contract Scotland, 2018**

2.2.2   This sets out the future focus for the GP role as "expert medical generalists" and the requirement for some tasks, historically carried out by GPs, to be undertaken by a wider multi-disciplinary primary care team; this also highlighted the need to build on the role of GP clusters. The new GMS contract provided the catalyst to informing the NHS Fife Primary Care Transformation Programme.

- **National Code of Practice for GP Premises, 2017**

2.2.3   This document sets out the support for a long-term shift to a model where GPs do not own their premises. In addition, it provides a code of practice where a GP wishes the Board to acquire property or take on some of their responsibilities under an existing lease. To enable this vision the GP Premises Sustainability Fund was established to allow GPs to access interest-free secured loans. This fund allows partners to release capital and encourage GPs to become partners in practices who own their own premises by reducing the up-front costs of becoming a GP partner.   The code describes the planned transition over a 25 year period to a model where GP contractors no longer own their premises.

- **What should Primary Care look like for the next generation Phase II, 2021**

2.2.4   A report on the findings from a review undertaken by the Scottish Government, Health and Sport Committee.   A key theme concentrated on workforce and new ways of working with a strong desire for GPs to remain at the heart of the medical hub, sharing responsibility with other professionals.   A number of areas of focus are noted including: patient centred approach, preventative focus, community wide approach to wellbeing and use of data and technology. It highlighted a greater role for Health & Social Care Partnerships to use their influence to drive and monitor closely the workings and effectiveness of community healthcare; this includes the work of GPs through their strategic commissioning plans and the localities they have established. In addition, it clarifies the importance of prevention, the need for patients to take responsibility for their own health and increased social prescribing.

- **Smarter Working, Scottish Future Trust**

2.2.5   Scottish Futures Trust has been supporting many public sector organisations to follow their example in setting up flexible, agile working environments. This includes the creation of different "zones" (Talk Zone, Quiet Zone, Desk Zone & Work booths) to carry out specific tasks rather than dedicated desk spaces for every individual. In addition, providing staff with

the technology and facilities to work flexibly from any location including home, office and on the move.

- **Place - One Public Sector Approach, Scottish Future Trust**

2.2.6   Across the public sector, there is a growing focus on Place which requires a One Public Sector approach. This approach looks at how public assets can be deployed collaboratively to enable joined up services, achieve better outcomes for communities, deliver efficiencies and savings and provide leverage for economic growth. There is a drive to collocate and integrate a number of public services within open-flexible working environments.

2.3   *NHS Fife Drivers for Change*

2.3.1   Locally within NHS Fife and Fife Health & Social Care Partnership several data and information sources were reviewed including:

- **Fife Primary Care Improvement Plan (PCIP)**

2.3.2   The plan sets out the transformational change required in primary care to support the population of Fife. In particular, the agreed local priorities to shift workload from GPs to the following services:

- Vaccination Transformation Programme (VTP);
- Community Treatment & Care Services (CTAC);
- Pharmacotherapy Services;
- In hours Urgent Care - Advanced Nurse Practitioners (ANPs) & Urgent Care Practitioner; and
- Multi-disciplinary teams: Mental Health triage nurse, Musculoskeletal (MSK) Physio First Response and Local Area Co-coordinators

2.3.3   The new workforce roles are on a phased roll out across GP clusters with full implementation expected by 2024.

2.3.4   Indicative 4 year revenue funding allocations have been provided by the Scottish Government to implement the new GMS contract and the local PCIP. However, additional capital funding will be required to support the PCIP, this report sets out the potential primary care premises investment required to enable sufficient space for full roll out.

- **Digital at the Heart of Delivery; Digital & Information Strategy 2019-2024**

2.3.5   Within the strategy, key workstreams relate to Primary Care Digital Transformation and a Health and Care Portal. Furthermore, a key priority within the Health & Social Care Strategic Plan (2019-22) includes, "*working with communities, partners and our workforce to effectively transform, integrate and improve our services*".   Technology developments are noted as a key deliverable with a commitment that Digital solutions for Health and Care will be central to all transformation plans.

- **Property & Asset Management Strategy 2021**

2.3.6   The latest PAMS was provided which included information about all primary care buildings (NHS, GP owned, and leased premises). The information on three of the six facets covering:

physical condition, functional suitability and space utilisation have used as part of the analysis.

2.4 *Local Authority information*

2.4.1 The Local Development Plan (LDP) and associated Housing Land Audit (HLA) was obtained for Fife (*note this is the 2020 version; an update is due imminently and the information will be updated once published*). A list of the source information can be found in **Appendix A**.

2.4.2 This provided information on the likely housing developments within each cluster area.

2.5 *Place Planning Tool information*

2.5.1 Information from the Place Planning tool developed by Scottish Government was made available. The place-based needs assessment included consideration of the following factors:

- Community demographic need;
- Community health needs;
- Supporting infrastructure; and
- State of estate.

2.5.2 The Place based characteristics within NHS Fife were noted as:

- Higher than average health needs;
- Aging but not increasing population;
- Shortage of GP coverage; and
- Lack of estate capacity.

2.5.3 The key priority areas identified within the tool are set out below:

Figure 2-1: Approach

Locality	Identified priority areas
Cowdenbeath	Lochgelly
	Cardenden
	Kelty
Dunfermline	Kincardine
	Valleyfield
	Oakley
Kirkcaldy	Path House
	Kirkcaldy Health Centre
Mid Fife & Glenrothes	Leven
North East Fife	Auchtermuchty

2.5.4 These will be considered in the overall evaluation of investment priorities.

2.6 *Practice Level information*

2.6.1 A data collection proforma was developed and issued to all practices to return with information on the following key areas:

- current clinic timetable – information on what clinic runs in what room each day;
- number and type of rooms available within the practice and any commentary on its functionality / usefulness;
- current practice workforce and any visiting services – both whole time equivalent (WTE) and sessions based at the practice.

2.6.2   This information provided a snapshot of the space and people currently within primary care and was analysed to determine the following factors:

- what new roles were in place in the practice;

- what space is available (vacant clinic rooms per day) to accommodate new services;

- issues relating to the condition of the rooms; and

- opportunities to convert under-used space e.g. education rooms.

2.6.3   To date all but one practice has returned the proforma.

2.6.4   To complement the information returned, 23 practices were visited across a number of clusters. In total this represented circa 45% of the total practices in Fife.

2.6.5   It should be noted that the information represents a snapshot about room usage; this may have changed following the submission of information.

3 Future Trends & Impact

3.1 *Overview*

3.1.1 This section of the report outlines the future trends and likely impact to primary care premises in relation to the following areas:

- Demographic growth;
- Housing impact;
- Primary Care Improvement Plan;
- Creation of cluster hub premises/practices;
- Future delivery models for Allied Health Professionals (AHPs) and
- Smarter working and technology.

3.2 *Demographic change*

3.2.1 The General Registrar of Scotland (GROS) population projections were obtained and used to determine how the practice population could change in the future. In addition to the overall percentage growth, the growth in over 60s and 90s is also shown.

Figure 3-1: Demographic trend – 10 year projection
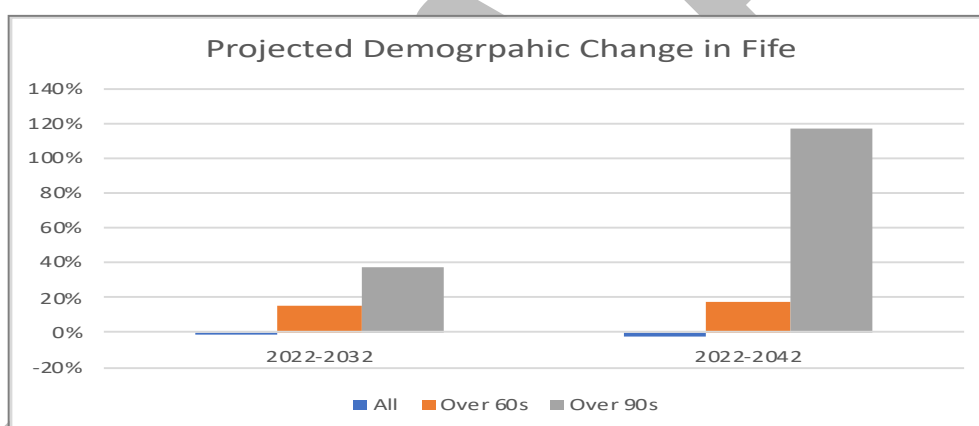
3.2.2 The total population of NHS Fife is likely to see a small reduction over the next 10 and 20 years. However, growth by circa 20% is expected within the 65+ age group by 2042; this group represents 33% of the population. Similarly significant growth, 40% by 2032 and over 100% in 20 years time, within the over 90s although they only represent 1-2% of the total population. It is likely that whilst overall practice populations are likely to experience relatively low growth, the case mix / age will change significantly, and is likely to require an

increased frequency and duration of consultations, more home visits and more chronic disease management.

3.3 *Housing impact*

3.3.1   There has been significant house building across Fife over the last 10 years as shown in the chart below:

Completed Housing by Market Area 2009/10 to 2019/20
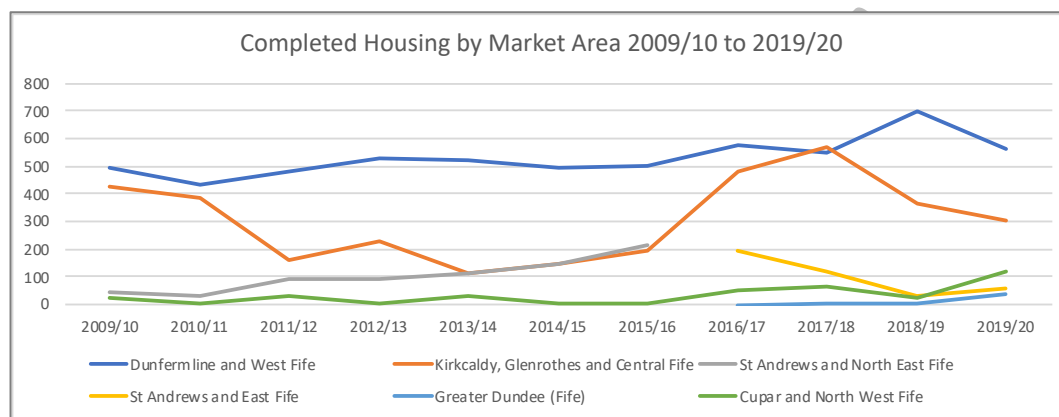
3.3.2   Annually, there has been 500+ new houses built within Dunfermline and West Fife and 200-400 in Kirkcaldy, Glenrothes and Central Fife over the last 10 years.

3.3.3   As outlined, the Housing Land Audit was used as the source information in determining the potential new housing impact.

3.3.4   A rate of 50% new Fife residents was assumed e.g. 50% would be internal movements. In addition, the average household size of 2.16 was assumed based on 2020[1] rate for Fife.

3.3.5   A summary of the likely new houses and potential population impacts is shown below:

Figure 3-2: Housing Impact

Cluster	With Planning Permission	Allocated in LDP/SHIP	Number New Houses	Maximum Population impact	If 50% new residents
Dunfermline and West Fife	3,819	7,525	11,344	24,276	12,138
Kirkcaldy, Glenrothes and Central Fife	2,577	4,970	7,547	16,151	8,075
St Andrews and East Fife	568	2,103	2,671	5,716	2,858
Greater Dundee (Fife)	171	70	241	516	258
Cupar and North West Fife	189	2,042	2,231	4,774	2,387
Total	**7,324**	**16,710**	**24,034**	**51,433**	**25,716**

3.3.6   There are a number of cluster areas where the largest potential impact is likely to be seen; these both had historically high numbers of new homes.

Dunfermline and West Fife: potential for over 11,000 new homes with the potential for over 12,000 additional new patient registrations.

1

https://statistics.gov.scot/slice?dataset=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Faverage-household-size&http%3A%2F%2Fpurl.org%2Flinked-data%2Fsdmx%2F2009%2Fdimension%23refPeriod=http%3A%2F%2Freference.data.gov.uk%2Fid%2Fyear%2F2020

Kirkcaldy, Glenrothes and Central Fife: potential for over 7,000 new homes with the potential for over 8,000 new patient registrations.

3.4 *Primary Care Improvement Plan Service Impact*

3.4.1 Discussion with service leads for each area of PCIP was undertaken and this identified the likely future workforce on full roll out. The table below summarises the assumptions made and likely impact:

Figure 3-3: Primary Care Improvement Fund – New services & roles

Service / Role	Description of change	Assumptions	Impact to Practices
Vaccination Transformation Programme (VTP)	Board delivered vaccination programme from fewer locations e.g. minimum of 1-2 hubs in each cluster.	Reduction in some aspects of Practice Nurse activity allowing increasing time for long-term conditions management and anticipatory care planning.	No impact, already addressed as part of the VTP. However, there is a key opportunity to co-locate with any new developments; this should be considered to make best use of space.
Community Treatment & Care Services (CTAC)	Board delivered Treatment room services including centralised phlebotomy service from fewer locations e.g. minimum of 1-2 hubs/cluster.	Information on the number of sessions required for CTAC and phlebotomy to be provided by the service and factored into room requirements.	No change to non-Hub practice locations. Cluster Hub practices likely to require more Treatment room capacity. Total of 68wte for CTAC and 36wte phlebotomy (including cover). Cover removed and any existing phlebotomy sessions netted off from gap in sessions.
Pharmacotherapy Services	2.5 wte Pharmacy for every 5,000 population across a range of roles: 20% senior pharmacists; 30-40% face to face; 30% practice pharmacists; 20-30% face to face 40% technicians; 20% face to face 10% support worker; 0% face to face Summary circa 25% of total workforce would be face to face time	Added additional capacity to reach this rate at all practices.	197 wtes requiring non-clinical space plus access to a clinical room to see patients - assumed circa 55% time in practices with 25% clinical based on weighted workforce roles. Identify cluster hub locations for the non-practice component of roles.
Primary Care Mental Health Nurses (PCMHN); Psychology; Link Workers	1 wte per 5,000 per population	Based on rate, less existing sessions in post. Note some practices have opted out currently.	77 wtes require access to an interview room; assumed all face to face.
Advanced Practice Physiotherapists (APP)	1 APP per 20,000 population	Based on rate, in addition to any existing sessions	20 wtes requiring clinical space in primary care. There may be an opportunity to outreach to small practices, but aspiration is to be embedded in practice teams.

Urgent Care - Advanced Nurse Practitioners (ANP)	1 ANP per 12,000 population	Note no roles in place currently, however, several practices have an employed ANP role.	Assumed all new posts require clinical capacity.

3.4.2 The total NHS Fife wide impact of the new roles on full implementation would be over 300wte. The cluster and practice level future practice room capacity are outlined at section 4. Given the scale of additional workforce it will be a significant challenge for practices to accommodate these staff and services without change.

3.5 *Hub Premises*

3.5.1 As part of the implementation of PCIP there is a move to creating Hub premises where a number of services are provided for a wider catchment population.

3.5.2 To determine the future capacity required potential Hub(s) premises were identified within each cluster as set out below:

Figure 3-4: Hub Premises

Cluster	Hub Premise(s)	Comments
North East	Cupar St Andrews	Likely to be mini-hubs; less services in hub due to the rural nature of the cluster.
Dunfermline	No clear hub premise	Noted within future major investments; requirement for new hub premises.
Kirkcaldy	Kirkcaldy Health Centre Future new build as replacement Hub to release space at Kirkcaldy	Alternatively, may require new hub premises within the cluster as part of a major future investment.
Glenrothes	Glenwood Health Centre Future new build as replacement Hub to release space in Glenwood.	Likely to require new hub premises within the cluster as part of a major future investment.
Cowdenbeath	New Lochgelly Health Centre	
South West Fife	Dalgety Bay Primrose Lane	Potential for adjacent space to Primrose Lane to provide cluster hub for SW Fife.
Levenmouth	Within Randolf Wemyss Memorial Hospital site	Redevelopment of area within RWMH site for cluster hub.

3.5.3 A number of clusters already have premises that provide elements of the Hub role. Others require further development to identify their specific Hub role and associated services. In establishing the priorities, the suggested Hub role above has been factored into the requirements.

3.6 *Allied Health Professionals (AHP) services*

3.6.1 A number of AHP services move towards a different service delivery model as part of remboilisation plans. This looked to deliver a higher level of service provision from fewer locations; to improve the efficient deployment of workforce and provide a more sustainable service model. In some areas this model with improve the use and occupancy of specialist rooms and release space on other locations.

3.6.2 Through engagement with each AHP service they have sought to identify their future delivery model across Fife including the locations for care delivery.

3.6.3 The table below sets out the emerging model for each AHP service by cluster:

Figure 3-5: AHP Service Model

Cluster	Physiotherapy	Podiatry	Dietetics
North East	Bases at Cupar & St Andrews with outreach at Auchtermuchty and Anstruther	5 locations: Cupar; St Andrews; Ansturther; Newport & Howe of Fife (Ladybank). Additional capacity required at Cupar to facilitate shift from Newburgh	Main locations Cupar & St Andrews including staff based with outreach at Howe of Fife
Dunfermline	Opportunity to shift some MSK & rehab from QMH to non-hospital setting. Retain services linked with other outpatients. Including service provision for SW cluster	Single location at Queen Margaret Hospital (Carnegie Unit); service inks with number of outpatient clinics - Orthopaedics & Diabetes Lynebank (office space only)	Single cluster hub and staff base plus QMF (MDT) within new development in Dunfermline; some from QMH
Kirkcaldy	Opportunity to shift some MSK & rehab from Victoria hospital to non-hospital setting retain ortho)	Two locations – Kirkcaldy (Wyteman's Brae within Victoria Hospital Campus) and (links with outpatient clinics Orthopaedic & Diabetes) and Burntisland.	Single cluster hub and staff base plus Victoria Hospital. - consider within new development in Kirkcaldy
Glenrothes	Future single location within cluster; shift from Glenwood & Ptteuchar. Consider space for Children & Young People's Physio service currently provided outwith cluster at RWMH.	One or 2 locations within the cluster. Require additional 2 rooms at Glenwood or Glenrothes Hospital to release space in Pitteuchar; Markinch & Cos Lane.	Single cluster hub plus Glenrothes hospital - consider as part of new build within cluster; shift from Glenwood
Cowdenbeath	Within Cowdenbeath and new Lochgelly health centre	Within Cowdenbeath, Cardenden and new Lochgelly health centre	Within Cowdenbeath, Cardenden and new Lochgelly health centre
South West Fife	Opportunity to shift some Dalgety Bay to Dunfermline Retain High Valleyfield	Dalgety Bay, Rosyth, High Valleyfield & new Kincardine health centre.	Dalgety Bay; Rosyth & Oakley
Levenmouth	Retain Randolph Wemyss Memorial Hospital as single site	3 locations: Randolph Wemyss Memorial Hospital & Kennoway Health Centre & Leven Health Centre.	Single cluster hub within RWMH cluster hub plan; shift from Leven & Cameron Hospital
Overall	Shift procedure/ Injections for hospital setting to primary care.	Moved to few locations post-pandemic	Move to fewer locations for staff based and clinical deliver

3.7 *Smarter Working & Technology*

3.7.1 The increased use of technology, in particular the opportunity this provides to work more flexibly and smarter, is a significant factor in establishing future accommodation requirements for primary care premises. This opportunity will be further enhanced when NHS Fife progress with the replacement of GP IT system to a new cloud-based model promoted through the National GP IT Programme.

3.7.2 This model provides the Primary Care Multidisciplinary Teams with the option to federated patients in a multi practice or cluster format to support modern working practices and the implementation of the Primary Care Improvement Programme. In essence it allows a clinical professional to review, access and maintain a patient's records from any location, without the need to log into multiple systems.

3.7.3 The new model also allows patients, from multiple practices, to attend a single care location, while having their record maintained in real time and updates being reflected within the patient's own registered practice.

3.7.4 Future provision of office accommodation should be planned with the following principles and learning from other organisations which have moved to this way of working:

- Use of smart devices and access to clinical information from hand-held devices and tablets;

- Open-plan flexible non-cellular office space;

- Use of different zones – Quiet Zone; Meeting Zone; Working Zone; and

- Desk spaces planned taking consideration of different requirements e.g.

    - Full-time desk-based staff 1:1
    - Part-time desk-based staff 1:2
    - Visiting / flexible based staff 1:5
    - Remote access – no desk requirement.

3.7.5 It will be essential to ensure that relevant technology is in place to support flexible working prior to any change. Investment in technology, to allow improved access to clinical records by staff, is highlighted within the investment priorities.

4 Future Capacity & Investment required

4.1 *Overview*

4.1.1 This section of the report outlines the future capacity requirements across each of the cluster areas. To support this the core services envisaged within different sizes of practices has been identified.

4.1.2 The approach taken to identify areas for investment was based on the following principles:

- Size and scale of the impact of PCIP in terms of additional workforce requiring space;
- Identified Hub locations;
- Extent to which there is capacity within current clinic timetables; and
- Potential housing developments within the area.

4.1.3 The practices/premises identified for investment are shown based on the following timeline:

- Minor investment – within next 18 months;
- Medium investment – within the next 3 years; and
- Major investment – over the next 3 years. This is representative of the timeline required for major capital investment and allows for full business case development in line with Scottish Government requirements.

4.2 *Practice Services by size*

4.2.1 To define the capacity required in primary care a workshop was held with representation from across NHS Fife primary care services to identify the services that are likely to be in provided within different sizes of premises. This session also explored the potential for cluster based models for a range of services.

4.2.2 For the purposes of planning, three different sizes of premises were established based on the range of population served:

- Small premises - up to 3,500 practice population;
- Medium premises between 3,500 - 6,500 practice population; likely to be a single practice but may have branch practice(s);
- Large premises/practices between 6,500 to 10,500 population
- Extra Large premises - over 10,500 population; likely to accommodate multiple practices within the one building and a significant range of Health Board delivered services.

4.2.3 The table below identifies the services likely to be provided within each premise size. This is not prescriptive but offered to assist planning. It is noted that rural practices would require a different approach.

Figure 4-1: Services by Premise Size

Service	Comments/ Workshop feedback	Small (<3,000)	Medium (3,000-6,000)	Large (6,000 – 10,500)	Extra Large (over 10,500)/ Cluster hub
Number of practices		**4**	**17**	**22**	**7**
General practice (GP/ANP, Practice Nurse)	Core GMS team within all practice teams	Y	Y	Y	Y
Urgent Care Model – ANP led	Integral part of all practice teams and based in all practices	?	Y	Y	Y
District Nurse	Keen to retain links with team; note that may require an office base in larger premises/practice locations	Visiting	Visiting	Visiting	Y –staff base here
Health Visiting/ Midwife/ School Nurse	Less links with practice teams; can be in standalone location or cluster hub.	N	N	?	Y or could be in separate location
Vaccination Transformation Programme / Immunisations	May need to consider accessing slots in rural and deprived population areas.	N	N	N	Y or could be in separate location
Community Treatment & Care	Phase 1 element retained in all practices to ensure access. Larger locations to include additional treatment rooms as part of phase 2 roll out	Phase 1	Phase 1	Phase 1	Phase 1 & 2
Pharmacotherapy	55% of total workforce time within practice. Balance within cluster hubs.	Y	Y	Y	Y
First Contact Physio / practitioner	Integral part of all practice teams and based in all practices. Some remote access in very small practices with limited sessions.	Y	Y	Y	Y
Community Mental Health		Y	Y	Y	Y
Therapy service (MSK Physio, Podiatry, SLT, Dietetics, OT, Paeds, Community rehab)	Can be in standalone location or a cluster hub.	N	N	?	Y
Admin base for other staff		N	N	N	Y

4.2.4   An estimate of the space required for the size of practice/premises has been developed in the form of a "Standard Schedule of Accommodation". A copy of which is shown at **Appendix B.** This provides and initial estimate of the likely space required in line with latest building note guidance, however, this has been updated to reflect the new primary care workforce.

4.3   *Dunfermline Cluster*

4.3.1   The table below summarises the future capacity for each practice within Dunfermline considering PCIP clinical staff. A RAG (Red/Amber/Green) status has been used to identify the scale of additional capacity and the potential of cluster housing impact. Practice owned premises are indicated by a *.

Figure 4-2: Dunfermline Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
Linburn Road	26	2 rooms 1TR	Short term/operational	Remove records create 1 clinical room - G03; to give room natural daylight will need to include access from reception to practice manager office & admin office (rooms 1&2) Create Phlebotomy room from - store G36 - replace door with window 1st floor - convert locker room to office (IT requirements only) for Family nurse practitioner from F16. Fit IT within large meeting room to create open plan in F04 Review current use and allocation of space within building; there is some capacity within the existing building. E.g. Move DN upstairs from other sites in the cluster Hospital Hill.
Nethertown*	41	3 rooms 1.5 TR	Minor works Major investment	Back scan records & create room from records store. Longer term new build – Dunfermline hub.
New Park*	42	3 rooms;1TR	Major investment	Considered within new Dunfermline build.
Hospital Hill Surgery*	28	3 rooms 1 TR	Minor works	Create 1 room from District nurse base. Remove records and additional IT / data sockets to create flexible admin space in area. Longer term new build – Dunfermline hub.
Millhill*	31	3 rooms 1 TR	Minor works Major investment	Short term shift to cluster hub. Longer term new build – Dunfermline hub.
Bellyeoman*	37	3 rooms 1.5 TR	Minor works Major investment	Create room at reception. Longer term new build – Dunfermline hub.
Primrose Lane*	26	2 rooms 1TR	Minor works	Minor works planned to provide 3 rooms. Improved use of MSK room. DN/HV offices released if staff accommodated within hub. Potential to redevelop the adjacent vet space to provide an interim cluster hub prior to a new build.
Cluster		8,000 new houses		Major new build up to 4 practices and a cluster hub including range of AHP services - Dietetics (+staff base), physiotherapy services for the cluster (rehab, MSK) within new development; releasing some space at Queen Margaret Hospital and Primrose Lane practice.

4.3.2   Across the cluster there is the requirement to find clinical space for an additional circa. 19 rooms on full implementation of the PCIP. There are pressure points for new housing developments within the cluster which will require a long-term solution as part of the major investment proposed.

4.3.3   There is potential to develop an interim cluster hub at Primrose Lane if adjacent space within the veterinary practice is available. The longer term recommendation is a new build for a number of practices plus the development of cluster hub services.

4.3.4   All but one premise is owned by GPs therefore a multi-practice development within Dunfermline would also help to address the shift in ownerships from practice to the Health Board, in line with Code of Practice.

4.3.5   Information on the functional suitability, quality and utilisation from the Property & Asset Management Strategy is only available for NHS owned premises, however, the Place

Planning tool developed by Scottish Government was reviewed regarding priorities for need. This did not identify any priorities within the Dunfermline cluster.

4.4 *Levenmouth Cluster*

4.4.1   Analysis for the Levenmouth cluster is shown below:

Figure 4-3: Levenmouth Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
Kennoway	14	None	None	Space within existing template.
Scoonie	45	3 rooms; 1TR	Operational Minor works	Reconfiguration of space following digitisation of medical records. Room 009 convert to clinical. Additional It sockets and configuration of admin/records to accommodation admin staff. Room 16&17 redecorate; upgrade Rooms 16&17 redecorate; upgrade - cabinets; flooring. Address infrastructure issues within building
Airlie	27	2 rooms; 1TR	Operational	Could any services transfer to cluster hub?
Muiredge*	28	2 rooms;1TR	Operational	Could any services transfer to cluster hub?
Methilhaven*	21	2 rooms; 1TR	Operational	Could any services transfer to cluster hub?
Cluster		Minimal new housing	Minor works	Redevelopment of hub space within Randolf Wemyss Memorial Hospital site. This would serve as single location for physiotherapy and Dietetics and one of 3 locations for podiatry services for the cluster. Additional podiatry office space required for cluster team.

4.4.2   Across the cluster there is a requirement to identify clinical space for circa. 9 rooms on full implementation of the PCIP.

4.4.3   The proposal to create a cluster hub at Randolf Wemyss Memorial Hospital will release some space within practices. Further analysis is required to quantify the impact for all practices within the cluster.

4.4.4   The Place Planning tool developed by Scottish Government identified Leven Health Centre (Scoonie practice) as a priority area for investment.

4.5 *Kirkcaldy Cluster*

4.5.1   Analysis for the Kirkcaldy cluster is shown below:

Figure 4-4: Kirkcaldy Cluster – Future Capacity

Practice		PCIP Sessions	Additional Capacity	Investment proposed		
				Type	Requirement	
Burntisland		20	1 room;1TR	Minor	Move paeds & paed secretary and convert 2 offices to clinical. Convert health education to treatment rooms (require air ventilation). Convert HB reception to office and move HV then convert HV office to clinical. Full redecoration of GP space	
Kinghorn		9	No return; maximum 2		Open up waiting space by removing pram store Full redecoration - floors; cabinets; doors	
Bennochy		422	4 rooms	Minor works	Existing plan to create 3 rooms. Balance to be provided in the cluster hub.	
Kirkcaldy Health Centre	**Eggerton**	44	7 rooms 3TR	Minor works	Remove medical records; create Practice Manager (PM) & secretaries office. Create store in waiting areas.PM office & secretary room become 2 clinical rooms create interview room from store (+3 rooms).	Redevelop 4 reception and waiting areas to create additional consulting rooms (+4). Rooms 41 & 42 need upgrading - flooring; cabinets & redecoration
	Fordyce & Partners	37			Remove medical records; create office. PM office becomes 1 clinical room. Create store in waiting areas and create interview room from store (+2 rooms).	
	McKenna & Partners	40				
	Health Board				Reallocate space. HB space underutilised would provide minimum of 15 sessions Likely capacity +2 rooms.	
St Brycedale*		24	1 room; 1 TR	Operational	Additional capacity within cluster hub?	
Path House*		47	4rooms; 1.5 TR	Major investment	Longer term major investment in new premises for some practices with shift of services to release space in others.	
Nicol Street*		23	2 rooms; 1TR	Major investment		
Cluster			2500 new houses		Cluster hub; short-term within Kirkcaldy Health Centre. Provision of physiotherapy services for the cluster (rehab, MSK) and Dietetics within new development; releasing some space at Victoria Hospital and Whyteman's Brae sites.	Longer term within new development.

4.5.2   Across the cluster there is the requirement to find clinical space for an additional circa 18 rooms on full implementation of the PCIP.

4.5.3   Kirkcaldy Health centre has been identified as the initial cluster hub; however, it is unlikely to be able to accommodate all future space requirements. Long term, the recommendation is to build a new facility for a number of practices plus cluster hub services. In addition, there are pressure points for new housing developments within the cluster which will require a long-term solution. All premises highlighted for investment are owned by GPs therefore a multi-practice new development within Kirkcaldy would also help to address the shift in ownership from GP to health board.

4.5.4   The Place Planning tool identified Path House and Kirkcaldy Health Centre as priority area.

4.5.5 The Place Planning tool identified Path House and Kirkcaldy Health Centre as priority area for investment.

4.6 *North East Fife Cluster*

4.6.1 Analysis for the North East Fife cluster is identified below:

Figure 4-5: North East Fife Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
Anstruther Medical Practice	21	<1 room 1TR	Operational Minor works	Redistribute HB & practice space. Some vacant spaces in both could be repurposed. Reconfiguration of reception space following digitisation of medical records; includes adding in window Convert meeting room/baby clinic (00.A0.004) into 2 treatment/consulting rooms. move door to ensure access to room 00.Ao.017 to put 2 offices in public part of the building and access by patients Redevelop office within health board area to Treatment Room
Pitcairn* & Leuchars*	15	1TR		Rebalance what provided from each site.
Tayport *& Newport*	34	Within		Rebalance what provided from each site.
Abernethy* & Newburgh*	14	<1 room 1TR		Rebalance what provided from each site.
Pipeland Medical Practice	53	7 rooms 3TR	Operational Minor works	Opportunity to redistribute healthboard and practice space. Convert 2 x Practice Manager offices & medical records = 3-4 rooms. Admin room could be used for pharmacy. Reallocate spaces throughout building – duplication within Pipeland practice & need to understand wider campus space. Potential further phase to redevelop reception and waiting areas to create additional clinical rooms (at this stage not costed part of further potential work)
Blackfriars Medical Practice, St Andrews	33			
Eden Villa	25	5 rooms 2TR	Operational Minor works	Convert medical records into clinical. Potential convert rehab gym to clinical consultant rooms if MSK can move to multi-purpose room Convert health visitors' office space to 3 rooms; space available on upper floor of building for this staff group Full redecoration of GP space Shift CTAC /Phlebotomy to OPD as part of need to understand wider campus space and opportunity to reconfigure/redevelop. Potential to add 1st floor in the longer term.
Bank Street Medical Group	30			
Coast Health: Pittenweem* & Elie*	19	2 rooms 1TR	Minor works	Convert attic for use by all practice admin and create a staff room with stair from waiting area. Convert reception and admin to 2 rooms. Re-designate staff room as consulting room.
Howe of Fife Medical Practice*	18	1 room 1TR	Minor works	Reconfiguration of space following digitisation of medical records into additional rooms Shift clinics to adjacent NHS ladybank clinic.

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
Auchtermuchty*	22	2 rooms 1TR	Minor works	Create new office for community nursing where medical records located. Community nursing room converted to 2 clinical rooms.
Cluster		2,500 new houses		Within St Andrews and Cupar. New houses; potential 2nd floor at Cupar health centre. AHP services main location Cupar, St Andrews with outreach to range of sites Anstruther and Auchtermuchty, Newport and Howe of Fife. Additional podiatry and prep room required in Cupar plus access to desk space.

4.6.2   Across the cluster there is the requirement to find clinical space for circa. 17 rooms on full implementation of the PCIP.

4.6.3   In addition, there are pressure points for new housing developments within the cluster which will require a long-term solution as part of major capital investment.

4.6.4   Given the rurality of the cluster, it is envisaged that services are more likely to be split across a number of locations with larger centres in St Andrews and Cupar.

4.6.5   The Place Planning tool identified Auchtermuchty as a priority area for investment.

4.7   *Cowdenbeath Cluster*

4.7.1   Analysis for the Cowdenbeath cluster is shown below:

Figure 4-6: Cowdenbeath Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
Cowdenbeath*	36	4 rooms 2TR	Minor Operational	Back scan of records to create additional space. Create 1 room from medical records; split PM office to create a second clinical room; empty and convert interview room to 3rd clinical room. CTAC clinics could move to Rowan Terrace.
Benarty*	15	<1 room 1TR		
Crossgates*	28	2 rooms 1TR		Capacity within Kelty facility.
Cardenden	14	2 rooms 1TR	Minor works	Opportunity to review HB space and reconfigure following digitisation of medical records into 2 rooms.
Kelty	27	none		
Cluster		1,500 new houses		Cluster hub planned within new Lochgelly development. AHP services delivered for cluster within new Lochgelly, Cowdenbeath & Cardenden health centre.

4.7.2   Across the cluster there is a requirement to find clinical space for 8 rooms on full implementation of the PCIP.

4.7.3   The Place Planning tool identified Cardenden and Kelty and Lochgelly as priority areas for investment.

4.8   *Glenrothes Cluster*

4.8.1   Analysis for the Glenrothes cluster is shown below:

Figure 4-7: Glenrothes Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed		
			Type	**Requirement**	
Glenwood	22	5 rooms 2TR	Operational Minor works	Redistribute space HB to practices e.g. HB room 6 & 2. Create shared spaces for practices PCIP staff - PCMH, FCP. 3rd CTAC Treatment Room within minor ops. Medical records space released – 2 rooms. Medical records space released; convert room upstairs to 01.A0.010 to office room 00.A0.025 on ground floor to be converted to a staff room. Room (00.A0.030) convert from staff room for Mental Health Nurse (interview room set up)	Split multi-purpose room into 2 consulting rooms – could be podiatry to allow released space at Rothes & Cos Lane. Redevelop HB reception & waiting area – 2 rooms.
Lomond	36				
Rothes & Thornton	33	4 rooms 1TR	Minor works Major investment	Cease services at Thornton branch. Shift Podiatry & MSK to cluster hub(s).	Poor building fabric – considered for new build. This could help address workforce sustainability issues.
North Glen*	22	1 room 1TR	Operational Major investment	Shift midwifes; FAST; psychiatry will release 4 sessions	Major development
Cos Lane*	31	4 rooms 1TR	Operational Major investment	Podiatry & AHPs shift offsite – release 1-2 rooms. 4 sessions available at Dovecot clinic. Shift CTAC to hub.	
Leslie*	21	< 1room 1TR		Treatment room in hub	
Markinch*	20	<1 room 1TR			
Cluster		3,000 new houses		Dovecot clinic / Glenrothes hospital –	Within new development Provision of Dietetics, Podiatry and Physio services for the cluster (rehab, MSK) within new development; releasing space at Glenwood & Pitteuchar, Markinch & Cos Lane.

4.8.2   Across the cluster there is a requirement to find clinical space for 14 additional rooms on full implementation of the PCIP.

4.8.3   In addition, there are pressure points for new housing developments within the cluster which will require a long-term solution to be identified as part of major capital investment.

4.8.4   The Place Planning did not identify any priorities within the Glenrothes cluster.

4.9   *South West Fife Cluster*

4.9.1   Analysis for the South West Fife cluster is shown below:

Figure 4-8: South West Fife Cluster – Future Capacity

Practice	PCIP Sessions	Additional Capacity	Investment proposed	
			Type	Requirement
High Valleyfield	7	none	Minor works	Capacity within existing facility. Clarity over future AHP service delivery could release space. Address infrastructure issues. Opportunity to utilise Child Development Centre space to facilitate moves from other locations to release space e.g. DN/HVs.
Inverkeithing* & Dalgety Bay	40	4 rooms 3TR	Minor works	Inverkeithing: reconfiguration of space following digitisation of medical records to create 1 -2 rooms from reception. Dalgety Bay: Shift DNs back to office; release meeting room. General clinical room - split into 2 rooms 1 consult/1 interview. Podiatry test room; redesignated for pharmacotherapy. Room 5 convert to clinical - flooring, remove units and decorate
Oakley Medical Practice	28	2 rooms 1TR	Operational Minor works	Significant space available if a number of areas are redeveloped and record storage is resolved. Health Board reception; baby clinic (30m2); meeting room (29m2). Will also address infrastructure issues
Park Road Rosyth	16	2 rooms 1TR	Operational Minor works	Back scan and remove records to create admin space; move admin from clinical room. Shift some sessions to hub?
Charlestown*	10	None		Capacity within existing facility
Cluster		500 new houses		Potential to redevelop the building adjacent to Primrose Lane to create a cluster hub Opportunity to shift some Physiotherapy Dalgety Bay to Dunfermline. Retain High Valleyfield

4.9.2   Across the cluster there is a requirement to find clinical space for 8 additional rooms on full implementation of the PCIP.

4.9.3   There is requirement to consider the best location for the cluster hub; there is potential for a development at Primrose Lane which could serve several of the cluster practices and some of Dunfermline practices.

4.9.4   The Place Planning tool identified Valleyfield, Kincardine and Oakley as priority areas for investment.

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5   Summary & Recommendations

5.1   *Overview*

5.1.1   A thorough review of primary care premises across NHS Fife has been carried out. This has outlined significant immediate pressure is being faced by the majority of practices when seeking to find space for the new workforce within primary care. In addition, there are substantial housing developments across the area which in the medium and longer term will provide a further need for increased primary care accommodation.

5.1.2   The review has highlighted areas for major capital investment and a number of short, medium and long term investment priorities which are summarised in the sections below.

5.2   *Major Capital Investment*

5.2.1   It is recommended that the following areas are taken forward as major capital investment priorities**:**

Figure 5-1: Major Capital Investment Priorities

Cluster	Practice/Premises	Investment
Glenrothes	Rothes	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development.
	North Glen	The new development would include all cluster hub services.
	Cos Lane	
Kirkcaldy	St Brycedale	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development.
	Path House	
	Nicol Street	The new development would include all cluster hub services.
Dunfermline	Nethertown	Major new build for some of the practices. Those not redeveloped would potentially transfer cluster based services to the new development.
	New Park	
	Hospital Hill	
	Millhill	The new development would include all cluster hub services.
	Bellyeoman	
North East	Cupar (Eden Villa & Bank Street)	Extension and site masterplanning to identify additional capacity for mitigate the impact of new housing.

5.3   *Immediate-term (3 months)*

5.3.1   It is recommended that the following tasks are undertaken by the suggested leads within the next three months. To support this, an initial list of all minor modifications and operational changes highlighted in section 4 is shown in **Appendices C1 & C2.**

Figure 5-2: Immediate Actions (<3months)

Action	Lead	Purpose
Establish the future delivery model for all Health Board delivered services e.g. Allied Healthcare Professional Services, District Nursing, Midwifery, Health Visiting etc.	Service leads	To identify the space required in practices and cluster hubs.
Establish the current space utilised by Health Board delivered services – locations, frequency of use and actual occupancy via OccupEye.	Facilities Management Teams	To identify areas of poor room utilisation that could be redistributed.
Determine the overall revenue funding for new primary care services and the likely implementation timeline for new workforce roles.	Primary Care Finance lead	To confirm funding for posts where space is being created and the likely timing of requirements.
Agree and confirm the long list of minor modifications and improvements - **Appendix C1**.	Primary Care Premises SLWG & Estates	Develop a master list of minor investment required.
Agree and confirm the long list of operational changes - **Appendix C2.**	Primary Care Premises SLWG & Estates	Develop a master list of operational changes.
Confirm the cluster hub locations.	Primary Care Premises SLWG	To provide clarity about what space is required in Hub and non-Hub practices.
Approve the major investment practices / premises within next 5 years.	Primary Care Premises SLWG	To identify the investment likely to require a business case process to obtain capital investment.
Develop the Strategic Assessment for the combined primary care investment priorities.	Programme Manager	Initial stage to start to seek capital funding.
Engagement with NHS Fife E-Health.	Programme Manager	Identity and prioritise investment in E-health to support PCIP.
Engagement with Fife council regarding developer contributions and wider opportunities.	Estates	Ensure NHS Fife can obtain developer contributions.

5.4 *Short-term (within 18 months)*

5.4.1 The following tasks are recommended within the next 18 months:

Figure 5-3: Short-term Actions (within 18 months)

Action	Lead	Purpose
Understand the total space required for all Health Board delivered services to deliver the future model of care.	Facilities Management & Premises lead	To determine overall space requirements in hubs and practices.
Determine the overall cost and programme for all minor modifications included at **Appendix C1** and identify where they require further design input.	Primary Care Premises SLWG	Develop a master list of investment and seek capital funding from NHS FV.
Develop a programme of operational reviews and changes to room allocations that are dependent on the agreed requirements for all services. This should include any changes to the financial apportionment of costs between the Health Board and practices.	Primary Care Premises SLWG	Reallocation of space, where required, across a number of large sites with a significant level of HB delivered services.
Develop the Programme Initial Agreement for all major capital investments.	Programme Manager	Identify initial business case requirements.

5.5 *Medium-term (less than 3 years)*

5.5.1 The following tasks are recommended within the next 3 years:

Figure 5-4: Medium Actions (within 3 years)

Action	Lead	Purpose
Undertake the programme of minor modifications.	Estates & Capital Planning	Deliver increased capacity within primary care where feasible within existing buildings.
E-health investment	Programme Manager	Implement new e-Health solutions for primary care.
Develop the Outline and Full Business Cases including option appraisal & site selection for major capital investments.	Programme Manager	Identify subsequent business case stages. There may be potential for a single stage process dependent on the capital value.

Appendix A: Local Authority Information Sources

https://www.fife.gov.uk/kb/docs/articles/planning-and-building2/planning/development-plan-and-planning-guidance/local-development-plan-fifeplan

note this is 2020; an update is due imminently and the information will be updated once published.

Appendix B: Property: Standard Schedule of Accommodation

General Medical Practice Premises - Minimum room sizes	Guidance Comments	Current Guidance Area - Minimum m2	Area - Optimum m2	Small Practice (<3000; 2 GPs) Room sized m2	Number of rooms No.	Total Area m2	Comments	Medium (3,000-6,000; 4 GPs) Room sized m2	Number of rooms	Total Area m2	Comments	Large (6,000-10,500; 7 GPs) Room sized m2	Number of rooms	Total Area m2	Comments	Extra Large (10,500-22,500; 15 GPs) Room sized m2	Number of rooms	Total Area m2	Comments
Patient interface																			
Entrance lobby & pram parking	Consider wheelchair and pram movements. Pram parking - A secure	0.0	0.0			0.0				0.0				0.0				0.0	
Waiting area	Area per consulting room - add 3sqm wheelchair waiting space	6.0	7.5	17.7	1.0	17.7	2.1 per room (SCV) plus 3m2 waiting space	24.0	1.0	24.0	2.1 per room (SCV) plus 3m2 waiting space	51.3	1.0	51.3	2.1 per room (SCV) plus 3m2 waiting space	101.7	1.0	101.7	2.1 per room (SCV) plus 3m2 waiting space
Children's play	Planned within waiting area space; will vary with practice size	9.0	20.0	9.0	1.0	9.0		9.0	1.0	9.0		20.0	1.0	20.0		20.0	1.0	20.0	
Patients' reception	Add for practice size - ensure wheelchair turning circle	6.0	7.5	6.0	1.0	6.0	1 staff reception point	6.0	1.0	6.0	1 staff reception point	12.0	1.0	12.0	2 staff reception point (reception + 1 desk space)	12.0	1.0	12.0	2 staff reception point (reception + 1 desk space)
WC: disabled, assisted	Consider peninsular layout per SHFN20 - 5.5sqm	4.5	5.5	4.5	1.0	4.5		4.5	1.0	4.5		4.5	2.0	9.0		4.5	4.0	18.0	
WC: ambulant	Within consulting suite: 4.5sqm for specimens	2.5	4.5	2.5	2.0	5.0		2.5	2.0	5.0		2.5	4.0	10.0		2.5	6.0	15.0	
Baby changing	Room accessible to men and women and not within disabled toilet	4.5	5.0	4.5	1.0	4.5		4.5	1.0	4.5		4.5	1.0	4.5		4.5	2.0	9.0	
Changing Places PAMIS																			
Breast feeding	Space relates to separate room	4.5	5.0	0.0		0.0		0.0		0.0				0.0				0.0	
Interview room	Added in place of breast feeding - flexible room			9.0	1.0	9.0		9.0	1.0	9.0		9.0	1.0	9.0		9.0	2.0	18.0	
Sub Total					8.0	55.7			8.0	62.0			11.0	115.8			17.0	193.7	
Administration/Clerical/Staff																			
Staff reception	Per staff position	4.5	4.5			0.0	included in reception area			0.0	included in reception area			0.0	included in reception area			0.0	included in reception area
Administration office(s)	As required by Practice - see notes section 3 of SHPN36			9.0	1.0	9.0	2 person admin support inc mail & printing	13.5	1.0	13.5	3 person admin support inc mail & printing	22.5	1.0	22.5	5 person admin support inc mail & printing	45.0	1.0	45.0	10 person admin support inc mail & printing
Shared office space	Added from Guidance				1.0	0.0	No office assumed for visiting staff	18.0	1.0	18.0	4 desk spaces provided for visiting staff	18.0	2.0	36.0	2 x 4 desk spaces provided for visiting staff	54.0	4.0	216.0	6 x 12 desk spaces provided for other staff – assumed base for HV/DN and UR services
Practice Manager's office	Areas per GP (but determined by Practice needs)	12.0	12.0	12.0	1.0	12.0		12.0	1.0	12.0		12.0	1.0	12.0	Assumes 2 practices?	12.0	2.0	24.0	Assumes 2 practices?
Medical records room		3.5	7.5			0.0	Assumed electronic			0.0	Assumed electronic			0.0	Assumed electronic			0.0	Assumed electronic
Mail/photocopying room	As required by Practice or add to Administration office area					0.0				0.0				0.0				0.0	
Practice library	Add 7sqm if study facility required	12.0	12.0	12.0	1.0	12.0		12.0	1.0	12.0		19.0	1.0	19.0	Assumes study as per guidance	19.0	1.0	19.0	Assumes study as per guidance
Staff multi-purpose room (meeting, training and library)	As may be specified by Practice minimum 12sqm			12.0	1.0	12.0	1 multi-purpose room circa 6 people	24.0	1.0	24.0	1 multi-purpose room circa 12 people	37.5	1.0	37.5	1 multi-purpose room circa 20 people	37.5	2.0	75.0	2 multi-purpose room circa 20 people
Sub Total					5.0	45.0			5.0	79.5			6.0	127.0			10.0	379.0	
Staff facilities																			
Staff cloakroom/lockers	As required by Practice					0.0	Assumed in staff room			0.0	Assumed in staff room			0.0	Assumed in staff room				Assumed in staff room
Staff shower	Assumes wash handbasin within compartment	3.3	3.3	3.3	0.0	0.0		3.3	1.0	3.3		3.3	2.0	6.6		3.3	2.0		
Staff lounge/kitchen	For 1 GP through to 35sqm for 10 GP's	12.5	12.5	12.5	1.0	12.5		25.0	1.0	25.0		35.0	1.0	35.0		45.0	1.0		
WC: staff, disabled		4.0	4.0	4.0	1.0	4.0		4.0	1.0	4.0		4.0	2.0	8.0					
WC: staff, ambulant	Assumes wash handbasin within compartment – min 1 male and 1 female	2.25	2.25	2.25	4.0	9.0		2.25	4.0	9.0		2.25	6.00	13.5					
Sub Total					6.0	25.5			7.0	41.3				63.1					
GP patient services																			
GP/Nurse consulting/Examination rooms		14.0	16.5	16.5	2.0	33.0	2 x GP/ANP	16.5	4.0	66.0	4 x GP/ANP	16.5	7.0	115.5	7 x GP/ANP	16.5	15.0	247.5	15 x GP/ANP
GP (training) consulting room	As required by Practice	17.0	17.0	17.0	0.0	0.0	no trainees assumed	17.0	0.0	0.0	no trainees assumed	17.0	1.0	17.0	1 trainee place	17.0	2.0	34.0	2 trainee places
Nurse interview room(s)	Can combine as clinic session rooms	12.0	12.0	16.5	1.0	16.5	1 PN assumed flexible use by others	16.5	1.0	16.5	1 PN assumed flexible use by others	16.5	1.0	16.5	1 PN assumed and flexible use by other clinical staff	16.5	2.0	33.0	2 PNs assumed and flexible use by other clinical staff
Nurse reporting/support room/office	Administrative use - as required by Practice	9.0	9.0			0.0				0.0									
Examination room(s)	Consider wheelchair movements	7.5	9.0			0.0	included rooms all flexible C/E			0.0	included rooms all flexible C/E				included rooms all flexible C/E				included rooms all flexible C/E
Nurse treatment room		14.0	14.0	14.0	0.0	0.0	assumes Treatment room centralised in Hub	14.0	0.0	0.0	assumes Treatment room centralised in Hub	14.0	0.0	0.0	Use of larger treatment / minor surgery room	14.0	0.0	0.0	Use of larger treatment / minor surgery room
Sub Total					3.0	49.5			5.0	82.5				33.5					
Board services																			
Interview room(s)	1 @ 9sqm should be provided for wheelchair use	8.0	9.0	9.0	1.0	9.0	Pharmacy / PCMHN	9.0	2.0	18.0	Pharmacy / PCMHN	9.0	4.0	36.0	Pharmacy / PCMHN	9.0	7.0	63.0	Pharmacy / PCM HN
Phlebotomy room	1 @ 9sqm should be provided for wheelchair use	8.0	9.0	9.0	1.0	9.0		9.0	1.0	9.0		9.0	1.0	9.0		9.0	2.0	18.0	
Consulting rooms	Separate consulting and examination rooms are generally now not recommended	14.0	16.5	16.5	1.0	16.5		16.5	1.0	16.5		16.5	5.0	82.5	Physio/Podiatry/ Visiting staff	16.5	10.0	165.0	Physio/Podiatry/ HV/DN assumed based
Treatment room/minor surgery room(s)	If kore than one treatment room is included, then the second one can be smaller - 13.5 - 15sqm	18.0	20.0	20.0	1.0	20.0	assumes Treatment room centralised in Hub	20.0	1.0	20.0	assumes Treatment room centralised in Hub	20.0	2.0	40.0	2 Treatment room as spoke provider	20.0	4.0	80.0	3 Treatment rooms cluster wide services provided
Recovery room		8.0	8.0			0.0				0.0						8.0	2.0	16.0	
Physio min-gym area						0.0				0.0		30.0		0.0		30.0	1.0	30.0	
Dental Treatment room		15.0	16.0													16.0	2.0	32.0	
Therapy room	Size generally similar to consulting/examination room	13.5	15.0									15.0	2.0	30.0	Flexible use rooms for therapy services			0.0	
Sub Total					4.0	54.5			5.0	63.5			23.0	380.0			47.0	718.5	
Storage and ancillary support																			
Cleaners room(s)	Per floor level	7.0	10.0	10.0	1.0	10.0		10.0	1.0	10.0		10.0	1.0	10.0		10.0	2.0	20.0	
Treatment room store(s)	As required by Practice			6.0	1.0	6.0		6.0	1.0	6.0		6.0	2.0	12.0		6.0	4.0	24.0	
Equipment storage	As required by Practice			6.0	1.0	6.0	combined equip/general	6.0	1.0	6.0	combined equip/general	12.0	1.0	12.0		12.0	2.0	24.0	
Stationery and leaflets	As required by Practice			2.0	1.0	2.0		2.0	1.0	2.0		2.0	2.0	4.0		2.0	2.0	4.0	
General/multi-purpose store(s)	As required by Practice			6.0	1.0	6.0		6.0	1.0	6.0		6.0	1.0	6.0		6.0	2.0	12.0	
Clean Utility				16.0	1.0	16.0		16.0	1.0	16.0		16.0	1.0	16.0		16.0	2.0	32.0	
Dirty Utility				8.0	1.0	8.0		8.0	1.0	8.0		8.0	1.0	8.0		8.0	2.0	16.0	
Disposal storage (clinical, sharps etc)	Determined by Practice size and collection frequency	3.0	3.0	6.0				6.0	1.0	6.0		6.0	1.0	6.0		23.0	1.0	23.0	
General refuse (local authority)	Generally wheelie bins located externally in screened area					0.0				0.0				0.0				0.0	included in above
Nitrogen cylinder store	Small cupboard on external wall					0.0				0.0				0.0		4.0	1.0	4.0	
Ceiling heights	Larger rooms/spaces will require a minimum of 2.7sqm	2.4	2.7			0.0				0.0				0.0					
Sub Total					7.0	54.0			8.0	60.0			9.0	72.0			18.0	159.0	
Plant/services/IT																			
Mechanical services plant	As determined by engineer					0.0				0.0				0.0				0.0	
Electrical switchroom	As determined by engineer					0.0				0.0				0.0					
Node cabinet/Telephone switch room	As determined by engineer - generally 6-10sqm			1.0	6.0	6.0		1.0	6.0	6.0									
Sub Total						6.0				6.0									
Total Net						290.2				394.8				791.4				1450.2	
Planning			5%			14.5				19.7				39.6				72.5	
						304.7				414.5				831.0				1,522.7	
Engineering			3%			9.1				12.4				24.9				45.7	
Circulation			33%			100.6				136.8				274.2				502.5	
Total						**414.4**				**563.8**				**1,130.1**				**2,070.9**	

Appendix C1: Minor Property Modifications

Cluster	Practice/Premises	Minor Modifications/ Operational Change
North East	Anstuther	Reconfiguration of reception space following digitisation of medical records; includes adding in window Convert meeting room/baby clinic (00.A0.004) into 2 treatment/consulting rooms. move door to ensure access to room 00.Ao.017 to put 2 offices in public part of the building and access by patients Redevelop office within health board area to Treatment Room
	St Andrews	Convert 2 x Practice Manager (PM) office & medical records = 3-4 rooms. Admin room next to pharmacy Potential further phase to redevelop reception and waiting areas to create additional clinical rooms (*at this stage not costed part of further potential work)*
	Cupar	Convert medical records into rooms (lightwell) Convert health visitors office space to 3 rooms (00.CO.042); space available on upper floor of building for this staff group Full redecoration of GP space Potential rehab unit (00.DO.029) split into if MSK can move to multi-purpose room (room 00.DO.055)
	Pittenweem	Convert attic for all practice admin and staff room with stair from waiting area. Convert reception and admin to 2 rooms. Re-designate staff room as consulting room.
	Howe of Fife	Reconfiguration of space following digitisation of medical records
	Auchtermuchty	Create new office for community nursing where medical records located. Community nursing room converted to 2 clinical rooms.
Glenrothes	Glenwood	Split multi-purpose room into 2 consulting Redevelop HB reception & waiting area – 2 rooms Medical records space released – convert room upstairs to 01.A0.010 to office Room 00.A0.025 on ground floor to be converted to a staff room Room (00.A0.030) convert from staff room for Mental Health Nurse (interview room set up)
Kirkcaldy	Kirkcaldy Heath Centre	Remove medical records; create office & release PM office for consulting x 2 practices (Egerton & Fordyce) plus secretaries office (Egerton). Create store in waiting area. Improve treatment room Rooms 41 & 42 need upgrading - flooring; cabinets & redecoration Remove medical records (Fordyce) create store and convert to interview room, Redevelop 3 x reception and 4 x waiting area into single reception and waiting area. Requires detailed planning to establish what is possible
	Kinghorn	Open up waiting space by removing pram store Full redecoration - floors; cabinets; doors
	Burntisland	Move paeds & paed secretary and convert 2 office to clinical.

Cluster	Practice/Premises	Minor Modifications/ Operational Change
		Move paeds & paed secretary and convert 2 offices to clinical. Convert health education to treatment rooms (require air ventilation). Convert HB reception to office and move HV then convert HV office to clinical. Full redecoration of building
Levenmouth	Leven Health Centre	Reconfiguration of space following digitisation of medical records. Room 009 convert to clinical. Additional It sockets and configuration of admin/records to accommodation admin staff. Room 16&17 redecorate; upgrade Rooms 16&17 redecorate; upgrade - cabinets; flooring
	Randolf Wemyss Memorial Hospital	Develop cluster hub capacity (work already planned)
Dunfermline	Linburn Road	Remove records create 1 clinical room - G03; to give room natural daylight will need to include access from reception to practice manager office & admin office (rooms 1&2) Create Phlebotomy room from - store G36 - replace door with window 1st floor - convert locker room to office (IT requirements only) for Family nurse practitioner from F16. Fit IT within large meeting room to create open plan in F04
	Nethertown	Back scan records & create room from records
	Hospital Hill	Create 1 clinical rooms from District Nurse base. Remove records and additional IT / data sockets to create flexible admin space in area
	Bellyeoman	Create 1 room from reception (work already planned / underway)
	Primrose Lane	Minor works planned to provide 3 rooms (work already planned) Opportunity to redevelop adjacent Vet space for cluster hub
Cowdenbeath	Cowdenbeath	Back scan of records to create additional space. Create 1 room from medical records; split PM office create 2nd clinical room; empty and convert interview room to 3rd clinical room.
	Cardenden	Reconfiguration of space following digitisation of medical records to create 2 rooms Investment to address infrastructure issues
South West	Oakley	Significant space available if number of areas redeveloped and record storage resolved. Health Board reception; baby clinic (30m2); meeting room (29m2)
	Park Road, Rosyth	Back scan and remove records to create admin space; move admin from clinical room
	Valleyfield	Potential opportunity to utilise Child Development Centre space and create cluster hub space
	Inverkeithing / Dalgety Bay	Inverkeithing: reconfiguration of space following digitisation of medical records to create 1 -2 rooms from reception. Dalgety Bay: General clinical room split into 2 rooms 1 consult/1 interview. Room 5 convert to clinical - flooring, remove units and decorate

Appendix C2: Operational Changes

Cluster	Practice/Premises	Minor Modifications/ Operational Change
North East	Anstruther	Redistribute HB & practice space. Some vacant spaces in both could be used.
	St Andrews	Opportunity to redistribute space HB/practice Reallocate spaces throughout building – duplication within Pipeland practice & need to understand wider campus space. Shift school records from room 00.A0.017 into one of the store rooms (or off site) and do some office moves which would free up at least 2 or 3 offices
	Cupar	Shift CTAC/Phlebotomy to OPD
	How of Fife	Shift clinics to adjacent NHS ladybank clinic
Glenrothes	Glenwood	Redistribute space HB to practices e.g. HB room 6 & 2. Create shared spaces for practices PCIP staff- PCMH; FCP.
	Rothes	Cease services at Thornton branch Shift Podiatry & MSK to cluster hub(s)
	Cos Lane	Podiatry & AHPs shift offsite – release 1-2 rooms 4 sessions available at Dovecot clinic Shift CTAC to hub
Kirkcaldy	Kirkcaldy Health Centre	Reallocate HB space – 3 x underutilised room
	Burntisland	Re-allocation HB space?
Levenmouth	Leven Health Centre	Reallocation given practice merger
	Airlie/Methilhaven/ Muriedge	Could some sessions be transferred to hub
Dunfermline	Linburn Road	Redistribute space Operational change move DN upstairs from other sites e.g. Hospital Hill.
	New Park / Millhill	Short term shift any services to cluster hub
	Primrose Lane	District Nurses /Health Visitors potential to move offsite and provide 2 x office rooms upstairs Improved use of MSK room
Cowdenbeath	Cowdenbeath	Shift CTAC clinics could shift to Rowan Terrace.
	Benarty	Could additional admin space be found to locate pharmacy and release clinical space
	Crossgates	Can TR/phlebotomy move to hub / Kelty
	Cardenden	Opportunity to review use of HB space
South West	Park Road, Rosyth	Shift DN/HV to High Valleyfield
	Valleyfield	Clarity over future AHP service delivery could release space for redevelopment Opportunity to shift DN/HV offices to vacant space on this site; releasing space within other sites in the cluster.
	Inverkeithing / Dalgety Bay	Dalgety Bay: Shift DNs back to office; release meeting room Establish if Podiatry test room still used or if it can be redeveloped

Appendix 2: Minor Property Modifications (resulting in additional clinical space)

Cluster	Practice/Premises	Minor Modifications/Operational Change	Additonal usable space
North East	Anstruther (Skeith Health Centre)	Reconfiguration of reception space following backscanning of medical records Divide meeting room/baby clinic into 2 consulting rooms	1 treatment room 1 consulting room
	St Andrews (St Andrews Community Hospital)	Convert redundant Practice Manager office to consulting room Convert records room into large consulting room after backscanning of medical records	1 consulting room 1 consulting room
	Cupar Health Centre	Convert 2 medical records stores to small consulting rooms, install lightwells Convert meeting room to a consulting room Move hospital health records to main hospital, convert records office to consulting room, convert records space to replacement training room	2 consulting rooms 1 consulting room 1 consulting room
	Ladybank Clinic	Convert PM office to a consulting rooms, install lightwells (PM relocated) Divide DNs office to create 2 consulting rooms (DNs relocated) Relocate DNs office and create additional admin spaces	1 consulting room 2 consulting rooms 4 admin spaces
	Howe of Fife Surgery	Reconfiguration of records space following backscanning of medical records to create additional admin space	4 admin spaces
	Auchtermuchty Surgery	Convert admin office to consulting room Convert Computer room to consulting room Reconfiguration of reception space following backscanning of records to create additional admin spaces Reconfiguration of DNs office to create additional admin spaces	1 consulting room 1 consulting room 6 admin spaces 2 admin spaces
Glenrothes	Glenwood Health Centre	Divide multi-purpose room into 2 consulting rooms Convert redundant record space to staff pantry, convert existing staff area to be consulting room Convert interview room to consulting room Convert exisitng records space into Pharmacy base Convert existing store room into Health Visitor base Provide improved access to small ensuite office creating accessible small interview room	1 consulting room 1 consulting room 1 consulting room 6 admin spaces 3 admin spaces 1 interview room
	Dovecot Clinic	Divide baby clinic to create 3 consulting rooms Refurbish redundant Dental space to create admin spaces	2 consulting rooms 6 admin spaces
	Pitteuchar Health Centre	Convert baby clinic to teaching room/consulting room (ACT funded) Convert SALT office to consulting room (ACT funded) Backscan records and create additional admin space	1 consulting room 1 consulting room 5 admin spaces
Kirkcaldy	Kirkcaldy Health Centre	Backscan medical records; create offices & release PM and secretarial office for conversion to consulting rooms Convert meeting space to treatment room Refurbish existing unusable consulting room, fit external window	2 consulting rooms 1 treatment room 1 consulting room
	Bennochy Surgery	Backscan records , remodel reception and records space to create 4 consulting rooms *(Premises Improvement Grant funded)*	4 consulting rooms
	Burntisland (Masterton Health Centre)	Convert 2 office spaces to consulting rooms Convert Health Education room to consulting room with new skylight Convert HV office to hot desk for all visiting clinicians Refurbish 2 existing poor quality consulting rooms Refurbish GP records area to create additional admin spaces	2 consulting rooms 1 consulting rooms 4 admin spaces 3 admin spaces
	Path House Surgery	Convert admin space to create 1 consulting room Convert existing reception area into consulting room, recreate new reception Extension to create additional 2 consulting room planned for **2023**	1 consulting room 1 consulting room 2 consulting rooms

Cluster	Practice/Premises	Minor Modifications/Operational Change	Notes
Levenmouth	Leven Health Centre	Reconfiguration of space following back scanning of medical records to create additional admin space Convert vacated secretarial office to consulting room Refurbish 2 existing poor quality consulting rooms	6 admin spaces 1 consulting room
	Cannons Surgery, Methil	*Significant extension planned for **late 2023** giving 7 additional consulting rooms and support facilities*	*7 consulting rooms*
	Muiredge Surgery Buckhaven	Conversion of staff mess to consulting room, reprovision of mess in existing storage area *Significant extension planned for 2023 to create 2 additional consulting rooms and additional admin spaces*	1 consulting room 2 consulting rooms 4 admin spaces
	Randolph Wemyss Memorial Hospital	Develop cluster hub capacity at RWMH *(currently used for Methilhaven GP and completed slightly before main project)*	11 consulting rooms suite of admin spaces
Dunfermline	Linburn Road Health Centre	Back scan records and create 6 admin spaces Create small consulting room from store Convert locker room to office	6 admin spaces 1 consulting room 1 admin office
	Nethertown Surgery	Back scan records & create consulting room in room vacated Re-arrange reception area to create additional admin spaces Create clinical triage area by relocating HVs	1 consulting room 2 admin spaces 1admin room
	Hospital Hill Surgery	Create 1 treatment rooms from vacated District Nurse base Back scan records and create additional admin space in vacated records space	1 treatment room 6 admin spaces
	Bellyeoman Surgery	Create phlebotomy room from existing store	1 consulting room
	Millhill Surgery	Refurbish existing interview room to create a consulting room	1 consulting room
	New Park Surgery	back scan records area, reconfiguration of vacated records space to accommodate admin staff (vacated admin area for future project giving 2 consulting rooms)	4 admin spaces
Cowdenbeath	Cowdenbeath Surgery	Refurbish existing interview room to create a consulting room	1 consulting room
South West	Oakley Health Centre	Back scan records to allow combining of the reception areas, convert current NHS reception to consulting room Convert office to consulting room	1 consulting room 1 consulting room
	Park Road, Rosyth	Refurbish existing meeting room to create a consulting room	1 consulting room
	Primrose Lane Surgery Rosyth	*Conversion of existing Veterinary practice to provide 4/5 rooms (work currently being planned for 2023 as part of lease renewal*	*4/5 consulting rooms*
	Inverkeithing Surgery	**Inverkeithing** **reconfiguration of vacated records space to create 1 consulting room and new reception/admin area**	1 consulting room
	Dalgety Bay Health Centre	**Dalgety Bay** Divide baby clinic to create 2 consulting rooms Convert utility store to consulting room Refurbish interview room to consulting room	1 consulting room 1 consulting room

Appendix 2A: Enabling Operational Changes

Cluster	Practice/Premises	Minor Modifications/Operational Change	Notes
		All sites housing GP services had patient records removed for backscanning	
North East	Anstruther(Skeith Health Centre)	Refurbish existing Podiatry & Physio room to be more flexibly used as general consulting rooms	
	Ladybank Clinic	Refurbish existing poor quality consulting room to be used more flexibly	
	Cupar Health Centre	Relocation of hospital medical records department and admin staff to main hospital	
	Howe of Fife Surgery	Relocate Cardiac Team from Ladybank Clinic to Stratheden Hospital Operate Howe of Fife Surgery & Ladybank Clinic as a single campus	
Glenrothes	Glenwood Health Centre	Redistribute accommodation between Practices and Health Board staff	
	Dovecot Clinic	Create new staff room in redundant Dental space	
Kirkcaldy	Kinghorn Health Centre	Upgrade basement admin area to allow relocation of HVs from Burntisland	
	Burntisland (Masterton Health Centre)	Relocate Paed Consultant and admin staff to Whytemans Brae	
	Whytemans Brae Hospital	Creation of MHS base to allow relocation of various staff from various sites	
Dunfermline	Linburn Road Health Centre	Relocate DN from Hospital Hill to Linburn Road Health Centre Relocate staff within Linburn road by creating additional admin space on 1st floor	
	Nethertown Surgery	Relocate HVs to Lynebank Hospital to create available space at nethertown Surgery	
Cowdenbeath	Cowdenbeath Surgery	Relocation of some services to space at Cowdenbeath Clinic	
South West	Oakley Health Centre	Combining of Health Board and GP receptions	

NHS Fife

NHS SCOTLAND

Meeting:	NHS Fife Board
Meeting date:	26 September 2023
Title:	Health Promoting Health Service Annual Report 2022/23
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Kay Samson, Health Improvement Programme Manager

1   Purpose

This report is presented for:

Assurance

This report relates to:

Government policy / directive

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

Person Centred

2   Report summary

2.1   Situation

NHS Fife are required to submit an annual update on progress against the Health Promoting Health Service (HPHS) outcomes and indicators as part of the Chief Medical Officers HPHS Guidance (CMO 2018 3 letter).

With the establishment of the new model for Public Health Scotland the requirement to submit an annual report has been suspended until such times as we get direction nationally against this work stream and reporting requirements. Remobilisation of activities across the HPHS agenda has been progressing during the 2022/23 reporting year.

This paper provides the Board with an update on progress within NHS Fife during 2022/23.

2.2   Background

The Health Promoting Health Service (HPHS) is a national programme that focuses on the health and wellbeing of staff, patients and visitors in the hospital setting. It has an underpinning theme that "*every healthcare contact is a health improvement opportunity*."

The HPHS guidance (CMO 2018 3 letter) sets out the continued focus of Health Promoting Health Service on prevention, early intervention and whole systems working in improving healthy life expectancy and addressing health inequalities in Scotland. NHS Fife has an established action plan outlining our planning, activity and performance against 4 outcomes.

Outcome 1: Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.

Outcome 2: Patients are routinely assessed for health improvement and inequalities as part of their person-centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long-term conditions.

Outcome 3: All staff work in an environment that promotes physical and mental health, safety and wellbeing.

Outcome 4: The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.

2.3   Assessment

The HPHS framework continues to be developed with improvements around prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and wellbeing.

Prior to the pandemic progress had been made in developing and embedding a HPHS approach within NHS Fife by recognising where health promotion fits into existing activity, acknowledging and supporting work in practice.

As services remobilise, a mixture of activity and programmes of work are underway / getting re-established to pre-covid levels.

Some examples of this are:

Compassionate Leadership Programme - Psychology Services supported 135 people through the compassionate leadership programme.

Values Based Reflective Practice sessions – a high level of interest in sessions delivered by the Spiritual Care team where staff have appreciated the space to be heard and listened to.

Whole system approach to **Staff Health & Wellbeing** through the creation of a **Framework** to support physical, mental and emotional health and wellbeing.

Travel Expenses for Patients accessing our main hospitals. A leaflet was designed to improve the awareness of the NHS Fife Travel cost support available to those in need (criteria: those claiming a range of benefits). The leaflet has been promoted through Fife Wide Welfare support Teams, social security teams, GP practices, Hospital reception areas.

As part of the staff health and wellbeing group the food and health team have provided a series of **healthy balanced recipes** for staff to access via Stafflink/Blink to support their physical health and wellbeing.

As part of the Food4fife strategy a focus on **sustainable food procurement** which will promote good food and improve the eating habits of many thousands of people but also to create the large-scale demand for healthy, sustainable and local food.

Staff Health & Wellbeing Hubs - Our Staff Hubs on the main Acute and Community Hospital sites provide spaces for recharge, relaxation and refreshment. New, modern Hubs were opened in 2022 and into early 2023 at Adamson, Glenrothes, Queen Margaret, RWMH and St Andrews Community Hospitals. Work is progressing on other sites.

Menopause support for staff - a Menopause Hub for NHS Fife staff was developed to provide in person help, advice and support. In addition, a telephone helpline and a specific email address for questions was set up. The intention is to talk about what's working, what's not, break down barriers and taboos and clarify misinformation. In addition, a one-off Menopause in the Workplace event was held in the VHK.

Implementation of e-bike Loan Schemes and bike repair stations at various locations across Fife. **Bike to Work Scheme** was also available to encourage staff to apply for funding in order to purchase a bicycle or e-bike.

Green Area development to support staff Mental Health – A range of improvements to outdoor green spaces across our estate, to create a more mentally and physically restorative outdoor environment for staff on their breaks. For example, Phase One entrance of VHK has been upgraded to a greener area with new planters and benches for staff to enjoy time out and their lunch. New planters, bulbs, grounds works and benches for staff and patients to enjoy at the entrances to the children's department and maternity unit. There are also new garden areas – ICU Roof Garden, the Haven at QMH and the really good space within the Flourish (Horticultural Therapy) area at Stratheden Hospital.

Other areas of system wide approaches that positively impact of the Health Promoting Health Service agenda are:

Development and published **Living well, working well and flourishing in Fife** our Population Health and Wellbeing Strategy

NHS Fife fleet have increased the use of electric fleet vehicles and charging points.

NHS Fife as an Anchor Institution – as a large organisation connected to the local area and community, we can influence the health and wellbeing of the people of Fife though investing in and working locally with others.

Workforce Health, Safety and Wellbeing Conference to raise awareness of the benefits and importance of workforce health, safety and wellbeing.

Suicide Awareness Prevention Week – this year's focus for Suicide Awareness Prevention week this year was on the emotional impact related to the cost-of-living crisis.

Next Steps

As there has been no updates from Scottish Government on HPHS, PHS are still advising Boards to proceed as they were, until we get further information.

HSCP are developing a Prevention and Early Intervention Strategy and Delivery Plan to support health improvement which is relevant to the HPHS priorities and action plan.

The HPHS work already has an established action plan and this will be taken forward as capacity allows. A further self-assessment will be planned in line with national expectations.

Proposal that once the HSCP Prevention and Early Intervention Strategy and Delivery Plan, and the NHS Fife Anchor Strategic plans are in place, a review of HPHS to be undertaken to consider delivery mechanism for the key HPHS outcomes.

2.3.1 Quality / Patient Care

Improve the quality of patient care through consideration of social determinants and health inequalities in patient pathways; promotion of physical and mental health, safety and wellbeing, the hospital environment and improving access to services.

The HPHS work stream underpins the delivery of high Quality of Health and Care Services.

2.3.2 Workforce

Contribute to improved health and wellbeing and reduction of staff sickness absence.
The HPHS work stream links directly to the NHS strategic priority to Improve Staff Experience and Wellbeing.

2.3.3 Financial

No additional financial costs have been identified.

Prevention and Early Intervention impacts positively on the health and prevention of disease across the life course of our population.

HPHS work stream links directly to the strategic priority to "Deliver Value and Sustainability".

2.3.4 Risk Assessment / Management

N/A

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

The HPHS programme aims to provide fair and equitable services for all individuals who come in contact with our services. Staff interactions with individuals will consider the needs of all individuals in their day to day work. HPHS supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

No impact assessment has been completed but the work will contribute to ensuring that population groups who may be disadvantaged are fully considered across the 4 HPHS outcomes.

2.3.6 Climate Emergency & Sustainability Impact

NHS Fife is actively working towards the aims and targets of NHS Scotland Climate and Sustainability Strategy.

Some examples of work across the HPHS agenda
    promoting active travel opportunities
    installation of electric vehicle charging points

transitioning fleet to electric vehicles
availability of electric lease cars
installation of LED lighting

2.3.7 Communication, involvement, engagement and consultation
N/A

2.3.8 Route to the Meeting
This paper has been previously considered by the following groups and individual as part of its development. The groups/ Individuals have either supported the content, or their feedback has informed the development of the content presented in this report.

Health Promotion Senior Management 27 July 2023
Staff Health and Wellbeing Group Chair 27 July 2023
HSCP Head of Primary & Preventative Care Services 28 July 2023
Director of Public Health 31 July 2023
Public Health Assurance Committee 2 August 2023
Executive Directors Group 17 August 2023
Public Health and Wellbeing Committee 4 September 2023

2.4 Recommendation

Assurance – For Members' information.

3 List of appendices

None

Report Contact
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Health Improvement Programme Manager, HSCP
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AUDIT & RISK COMMITTEE
(Meeting on 31 August 2023)
No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 31 AUGUST 2023 AT 2PM VIA MS TEAMS

Present:
Alastair Grant, Non-Executive Member (Chair)
Aileen Lawrie, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Member

In Attendance:
Kevin Booth, Head of Financial Services & Procurement
Andy Brown, Principal Auditor (deputising for Jocelyn Lyall)
Chris Brown, Head of Public Sector Audit (UK), Azets *(from item 8)*
Pauline Cumming, Risk Manager
Tony Gaskin, Chief Internal Auditor
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. **Apologies for Absence**

   Apologies were received from attendees Barry Hudson, Regional Audit Manager, and Jocelyn Lyall, Chief Internal Auditor.

2. **Declaration of Members' Interests**

   There were no declarations of interest made by members.

3. **Minute of the last Meeting held on 23 June 2023**

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

4. **Action List / Matters Arising**

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

5. GOVERNANCE – INTERNAL AUDIT

5.1 Internal Audit Progress Report

The Principal Auditor explained that there had been a slight delay in finalising the audits from the previous year, which are now expected to be completed by December 2023.

It was reported that the evidence in relation to the implementation of actions from the Internal Audit Annual Report 2023/24 has been distributed to the relevant Directors.

It was also reported that the vacancy for the Regional Audit Manager for NHS Tayside and NHS Forth Valley has been advertised, and interviews will be held in September 2023.

The Principal Auditor thanked Tony Gaskin for his service and support and wished him well for his retirement.

The Committee **discussed** and took **assurance** on the progress of the delivery of the Internal Audit Plan.

5.2 Internal Audit – Follow Up Report on Audit Recommendations 2022/23

The Principal Auditor spoke to the report and advised that there are currently 11 remaining actions from past report recommendations that have remained open longer than one year. A focus will be on those actions, and it was advised that review dates have been extended and agreed by the appropriate officer. It was noted that it is expected that all 11 actions will be implemented by the revised review dates, including 3 which are flagged with an amber status.

The Principal Auditor highlighted the changes to the revised Audit Follow up Protocol, at appendix G, and advised that the main change is to the authorisation required for extensions, to link these more explicitly to the risk assessment of the findings and recommendations of the original report.

To provide greater assurance to the Committee, it was agreed a discussion around the timings of Internal Audit reports going first to the Executive Directors' Group and then the Committee would be arranged between the Chief Executive, Director of Finance & Strategy, Principal Auditor and Chief Internal Auditor. This would help with oversight over outstanding action points.

Action: Principal Auditor

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

6. GOVERNANCE MATTERS

6.1 Losses & Special Payments Quarter 1

The Head of Financial Services & Procurement spoke to the report and advised that there had been a significant decrease in losses compared to quarter 4 of the previous

financial year, however he noted that quarter 4 2022/23 was an outlier as a result of a number of Year End entries. It was advised that the Treasury team carried out their quarterly analytical review to provide additional assurance, and that their findings were highlighted in the paper and will be carried forward into quarter 2 to assist with the identification of any developing trends.

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

6.2 Procurement, Waiver of Competitive Tenders Q1

The Head of Financial Services & Procurement provided background detail to the Procurement Waiver of Competitive Tenders process and highlighted that approval is signed off by the Head of Procurement and then countersigned by both the Director of Finance & Strategy and the Chief Executive. The required, restricted criteria, in order for the Procurement Department to issue a Waiver of Competitive Tender in place of following the required Procurement Journey as stipulated by the Scottish Government, as detailed within the paper, was outlined.

The quarter 1 position was provided, and the sole Waiver of Competitive Tender which following approval the Procurement Department implemented in the quarter, was summarised to the committee.

The Committee took **assurance** that the Procurement process for the Waiver of Competitive Tenders was correctly applied in the period.

7. RISK

7.1 Corporate Risk Register

The Director of Finance & Strategy informed the Committee that the version of the Corporate Risk Register presented reflects the change to the review cycle process. Moving forward not all corporate risks will continue to be formally reviewed and reported upon every two months and have moved to a triannual reporting schedule. It was advised that any significant changes to those risks would be escalated through the responsible Director.

The Director of Finance & Strategy advised that the report details the latest position in relation to the operation of the risk management process, and an overview on that position was provided.

The Director of Finance & Strategy provided an update on risk 13 - delivery of a balanced in-year financial position - and reported that a formal quarter 1 review of the financial position has concluded, which has been submitted to the Scottish Government. A detailed paper will be presented to the Finance, Performance & Resources Committee at their meeting on 19 September 2023. It was noted that there was no change to the risk rating, however, there will be a change to the detail provided on mitigation actions.

The Risk Manager provided an update to risk 17 - cyber resilience - and advised that an audit has been carried out and a final report will be available from 1 September 2023. In terms of risk 18 - digital & information - it was advised that the mitigations for that risk

will include a reference to workforce planning. The register will be updated for the next iteration.

Action: Risk Manager

The Chief Internal Auditor made positive comments on the progress of the Corporate Risk Register, and the Risk Manager reminded members that there is an Audit & Risk Committee Development Session on Thursday 12 October 2023 to review the effectiveness of the new Corporate Risk Register process.

It was agreed levels of assurance, for those risks within our control, will be added to the next iteration of the Corporate Risk Register.

Action: Risk Manager

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

7.2 Risks & Opportunities Group and Progress Report

The Risk Manager provided a verbal update and advised that the focus of the Risk & Opportunities Group has been acknowledging feedback from the Governance Committees and taking forward considerations and recommendations. The groups have also been focussing on the risk matrix and descriptors, which is a work-in-progress at present.

The Risk Manager reported that the group will also be considering opportunities, and that a session has been arranged in October 2023 to discuss opportunities, and risks, within the Population Health & Wellbeing Strategy.

The Board Secretary highlighted the positive discussions at recent meetings of the Risks & Opportunities Group and provided assurance that the group is working well.

It was reported that work is ongoing around enhancing the risk guidance for Governance Committee papers and SBAR template, to strengthen the content of the risk assessment & risk management sections.

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

7.3 Risk Management Framework Update

The Director of Finance & Strategy provided an overview on the main points from the document, and highlighted the work that has been undertaken in relation to the risk improvement programme. She also highlighted the risk appetite and governance structure that underpins the framework, and responsibility and accountability arrangements.

The Committee took **assurance** from and endorsed the updated framework for Board approval.

8. FOR ASSURANCE

8.1 Audit Scotland Technical Bulletin 2023/2

The Head of Financial Services & Procurement advised that the main focus for the report is predominately around the Annual Accounts process, in particular the Good Practice Note that was issued in relation to the remuneration report.

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

8.2 Corporate Calendar – Proposed Audit & Risk Committee Dates 2024/25

The Board Secretary presented the paper and advised that the full Corporate Calendar will go to the Board at the September 2023 meeting for approval, and diary invites will follow. It was noted the date for the Annual Accounts meeting in June 2024 is subject to change depending on the issue of the new financial year guidance.

The Committee **agreed** the proposed dates for 2024/25.

8.3 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

10. ANY OTHER BUSINESS

10.1 Chief Internal Auditor Retirement

The Director of Finance & Strategy paid warm tribute to the Chief Internal Auditor, for whom this was his last working day before his retiral. The Committee thanked the Chief Internal Auditor for all his invaluable support and service over the years and wished him well for his retirement.

11. DATE OF NEXT MEETING

The next meeting will take place on **Thursday 14 December 2023** from 2pm – 4.30pm via MS Teams.

CLINICAL GOVERNANCE COMMITTEE
(Meeting on 8 September 2023)
No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 8 SEPTEMBER 2023 AT 10AM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive

In Attendance:
Lynn Barker, Associate Director of Nursing
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership
Iain MacLeod, Deputy Medical Director, Acute Services Division
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
John Morrice, Consultant Paediatrician
Elizabeth Muir, Clinical Effectiveness Manager
Sue Ponton, Interim Head of Service for Occupational Health Service *(item 10.6 only)*
Nicola Robertson, Associate Director of Nursing
Shirley-Anne Savage, Associate Director of Quality & Clinical Governance
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1.   Apologies for Absence

Apologies were received from members Simon Fevre (Area Partnership Forum Representative), Aileen Lawrie (Area Clinical Forum Representative), Kirstie MacDonald, (Non-Executive Whistleblowing Champion), Chris McKenna (Medical Director), Joy Tomlinson (Director of Public Health) and attendee Margo McGurk (Director of Finance & Strategy).

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Minutes of the Previous Meeting held on 7 July 2023

The Committee formally **approved** the minutes of the previous meeting.

4.   Matters Arising / Action List

The Committee **noted** the updates and also the closed items on the Action List.

It was agreed the Optimal Clinical Outcomes Development Session be arranged for diaries as a priority.

Action: Board Committee Support Officer

4.1   Central Sterilisation Decontamination Units Update

The Director of Property & Asset Management noted that this update would be covered under agenda item 6.1.

5.   ACTIVE OR EMERGING ISSUES

5.1   Health Improvement Scotland (HIS) Inspection Update

The Director of Nursing provided positive feedback on the recent Mental Welfare Commission visit, which took place on 7 September 2023 in Ward 1 at Queen Margaret Hospital. She highlighted that the Lead Inspector had commented on the extent of efforts made by staff in relation to environmental improvements within the ward. The Committee thanked all the team involved for all their hard work.

The Director of Nursing provided an overview, in advance of formal receipt of the HIS written report, on the recent safe delivery of care inspection by HIS in the Victoria Hospital between 31 July 2023 and 2 August 2023. It was noted that an action plan will be developed following receipt of the report, which is expected to be published on 19 October 2023. Following a query from the Chair, it was advised that there had been some escalation issues, which will be fully captured within the HIS report.

The Director of Property & Asset Management provided an update on the issues within Ward 5 and advised that preventative work is ongoing within the teams. It was noted that there is a quarterly reporting tool, in terms of all the proactive and reactive maintenance that has not been carried out, which is received by the Sector Estates Managers. The Director of Acute Services provided assurance and updated the Committee on the services that have been moved to other areas and she also advised that a Phase One Oversight Group has been established for the refurbishment of Ward 5. Some of the Non-Executive membership visited the ward the previous week to see directly the ward environment and to hear of the refurbishments being planned.

The Chief Executive praised and acknowledged the efforts of the Acute Leadership and ward teams in responding to the inspection, which was a very challenging and difficult time for all involved.

Whilst assured by the actions underway as to why some of the issues were not picked up as part of environmental audits / monitoring in the clinical area, the Committee

noted the information provided in relation to the inspection, with a further update to be received on receipt of the draft HIS report.

The Committee also took **assurance** that immediate remedial work has taken place and a review of issues highlighted by the inspection of Ward 5 is being taken forward.

5.2 Computerised Tomography (CT) Scanner Update and Next Steps

The Deputy Medical Director provided a verbal update and explained the recent issue affecting the operation of two CT scanners. Despite the simultaneous breakdown, the issue was rectified quickly, and a number of mitigations and actions have been put in place to prevent repeat of similar circumstances. Assurance was provided that the Radiology Department's response will complement, and be built into, the Acute Business Continuity Plan.

The Director of Acute Services provided an update on the discussions with Siemens, (the manufacturers of the CT scanners), and advised that there are a number of unresolved issues that are being worked through. Following a question from C Grieve, Non-Executive Member, around assurances being sought that the issue would not reoccur, it was advised that this is also being worked through and discussions are ongoing. An update will be provided to the Committee in due course in relation to providing more assurance in those terms.

Action: Director of Acute Services

The Radiology Team were praised for all their efforts and hard work during this period, and a thanks was extended to neighbouring NHS Health Boards for all their support and mutual aid.

The Committee took **assurance** from the update and next steps planned.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Clinical Governance Committee, including Deep Dive: Off-Site Area Sterilisation and Disinfection Unit Service

The Director of Nursing spoke to the report and advised that no risks have been closed and no new risks have been identified. It was reported that the Public Health & Wellbeing Committee recently reviewed the Covid 19 risk, and it was agreed to reduce the risk rating based on the continued effectiveness of the vaccination and reduced impact of illness within the population. It was advised that Public Health closely monitor the Covid 19 risk, in terms of new variants, and that the Corporate Risk Register would be updated accordingly, should there be a change to the risk rating. An overview was also provided on the key risk updates, as provided in the paper.

The Chair commented that it was agreed at the previous meeting to review the Quality & Safety risk score, and she noted that it is still at the same position as the last update. The Associate Director of Quality & Clinical Governance explained that this work is ongoing, and the risk will be updated for the following meeting.

Action: Associate Director of Quality & Clinical Governance

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

The Director of Property & Asset Management presented the deep dive into the offsite sterilisation and disinfection risk and advised that the issues faced relate to planned care, in terms of operations being carried out; procedures being carried out; and emergency procedures, particularly trauma and obstetrics, both of which are critical services.

The Director of Property & Asset Management described in detail the root cause of the risk, the issues faced and the mitigation actions. It was reported that discussions are underway at a national level to develop a national plan, with involvement from the Scottish Government. A brief overview was provided on the challenges of a national approach.

The Director of Acute Services commented that everything is being done to mitigate the risk as far as possible.

The Chair requested that a review is carried out on the likelihood score for the management actions.
Action: Director of Property & Asset Management

Following discussion from members around the challenges and issues faced, it was agreed to take a briefing paper to the NHS Fife Board in Private Session, to provide full oversight of the potential risks at Board level.
Action: Director of Property & Asset Management

The Committee took limited **assurance** from the deep dive, given the unresolved aspects of the risk.

6.2   Corporate Calendar – Proposed Clinical Governance Committee Dates 2024/25

The Board Secretary presented the paper, listing the proposed committee dates for the year ahead, and advised that the full Corporate Calendar will go to the Board at their September 2023 meeting for approval. Thereafter, electronic diary invites will follow to members and attendees for the next cycle of dates.

The Committee **agreed** the proposed Committee dates for 2024/25.

6.3   Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan.

7.   STRATEGY / PLANNING

7.1   Annual Delivery Plan 2023/24

The Associate Director of Planning & Performance provided assurance that the review process had now concluded with the Scottish Government, and she reported that the Annual Delivery Plan 2023/24 has been approved and the confirmation letter is included within the appendix of the paper. It was noted that the Scottish Government had asked for further detail on particular areas, and this is provided within the paper.

The Committee took **assurance** from the Annual Delivery Plan 2023/24 and **noted** the Annual Delivery Plan Review Feedback letter for 2023/24.

7.2   Scottish Healthcare Associated Infection (HCAI) Strategy 2023-25

The Director of Nursing advised that the HCAI Strategy has been developed in line with other frameworks and strategies, to support the recovery from the pandemic response and to continue to reduce healthcare-associated infection rates. An overview on the aims of year one and two of the strategy was provided, and it was advised that a subsequent five-year strategy will be developed on infection prevention & control.

The Chair queried the expectations from the Scottish Government for year two of the strategy. It was advised that a Steering Group has been formed to take forward the Infection Prevention Workforce Strategic Plan 2022-24, and that they will support the Scottish HCAI Strategy 2023-25 going forward, particularly around the education and training aspects.

Following a question from the Chair, it was advised that HCAI surveillance is moving towards being reinstated, however, no dates have yet been confirmed.

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

7.3   The Infection Prevention Workforce Strategic Plan 2022-24

The Director of Nursing spoke to the report and advised that a Local Integrated Service Delivery Plan Steering Group has been formed, which will meet for the first time in October 2023. The focus of the plan was outlined, and it was advised that progress reports will be presented to the Committee as the recommendations are taken forward.

With respect to the Terms of Reference for the Local Integrated Service Delivery Plan Steering Group, the Chair requested a glossary be added to the plan. She also requested that within the Scope section of the plan, the link to NHS Fife's Population Health & Wellbeing Strategy is made explicit. It was also suggested to add to the membership a representative from Fife Care Homes Collaborative, and to include within the accountability section oversight from the Integrated Joint Board through their Qualities & Communities Committee. The Director of Nursing thanked members for the helpful feedback and agreed to take these points forward.

Action: Director of Nursing

Following a comment from S Braiden, Non-Executive Member, around pressures on workforce and students, it was advised that careful consideration is being given to requirements and implementation of expanding the workforce within the infection control areas.

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

8.   QUALITY/PERFORMANCE

8.1   Integrated Performance and Quality Report (IPQR) including Deep Dive: Pressure Ulcers

The Director of Nursing provided a summary on the performance for major and extreme adverse events, inpatient falls and pressure ulcers, SAB infections rates, C Diff infection rates, ECB infections rates and complaints, as detailed within the IPQR. The Chair praised the improvement for inpatient falls. She also requested evidence around C Diff infection rates and poor recurrent infections.

It was advised that a review of significant adverse events (SAER) is being undertaken, and a progress update will be provided to the Committee at the next meeting. The Associate Director of Quality & Clinical Governance added that a large amount of work has been carried out in relation to SAER over the previous six months, and work continues to further improve the process. It was also reported that the work around development and implementation of the adverse events policy work is underway, along with development of a management resource pack and bespoke training.

C Grieve, Non-Executive Member, questioned the timing of the SAER key deliverables. It was advised that panels were formed to look at the SAERs, which has improved the process, however, not as far as expected, and the process is being revisited with involvement from the Executive Team.

The Chair questioned the level of risk in terms of closure of SAERs, and following discussion it was agreed that consideration will be given to the actions required to improve the key deliverable risk ratings, metrics and to expanding the narrative in relation to organisational learning. It was advised that the Organisation Learning Group will also consider the points raised.

Action: Director of Nursing

Following questions from the Chair with regards to the complaints process, the Director of Nursing advised that it is recognised complaints are held up both at the waiting for clinical statements or approval stage, due to the number of steps required to complete those parts, and it was advised that work is ongoing to refine the process. It was also advised that consideration is being given to dedicating time for staff to focus on the backlog. The Chief Executive explained that a different approach is required to meet the response time of replying to complaints. The Director of Nursing praised the Complaints Team for all their hard work.

Deep Dive – Pressure Ulcers

The Director of Nursing outlined the contents of the paper.

The Associate Director of Nursing noted that teams continually report into Datix and are open and transparent with regards to clinical areas and the care and treatment that is provided. It was advised that large amounts of work are ongoing to reduce pressure ulcers, including regular meetings around pressure ulcer prevention.

Following a question from A Haston, Non-Executive Member, it was advised that the Tissue Viability Steering Group has an overview on the activities that are ongoing, and the data within specific areas, and that there is planned coordination in terms of quality improvement initiatives.

Following queries from members around the root factors of pressure ulcers, it was advised that positive enquiries are continuing to be made in the hospital and

community areas around preventative methods, and that the data being provided informs quality improvement programmes of work.

The Committee took **assurance** and **examined** and **considered** the NHS Fife performance as summarised in the IPQR.

8.2   Healthcare Associated Infection Report (HAIRT)

The Director of Nursing provided an update on the Medical E-Governance (MEG) system, which is a system to audit infection and control, and she noted that discussions are ongoing, including with other Health Boards, to examine the effectiveness of the system.

The Director of Nursing highlighted the main points from the HAIRT report, and the report produced by Dr Keith Morris on E. Coli Bacteraemia, which is included as an appendix.

A Haston, Non-Executive Member, questioned how the learning from the Complex Care Reviews in relation to the seven instances of dialysis line-related SABs would be fed back to the frontline, and was advised that this would take place through the leadership teams, and include the sharing of any actions.

Following a question from A Haston, Non-Executive Member, it was advised that there is no date to restart Surgical Site Surveillance, and no concerns were noted.

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

8.3   Deteriorating Patient Improvement Project Update

The Director of Nursing spoke to the paper and advised it provides an update on work carried out to date on the care and management of deteriorating patients, including a draft project brief from Dr Gavin Simpson. It was reported that the Scottish Safety Programme is running a national improvement collaborative focussed on supporting improvements in the management of deteriorating patients. It was also reported that the Scottish Intercollegiate Guidelines Network has produced new guidelines in the management of acute clinical deterioration.

Following a query from A Haston, Non-Executive Member, clarity was provided that the project brief refers to deteriorating patients in general, and not exclusively to those with cardiac issues.

C Grieve, Non-Executive Member, highlighted the resource required for the project and sought assurance that this work would be resourced appropriately given the patient safety improvements piece of work, and was advised that there is a project lead who will support the focus and the work around deteriorating patients. C Grieve also highlighted the resource required for the project and was advised that there is a project lead who will support the focus and the work around deteriorating patients. It was also noted that training will be undertaken.

Assurance was provided that the planning & performance team are prioritising measuring key milestones throughout the project.

The Committee took **assurance** from the update and noted the Deteriorating Patients Project Brief.

9. DIGITAL / INFORMATION

9.1 Information Governance and Security Steering Group Update

The Associate Director of Digital & Information provided an update and advised that the Information Governance & Security Steering group is working on a new reporting mechanism, which has been modelled on the IPQR and will combine reporting from activities of the Information Commissioner's Office (ICO) Accountability Framework and the Scottish Public Sector Cyber Resilience Framework (SPSCRF), which is key to reducing risks.

It was reported that the recent ICO audit is complete, which was conducted in March 2023, and subsequent actions are being taken forward. It was noted that the audit concluded a reasonable assurance rating and further work on risk management has taken place, including introducing risk tolerance levels.

It was highlighted that the paper outlines the work on Key Performance Indicators (KPIs), implementation of subject access review improvements, ongoing assimilation of information asset registers, records management approach, and conclusion of the Network Information Security Directive (NISD) action plan.

It was advised that appendix 1 relates to the data within Datix.

The Committee **noted** the progress being made across the Information Governance & Security domains and took **assurance** from the governance, controls and measures in place.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Patient Experience & Feedback Report Q1

The Director of Nursing advised that this is the first quarterly report for 2023/24 and that additional information has been added around learning from complaints and the complaints process experience.

It was reported that initial discussions have taken place around making updates to the improvement plan. A more robust plan will be brought back to the next Committee meeting.

Action: Director of Nursing

The Chair agreed to provide feedback on the indicators to the Director of Nursing for consideration within the next iteration of the report.

Action: Chair

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

10.2 Care Opinion Feedback Report

The Director of Nursing advised that the report provides an update on care opinion and opportunities for learning.   Background detail was provided and the key points from the report were highlighted.

C Grieve, Non-Executive Member, commented on the positively high number of patient stories and queried if the negative stories are linked to complaints. The Director of Nursing advised that the care opinion team contact the complaints team as soon as negative stories are received. Following a question from the Chair, the process for identifying when changes have been taken forward was explained.

The Committee **noted** the report and took **assurance** that feedback is sought and welcomed from patients, families and carers to influence and shape change person-centred care and services.

10.3   Allied Health Professional Assurance Frameworks

The Director of Nursing highlighted the key points from the paper and advised that the frameworks will enhance the reporting and governance of the work of the Allied Health Professions. It was noted that the frameworks are part of the annual reporting cycle to the Committee.

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

10.4   Controlled Drug Accountable Officer Annual Report

The Director of Pharmacy & Medicines explained the role and history of Controlled Drug Accountable Officers, noting the requirement to fulfil responsibilities and the importance of good governance. Assurance was provided that NHS Fife has a good reporting culture. The mechanisms, processes and parallels that could be drawn into other areas of clinical governance going forward were highlighted.

The Associate Director of Nursing praised the medicine safety minute, which has had positive feedback across the organisation.

The Director of Pharmacy & Medicines explained the schedule of drugs and gave assurance around the management of risks.

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

10.5   High Risk Pain Medicines - Patient Safety Programme, End of Year 1 Report

The Director of Pharmacy & Medicines advised that the report was also presented to the Public Health & Wellbeing Committee, as there are both clinical and population health aspects. It was advised that the report highlights the complexity and issue of the problem of high-risk pain medicine prescribing in Fife. It was reported that the main aim of the programme is to raise awareness and reduce unnecessary prescribing.

The Director of Pharmacy & Medicines advised that a further update will be brought back to the Committee in January 2024 on the Measures Framework and Benefits Framework, and the quantitative data that will be utilised for the programme.
Action: Director of Pharmacy & Medicines

Following questions from the Chair, it was advised that individual patient level harm would be raised through adverse events procedures. It was also advised that high risk pain medicines and controlled drugs are all reported via Datix. The Director of Pharmacy & Medicines provide a detailed update on the reporting of all medicines, noting that learnings are shared as a priority.

The Committee took **assurance** from the delivery of year one of the High Risk Pain Medicines Patient Safety Programme, and plans outlined for year two.

10.6 Occupational Health Annual Report 2022/23

The Chair welcomed S Ponton, Interim Head of Service, to the meeting.

The Interim Head of Service advised that the Occupational Health Service has re-established itself following the pandemic. An overview on activity levels was provided. It was reported that Covid fatigue has been added as an additional service, and the mental health service has been expanded. A large surge in DNA rates was highlighted, and it was advised that work is ongoing to identify the root causes. It was also reported that there has been positive work, with more proactive activity, which is being supported with additional resource.

Following questions from A Haston, Non-Executive Member, the process for following up DNA rates was explained. It was also advised that a pool of counsellors support the increase in mental health support required, and it was noted that this area is still challenging in terms of waiting times.

The Committee **noted** the report for information.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

11.1 Area Clinical Forum held on 3 August 2023 (unconfirmed)

11.2 Area Medical Committee held on 27 June 2023 (confirmed)

11.3 Clinical Governance Oversight Group held on 20 June 2023 (unconfirmed)

11.4 Digital & Information Board held on 19 July 2023 (unconfirmed)

11.5 Fife Area Drugs & Therapeutic Committee held on 21 June 2023 (confirmed)

11.6 Fife IJB Quality & Communities Committee held on 3 May 2023 (confirmed)

11.7 Information Governance & Security Steering Group held on 13 July 2023 (unconfirmed)

11.8 Medical Devices Group held on 14 June 2023 (unconfirmed)

11.9 Research, Innovation & Knowledge Oversight Group held on 21 June 2023 (unconfirmed)

11.10 Resilience Forum held on 8 June 2023 (unconfirmed)

12.   ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1   To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

12.2   Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

Apart from the agreement to provide the Private session of the Board with a brief on the Central Sterilisation Decontamination Unit, there were no other matters for escalation to NHS Fife Board, and it was advised that the Chair will provide a brief at the NHS Fife Board meeting on the pertinent points from the meeting.

13.   ANY OTHER BUSINESS

There was no other business.

14.   DATE OF NEXT MEETING

The next meeting will take place on **Friday 3 November 2023** from 10am – 1pm via MS Teams.

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 19 September 2023)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 19 SEPTEMBER 2023 AT 1.30PM VIA MS TEAMS

Alistair Morris
Chair

Present:

Alistair Morris, Non-Executive Director (Chair)   Margo McGurk, Director of Finance & Strategy
Wilma Brown, Employee Director   Dr Chris McKenna, Medical Director
John Kemp, Non-Executive Director   Carol Potter, Chief Executive

In Attendance:

Hazel Close, Head of Pharmacy (deputising for Ben Hannan)
Claire Dobson, Director of Acute Services
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

Members were advised that the meeting will be recorded for the purposes of the minute.

1.   Apologies for Absence

Apologies were noted from members Alastair Grant (Non-Executive Director), Janette Keenan (Director of Nursing), Aileen Lawrie (Area Clinical Forum Representative), Joy Tomlinson (Director of Public Health), and attendees Nicky Connor (Director of Health & Social Care) and Ben Hannan (Director of Pharmacy & Medicines).

2.   Declaration of Members' Interests

There were no members' interests to declare.

3.   Minute of the last Meeting held on 11 July 2023

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

4.   Action List / Matters Arising

The Committee **noted** the updates on the Action List.

The Chair requested that priority is given to the outstanding action on reporting the number of workforce vacancies within the IPQR, given the time that has elapsed since this original request was made.

Action: Director of Workforce

5.   QUALITY / PERFORMANCE

5.1   Financial Performance Report

The Director of Finance & Strategy provided a position statement on the financial performance and financial sustainability of the Board at the end of July 2023. The current financial plan projects a year-end overspend position of £10.9m, the paper confirmed that the overspend recorded at the end of July 2023 has reached £10.9m which is clearly a matter of some concern. The significant cost pressures and forthcoming cost pressures were highlighted, particularly around supplementary staffing, and the main cost areas driving the deteriorating position were outlined. It was noted that the Scottish Government have been updated on the June 2023 position and recognise the significant challenges. The level of risk in relation to delivering the planned year-end position was reported as very high, with EDG exploring a series of actions to deliver potential recovery options.

The Director of Finance & Strategy highlighted the current very limited progress with delivery against the Financial Improvement & Sustainability Programme. The main areas of cost reduction planned are significantly behind trajectory for delivery and the reasons why were discussed in some detail.

The Chair noted his concern in relation to the deliverability of the planned year-end position given the level of risk described in the paper and the discussion at the meeting. The Committee agreed that assurance could be taken that the EDG were continuing to pursue the current identified areas of cost reduction and exploring all options available to deliver additional cost reduction but acknowledged the level of challenge and risk around deliverability.

The Committee, whilst recognising the level of challenge and risk associated with the financial position, took **assurance** on the information provided in relation to the:

- Health Board retained reported core overspend of £10.984m
- Progress with the Financial Improvement and Sustainability Programme
- Health & Social Care Partnership overspend position of £6.432m
- Financial Forecast Risk Assessment – recovery options
- Progress on the capital programme

5.2   Integrated Performance & Quality Report

The Director of Acute Services reported a decrease in performance for 4-hour emergency access in July 2023. It was also reported there was a decrease in 8-hour and 12-hour breaches, which is positive, and that flow throughout the hospital over the summer period had improved due to the additional weekend discharge team.

It was reported that cancer 31-day performance in June 2023 had increased, and that cancer 62-day performance had decreased. It was also reported that the prostate remains the most challenging pathway.

The Chief Executive provided assurance that all actions in relation to improving flow are continuing, and that work continues to improve performance across the system.

An update on planned care performance was provided at agenda item 8.1.

The Committee took **assurance** from the IPQR, and discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

5.3 Labs Managed Service Contract (MSC) Performance Report

The Director of Acute Services spoke to the report and highlighted that NHS Fife transitioned to a new contract on 1 April 2022. It was also highlighted that there had been some delays with regards to the equipment, and that this is now progressing well. An increased demand for some tests through the managed service contract was reported, and it was advised that this is being closely monitored through demand management.

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

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy advised that no risks have been closed, and no new risks have been identified, relevant to the Committee.

It was advised that wording on risk 7 - Access to outpatient, diagnostic and treatment service - now reads: 'The time delay will impact clinical outcomes for the population of Fife', following a suggestion from the internal audit report.

In relation to risk 13 – Delivery of a balanced in-year financial position - it was advised that the mitigation has been updated to reflect the more challenging position identified at the quarter 1 review and recovery actions required.

It was reported that there is no deep dive for this Committee meeting, however, the financial position, discussed at agenda item 5.1, was effectively a deep dive for risk 7.

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

6.2 Corporate Calendar – Proposed Finance, Performance & Resources Committee Dates 2024/25

The Board Secretary presented the paper and advised that the full Corporate Calendar will go to the Board at the September 2023 meeting for approval, and diary invites will follow. Following a question, it was advised that the expectation is to hold Committee meetings virtually via MS Teams, and Committee Development Sessions in-person where possible.

The Committee **approved** the proposed dates.

6.3 Delivery of Annual Workplan 2023/24

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2023/24

The Director of Finance & Strategy provided assurance that the review process had now concluded with the Scottish Government. It was noted that the Scottish Government had asked for further detail on particular areas, and that no further changes were expected. It was advised that a separate financial review process will continue throughout the year.

The Committee took **assurance** from the Annual Delivery Plan 2023/24.

7.2 Fife Capital Investment Group Reports 2023/24

The Deputy Director of Finance provided an update and highlighted the additional circa £0.5m funding received from the National Equipment & Infrastructure Board to support the refurbishment of X-Ray rooms, green spaces and the decarbonising of fleet. It was noted that there is a potential financial risk in relation to additional funding to support the implementation of the Laboratory Information Management System (LIMS) project.

The Committee took **assurance** from the Fife Capital Investment Group Report.

7.3 Property & Asset Management Strategy (PAMS)

The Director of Property & Asset Management provided an overview of the report and advised that it is a supporting framework to the Population Health & Wellbeing Strategy. It was advised that the document has been renamed to Whole System Property & Asset Management Strategy 2023/24, in line with national guidance, which will require NHS Fife to have an initial agreement (IA) for the whole system, as opposed to having IAs for individual projects.

The Chair asked whether there is the potential for a regional approach to capital infrastructure. He also commented that, due to economic reasons, a driver going forward may be shared premises with Fife Council, noting that it this would also support the Anchor Institutions strategy. It was noted that close working takes place between NHS Fife and Fife Council, and that Fife Council have access to all the geographical detail of our estates through a management system.

Following a comment from J Kemp, Non-Executive Member, the Director of Property & Asset Management advised that a risk management approach is in place for backlog maintenance, with the highest risk areas prioritised each year.

The Director of Property & Asset Management thanked Ben Johnson, Head of Capital Planning & Project Director, and the Communications Department for their support in producing the document.

The Chair and Chief Executive thanked the Director of Property & Asset Management and his team for all their hard work.

The Committee **endorsed** the strategy for subsequent approval by the Board.

7.4 Primary Care Premises Framework

The Director of Property & Asset Management provided an overview of the paper and highlighted that 7 sustainability loan applications are complete, with further applications in progress. He also highlighted that third-party lease transfers are being pursued.

It was advised that themes have been identified within the report, including making existing buildings as useable as possible. It was noted that considerable work has been carried out to identify additional space across the estate.

It was reported that it is unlikely that additional capital funding, beyond the formula capital, will be available from Scottish Government until 2026.

The Committee **discussed**, took **assurance**, and **endorsed** the report for subsequent Board approval.

7.5 Control of Entry – Pharmaceutical List

The Head of Pharmacy provided an update on the current position, advising that there are 25 applications for new pharmacy contracts across Fife, which are all at different stages in the approval process.

The Committee **noted** the work progressed to date to support and manage pharmaceutical applications in line with volume of applications and regulations governing this process and took **assurance** on the recovery plan and approach detailed within this paper.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Planned Care Programme Report

The Director of Acute Services spoke to the report and provided an overview on outpatient performance, noting that the position is as expected. An overview was also provided on inpatients/day cases and diagnostics, and the associated challenges and issues were described in meeting the planned trajectories.

Following a query from the Chair regarding the activity for inpatient/day cases, an explanation was provided on the reason why the activity levels are below the projection.

J Kemp, Non- Executive Member, highlighted that demand has been higher than the activity levels for radiology, and he queried what actions could be taken. In response, it was advised that performance is in line with projected activity, and that delivery of additional activity would be dependent on additional Scottish Government funding and availability of appropriately trained staff.

The Committee **discussed**, **examined** and **noted** the progress made in delivery of the Planned Care Plan for 2023/24 and the current waiting times position.

9. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

9.1 Fife Capital Investment Group held on 16 August 2023 (unconfirmed)

9.2 Procurement Governance Board held on 30 August 2023 (unconfirmed)

9.3 IJB Finance, Performance & Scrutiny Committee held on 12 May 2023 (confirmed) and 6 July 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

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

There were no issues to escalate to the Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 14 November 2023** from 9.30am – 12pm via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 4 September 2023)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 4 SEPTEMBER 2023 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Mansoor Mahmood, Non-Executive Member
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive

In Attendance:
Hazel Close, Head of Pharmacy (observing)
Nicky Connor, Director of Health & Social Care
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Pharmacy & Medicines
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Fay Richmond, Executive Officer to the Chair & Chief Executive
Lorna Watson, Deputy Director of Public Health (deputising for Dr Joy Tomlinson)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A welcome was extended to Neil McCormick, who is joining the Committee as a regular attendee to support the Committee's discussions around environmental sustainability and our approach to the Climate emergency.

The Chair advised that Wilma Brown is stepping down as Employee Director at the end of the month. The Chair, on behalf of the Committee, thanked Wilma for her service over her membership term and wished her well for the future.

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

1. **Apologies for Absence**

    Apologies were received from members Wilma Brown (Employee Director), Janette Keenan (Director of Nursing), Dr Chris McKenna (Medical Director) and Dr Joy Tomlinson (Director of Public Health).

2. **Declaration of Members' Interests**

    There was no declaration of members' interests.

3. **Minutes of Previous Meeting held on 3 July 2023**

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

4. **Matters Arising / Action List**

   The Committee **noted** the updates and the closed items on the Action List.

5. **GOVERNANCE MATTERS**

5.1 **Corporate Risks Aligned to Public Health & Wellbeing Committee, including Deep Dive: Policy Obligations in Relation to Environmental Management and Climate Change**

   The Director of Finance & Strategy advised that there had been no significant changes to the NHS Fife strategic risk profile since the last meeting.

   The Chief Executive reported that a small group are developing a reporting framework to support progress on delivery of the strategy, and that measuring and mitigating risks will form part of this reporting. An update will be provided at the next meeting.

   Action: Associate Director of Planning & Performance

   A Wood, Non-Executive Member, queried the timeline regarding the potential corporate risk around future biological threats being presented to the Committee. The Deputy Director of Public Health agreed to seek clarity on the timeline and noted that there may be some changes following the Covid Inquiry. She noted that pandemic planning is an existing risk.

   Action: Deputy Director of Public Health

   The Director of Property & Asset Management advised that the deep dive on policy obligations in relation to environmental management and climate change was previously presented to the Committee in November 2022. It was reported that NHS Fife is already meeting some of our 2025 targets in terms of the amount of carbon dioxide that is being emitted, and it was highlighted that our Greenspace 2030 strategy has been a positive achievement. It was advised that it is expected that there will be challenges for our 2030 targets, which are the interim targets in reaching net zero.

   The Director of Property & Asset Management discussed the challenges and risks of meeting our targets and stated that significant investment is required over the coming years to meet targets within our trajectory. The Chair queried the financial elements and was advised that capital funding is available, however it remains restricted.

   Following questions from A Wood, Non-Executive Member, the Director of Finance & Strategy explained the limited assurance aspect, noting that it is primarily in relation to the uncertainty and limitations around funding and competing priorities. The Director of Property & Asset Management added that funding is being used to its fullest extent, and he provided an overview on the plans and work that is being carried out to reduce energy usage, including discussions with other partners and public sector bodies.

   M Mahmood, Non-Executive Member, queried the position towards reaching the net zero target from the recent estate improvements. In response, the Director of Property

& Asset Management explained the work that had been carried out and the contractual position in relation to reducing energy usage.

It was advised that A Haston, Non-Executive Member, has recently been appointed the Board Sustainability Champion. It was also advised that a Head of Sustainability has been appointed and capacity is being created in this area, and the team will be involved in documenting and collating progress across the whole organisation, which will include legislative and Scottish Government requirements. It was noted that there is a section on climate change within the Annual Delivery Plan, and the related deliverables will be monitored as part of that process.

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

5.2 Population Health & Wellbeing Strategy Corporate Risks Update

The Director of Finance & Strategy advised that the level of risk for the strategy is not expected to change over the short or medium term, due to the scale of the challenges. It was reported that delivery around mitigation of the risk will be influenced by management of other risks on the corporate risk register.

It was advised that a formal mid-year review and formal annual report is being finalised, and an overview on the contents of both documents was provided, with it noted that this will include an assessment on delivery against our key priorities, to provide confidence and assurance on delivery of the strategy.

The Associate Director of Planning & Performance provided assurance that structures and processes are being put in place, and she added that a mapping exercise is being carried out, to include our strategic priorities, strategic ambitions and in-year planning documents, such as the corporate objectives and the deliverables.

The Committee took **assurance** and **noted** that the level of assurance to the Committee has changed from limited assurance to one of reasonable assurance.

5.3 Corporate Calendar – Proposed Public Health & Wellbeing Committee Dates 2024/25

The Board Secretary presented the paper, listing the proposed committee dates for the year ahead, and advised that the full Corporate Calendar will go to the Board at their September 2023 meeting for approval. Thereafter, electronic diary invites will follow to members and attendees.

The Committee **agreed** the proposed dates for 2024/25.

5.4 Delivery of Annual Workplan 2023/24

It was agreed to add in the formal mid-year review and formal annual report, for the Population Health & Wellbeing Strategy, to the workplan.

Action: Board Committee Support Officer

The Committee took **assurance** from the tracked workplan.

6.   STRATEGY / PLANNING

6.1   Annual Delivery Plan 2023/24

The Director of Finance & Strategy provided assurance that the review process had now concluded with the Scottish Government, and she reported that the Annual Delivery Plan 2023/24 has been approved and the confirmation letter is included within the appendix of the paper. It was noted that the Scottish Government had asked for further detail on particular areas, and this is provided within the paper.

It was reported that quarterly reviews, specifically on the financial position, will be carried out by the Scottish Government, and the Director of Finance & Strategy advised that a meeting with the Scottish Government is scheduled for 6 September 2023, to include a financial review of quarter 1. It was noted that the next iteration of the Integrated Performance & Quality Report will include the trajectories that have been agreed within the Annual Delivery Plan.

The Committee took **assurance** from the Annual Delivery Plan 2023/24 and **noted** the Annual Delivery Plan Review Feedback for 2023/24.

6.2   Anchor Programme Update and Developing Strategy

The Director of Property & Asset Management reported that the timeline for a three-year Anchor Strategy will be presented at the NHS Fife Board meeting in November 2023. It was advised that, as part of the Annual Delivery Plan, the approach to developing an Anchor Strategy will be completed by October 2023.

It was reported that guidance has been provided from the Scottish Government, and the themes to influence the key actions to be included within the plan were outlined.

The Committee **reviewed** and **discussed** the update provided, noting the new guidance from Scottish Government regarding production of an Anchors Strategic Plan and the revised Anchors self-assessment tool prepared by Public Health Scotland.

The Committee took **assurance** from the work progressed by the Operational Group and **noted** the planned timeline to complete the Strategy document.

7.   QUALITY / PERFORMANCE

7.1   Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on smoking cessation and advised that targets have not been met for this year, due to a number of factors. It was noted that the challenges are Scotland-wide, partly around recovery and accessibility of services. It was noted that the data for the full year is still being finalised. Assurance was provided that work is ongoing for automatic referral to the smoking cessation service, in relation to supporting those admitted and discharged to hospital. It was also advised that pathways are being expanded, which will enable some of the target groups to access the smoking cessation service.

It was reported that there had been a decrease in our performance for Child & Adolescent Mental Health Services (CAMHS), which was predicted, and that there will be ongoing recovery from Autumn 2023. It was also reported that there had also been a decrease in performance for Psychological Therapies (PT). The key challenges for both services were reported as being due to balancing longest waits with those needing to access the services, and it was noted that work continues in addressing the staff recruitment challenges. A fuller update will be provided on CAMHS and PT at the next Committee meeting, to enable a deeper update on the actions that are being taken forward.

The Associate Director of Planning & Performance agreed to ensure that the trajectories within the Annual Delivery Plan are included within the IPQR.

Action: Associate Director of Planning & Performance

The Deputy Director of Public Health reported that a clear programme of work is being carried out to improve the targets for immunisation 6-in-1 and MMR2 immunisation, which includes access to services. It was advised that there are workstreams in place to take this forward.

A Wood, Non-Executive Member, questioned the performance decrease for childhood immunisations and was advised that the data within the report is from March 2023, and that there is a group who are looking at keeping the data current through a range of actions.

The Committee took **assurance**, discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

7.2 Long Covid Service Update

The Director of Health & Social Care advised that the paper provides background to the epidemiology of long Covid and the work that is being carried out in Fife. The support from the Scottish Government to invest in services was highlighted, and it was noted that there have nevertheless been recruitment challenges. An overview on the service model that is being developed was provided, and it was noted that this will ensure services are more sustainable going forward.

A Wood, Non-Executive Member, queried if the service model being taken forward is similar to other NHS Health Boards. In response, it was advised that there are various models across other NHS Health Boards, and that the Scottish Government were content with the approach taken by NHS Fife.

The Director of Health & Social Care thanked Amanda Wong and Rishma Maini for all their hard and significant work in this area.

The Committee took **assurance** from the update in developing the long Covid service in Fife.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Alcohol & Drugs Partnership Annual Report 2022/23

The Director of Health & Social Care advised that the report is aligned to the Annual Delivery Plan and Population Health & Wellbeing Strategy, and focusses on children, young people, whole family support and carers' support. Also included within the report, is a focus on residential rehabilitation, increase of assertive outreach, the Medication Assisted Training (MAT) Standards, establishment of our lived experience panel, and the work within locality planning. It was highlighted that work is ongoing in relation to the MAT Standards in terms of improving our performance reporting and our progress in this area. The Director of Pharmacy & Medicines added that there is engagement at a local and national level on implementing the MAT Standards, and that this is a priority.

Following questions from the Chair, it was advised that there are challenges to evidence base the individual MAT Standards. It was also advised that the timescale for MAT Standards 6 to 10 is 2025, and that there has been no confirmation of specific funding allocated for those specific Standards.

A Wood, Non-Executive Member, highlighted that the alcohol and drug related hospital admissions were high, and she questioned the amount of inpatient capacity release, if there were other pathways to support. In response, an explanation was provided on the preventative element and supporting the cultural change, and it was noted that targeted health promotion and liver scanning are areas which are being explored.

Following a question from A Wood, Non-Executive Member, it was advised a dashboard is being developed which will provide information on performance and actions in terms of risk.

M Mahmood, Non-Executive Member, questioned the effectiveness of opiate replacement therapy. The Director of Pharmacy & Medicines advised that there has been positive progress for opiate replacement therapy, noting that it reduces mortality by a third and he explained the positive aspects.

It was reported a refresh of the strategy is being carried out, and will be presented to the Committee, once available.

Action: Director of Health & Social Care

The Committee took **assurance** of the current delivery position of Fife Alcohol & Drugs Partnership in relation to the Alcohol & Drugs Partnership Strategy 2022-23.

The Committee **discussed**, **examined** & **considered** the implications of the Alcohol & Drugs Partnership DP Annual Report 2022/23.

8.2 Tackling Poverty & Preventing Crisis Annual Report 2022/23

The Deputy Director of Public Health advised that the report covers all of the activities across the Health & Social Care Partnership in relation to poverty, and the actions directly relating to child poverty are included within the report.

It was reported that a proportion of the population in poverty is increasing due to external factors, and it was noted that this proportion would be higher if the broad range of programmes and activities, as detailed in the report, were not in place. The Deputy Director of Public Health highlighted the income maximisation and funding elements of

the report. It was advised that the report has been submitted to the Scottish Government, and scrutiny is expected from external organisations.

The Committee **noted** the contents of the report.

8.3 Health Promoting Health Service Annual Report 2022/23

The Deputy Director of Public Health advised that the report is provided for assurance of the work ongoing in relation to the Health Promoting Health Service Programme. It was noted that a response is awaited from Public Health Scotland or the Scottish Government on a potential refresh of the programme.

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

8.4 High Risk Pain Medicines - Patient Safety Programme, End of Year 1 Report

The Director of Pharmacy & Medicine provided background detail on the programme and highlighted in particular appendix 2, which details the summary of key findings from year one. It was advised that year two of the programme is focussed on improvement, and the eight point plan was outlined. It was noted that engagement with patients will continue along with linking into Public Health around continuing the campaign. Improving links with the Alcohol and Drug Partnership was also noted as a continuing piece of work.

It was advised that there has been an incremental improvement to prescribing in NHS Fife. The importance of the service user voice was highlighted.

Following questions from members, the Director of Pharmacy & Medicines agreed to provide a further update back to the Committee in January 2024 on the Measures Framework and Benefits Framework, and the quantitive data that will be utilised for the programme.

Action: Director of Pharmacy & Medicine

The Committee took **assurance** from the delivery of year one of the High Risk Pain Medicine Patient Safety Programme, and plans outlined for year two.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

9.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

10. ANY OTHER BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

The next meeting will take place on **Monday 6 November 2023** from 10am – 12pm via MS Teams.

STAFF GOVERNANCE COMMITTEE

(Meeting on 14 September 2023)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 14 SEPTEMBER 2023 AT 10.00 AM VIA MS TEAMS

Present:
Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF)

In attendance:
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Roy Lawrence, Principal Lead for Organisational Development & Culture, Health & Social Care Partnership *(item 6.2 only)*
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Jackie Millen, Workforce Development & Engagement Officer *(item 7.2 only)*
David Miller, Director of Workforce
Lynne Parsons, Health & Social Care Local Partnership Forum (LPF) Representative (deputising for Simon Fevre)
Sandra Raynor, Head of Workforce Resourcing & Relations
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair advised members that S Fevre, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum, is retiring from NHS Fife in October 2023, and he paid warm tribute to S Fevre for his valued contribution to the Staff Governance Committee over the years, wishing him well for the future.

In addition, the Chair advised that W Brown will be standing down from the role of Employee Director, during her fourth term as a member of Fife NHS Board. The Chair thanked W Brown for her commitment to the Staff Governance Committee over the years and her long-standing service and contribution to the Board.

L Parsons was congratulated on her recent election to the role of Employee Director, effective from 1 October 2023, and she was welcomed to the Committee as an incoming member.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the minutes.

1. Apologies for Absence

Apologies for absence were received from members Mansoor Mahmood (Non-Executive Member), Wilma Brown (Employee Director), Simon Fevre (Co-Chair, Health & Social Care Local Partnership Forum), Janette Keenan (Director of Nursing) and attendee Margo McGurk (Director of Finance & Strategy).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 20 June 2023

The minutes of the meeting from Thursday 20 June 2023 were **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

<u>Action No. 6 - Update on Equality, Diversity & Human Rights</u>

It was advised that the action is to revert to 'in progress', as a rescheduled meeting date is required to progress the Workforce-related Equality & Diversity plans.

Action: Board Committee Support Officer

5. GOVERNANCE MATTERS

5.1 Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce advised that the levels of the two risks linked to the Staff Governance Committee remain unchanged, and a number of mitigations that are in place to control levels are detailed within the paper.

The Committee were advised that the Bank and Agency Programme of Work has been identified as a deep dive for the November 2023 meeting.

The Committee took **assurance** from the report and:

- Noted the Corporate Risk detail set out within Appendix 1 as at 31 August 2023;
- Reviewed all information provided against the Assurance Principles within Appendix 2;

- Considered and were assured of the mitigating actions to improve the risk levels;
- Concluded and commented on the assurance derived from the report.

5.2 Corporate Calendar – Proposed Staff Governance Committee Dates 2024/25

The Director of Workforce advised that the Committee meetings for 2024/25 are being proposed to be moved from a Thursday to a Tuesday to accommodate some members' diary commitments.

The Committee **agreed** the proposed dates for the 2024/2025 meetings.

5.3 The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation

The Head of Workforce Planning & Staff Wellbeing advised that preparation work is underway for the implementation of the legislation on 1 April 2024, and that the report provides an overview on the current actions and work that is being undertaken.

It was reported that the Act is applicable to all clinical and some non-clinical functions. It was advised that local reference groups, along with staff side representatives, are meeting regularly and have stepped up the frequency of meetings as the timeline for implementation gets closer.

An update was provided on the national testing work that is being carried out.

It was advised that a progress update and action plan will be presented to the Executive Directors' Group towards the end of September 2023, and a national event is planned for the NHS Fife Board in November 2023.

The Chair questioned the readiness of NHS Fife for implementation, and the Head of Workforce Planning explained the work that is still be carried out, which will include sharing learnings and knowledge, to support preparations.

The Committee took **assurance** from the report and discussed the content of the report.

5.4 Whistleblowing Quarter 1 Report

The Head of Workforce Resourcing & Relations presented the report and advised that, following guidance from internal audit, the previous years' actions are included within the report, to ensure that lessons learned can be taken and to offer assurance that actions have been put in place. Assurance was provided that work continues on the recommendations from internal audit, and that it is expected at the Whistleblowing Oversight Group in October 2023 that the outstanding actions will be closed off.

It was reported that there was one concern received during quarter 1.

It was advised that future reporting will include the ongoing implementation plans, actions taken, the responsible officer and when actions are completed. It was also

advised that a new method is being introduced, in the form of a questionnaire, which will allow feedback to be received from those who have been involved in whistleblowing.

The Head of Workforce Resourcing & Relations reported that 22 new confidential contacts are in the process of being added and will be promoted as part of 'Speak up Week' between 2 – 6 October 2023.

The Chief Executive highlighted the positive staff feedback from the iMatter survey with around 80% of staff feeling they are able to raise any concerns internally, which she noted was encouraging. She also highlighted that as the results of the survey are confidential and there are elements of the feedback linked to individual teams that are not visible to senior management, it was difficult to identify specific areas for improvement, and she confirmed that NHS Fife would not be complacent. The Deputy Director of Workforce advised that the results are available at a Directorate level, due to confidentiality, and agreed to feedback to the national iMatter team, visibility of any problem areas.

Action: Deputy Director of Workforce

The outcomes from the National Speak up Conference, which some members attended, were also highlighted, and it was advised that lessons and learnings will be taken forward within NHS Fife.

The Local Partnership Forum Representative commented on the positive work, to date, and advised that there is still a lot of work to be carried out in this area, particularly in relation to improving the response time for those raising concerns and simplifying the process for both the confidential contacts and for those who are intending to raise an issue. K MacDonald, Whistleblowing Champion and Non-Executive Member, indicated that shared learning could be taken from other Health Boards in terms of their resourcing and processes. The Deputy Director of Workforce briefly explained the experience of Forth Valley Health Board and agreed to share learnings and experience.

Action: Deputy Director of Workforce

The Director of Health & Social Care explained other mechanisms that provide avenues to support early discussions and resolutions within the Health & Social Care Partnership. The Director of Acute Services advised of a similar picture within Acute Services and provided some examples of lines of communications. K MacDonald, Whistleblowing Champion and Non-Executive Member, suggested that a small paragraph, providing examples, could be added to the report around culture, to provide greater assurance.

The Head of Workforce Resourcing & Relations was thanked for all her hard work, and acknowledgment was made of the improvement journey to date.

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

5.5   Delivery of Annual Workplan 2023/2024

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

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/2024

The Associate Director of Planning & Performance provided assurance that the review process had now concluded with the Scottish Government, and she reported that the Annual Delivery Plan 2023/24 has been approved and the confirmation letter is included within the appendix of the paper. It was noted that the Scottish Government had asked for further detail on particular areas, and this is provided within the paper. It was confirmed the Annual Delivery Plan is a three-year plan.

C Grieve, Non-Executive Member, stated that the response from the Scottish Government is a positive reflection on the teams and was indicative of the amount of work undertaken into collating the document.

The Chief Executive updated on a recent meeting with the Scottish Government, which is part of the quarterly cycle of review meetings, and advised that the meeting was positive, and covered the good work that is taking place within Fife.

The Committee took **assurance** from the Annual Delivery Plan 2023/2024 and **noted** the Annual Delivery Plan Review Feedback for 2023/2024.

6.2 NHS Fife Three Year Workforce Plan 2022-2025 & Health & Social Care Partnership (HSCP) Workforce Strategy and Plan 2022-2025 Update

The Chair welcomed R Lawrence, Principal Lead for Organisational Development & Culture, who joined the meeting for this item.

The Head of Workforce Planning & Staff Wellbeing advised that the paper provides an overview of progress in terms of the workforce planning activity. It was noted that feedback has been received from the Scottish Government and confirmation was provided that an annual update is not required to be published and the information will be contained within the Annual Delivery Plan process.

It was reported that an action plan has been developed in response to the feedback from the Scottish Government on the Internal Audit Annual Report, and the action plan is attached as an appendix. In terms of strengthening the process, it was advised that local workforce service plans are being developed and will support measuring the granular detail that supports planning, risk identification and risk mitigation, and an example is attached as an appendix. It was noted that regular updates on workforce planning will be built into reporting to go to the Committee.

The Principal Lead for Organisational Development & Culture advised that the Health & Social Care Partnership signed off the workforce plans in November 2022, and he advised that an annual report will be presented to the Integration Joint Board at their meeting in November 2023, and will include the plan for year two, and that the trajectories will be published after the meeting. It was reported that transformation, in terms of priority workforce is key. The connections around the Anchor strategic work, in terms of the workforce aspects, were highlighted,

and assurance was provided on the connections between the Health & Social Care partnership and NHS Fife.

The Director of Workforce thanked the Principal Lead for Organisational Development & Culture and Head of Workforce Planning & Staff Wellbeing for all their hard work.

The Committee took **assurance** from the report, which provides detailed updates on the respective workforce planning actions.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce reported a slight reduction in sickness absence in June 2023, and a small increase in Personal Development Performance Reviews (PDPR) compliance. It was reported that work is ongoing in relation to improving PDPR compliance, and actions are being developed.

C Grieve, Non-Executive Member, highlighted mental health issues in relation to sickness absence and questioned if it was related to home or work life. The Director of Workforce advised that organisational issues and non-organisational issues can be captured in the reporting going forward, if available.

Assurance was provided that the patterns for mental health-related absences are of a similar pattern to other NHS Scotland Health Boards and have tracked higher post Covid. An overview was provided on the support mechanisms in place for staff.

The Committee took **assurance** from the report and considered the NHS Fife performance, as summarised in the IPQR.

7.2 iMatter Update

The Deputy Director of Workforce advised that the iMatter process is still ongoing, and that the national report is released in November 2023, which will provide context to NHS Fife's position.

J Millen, Workforce Development and Engagement Officer, joined the meeting and advised that the paper highlights statistics and activity over the previous year. An improved position was reported, for the second year in a row, which has exceeded national outcomes and will be recorded in the national report. The key highlights and activities for the year were provided.

The Workforce Development and Engagement Officer acknowledged the Health & Social Care Partnership, Property & Asset Management Directorate and Public Health Directorate, who all exceeded their previous position. She also acknowledged the hard work and leadership within all the Directorates.

It was advised that the iMatter team have offered online manager information sessions to support managers analyse their team reports and facilitate team action

plan meetings on the iMatter portal. An overview was provided on the improvements planned for 2024, to further increase the position.

Following a question from C Grieve, Non-Executive Member, it was advised that due to confidentiality, Directorate-level responses only are available.

Discussion took place on the balance required between protecting confidentiality and actioning issues that are being raised, and the Workforce Development and Engagement Officer agreed to discuss with the Scottish Government the level of information that can be shared from the feedback. It was noted that there will also be an opportunity to feedback at the National Operational Leads Group.

It was reported that a focus on improving PDPR compliance will be a similar approach to iMatter, in terms of engagement, and that this is currently being considered.

The Director of Workforce thanked the Workforce Development and Engagement Officer and team for all their hard work.

The Committee took **assurance** from the report and **noted** the proposals for the 2023/2024 iMatter programme.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2022/2023

The Director of Acute Services introduced the report and advised that it is a combined effort of the Local Partnership Forum (LPF) to celebrate the work that has been undertaken from the LPF across Acute Services, Corporate Directorates and supporting the staff governance agendas more widely. The Director of Acute Services thanked all the team involved.

The Committee took **assurance** from the report and **noted** the content.

8.2 Occupational Health and Wellbeing Service Annual Report 2022/2023

The Head of Workforce Planning & Staff Wellbeing advised that the report highlights the important contribution of the Occupational Health Service on the health and wellbeing of staff and that it outlines the breadth of activity undertaken by the service. It was also advised that the report highlights the challenges for the service, including cancellations numbers and increased Did Not Attends, which are being worked through. An update was provided on staffing, and it was noted that there is now sustainability within the service due to the recruitment of two Occupational Health positions. It was highlighted that the Occupational Health Nursing Service and Occupational Therapy Fatigue Service, are new services supporting staff.

Following questions from members around assurance and the various aspects of the service, it was agreed a discussion with the Clinical Lead and Head of Service be arranged for members.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the report and **noted** the content.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

9.1   Area Partnership Forum held on 19 July 2023 (unconfirmed)
9.2   Acute Services division & Corporate Directorate Local Partnership Forum held on 17 August 2023 (unconfirmed)
9.3   Health and Social Care Partnership Local Partnership Forum held on 23 May 2023 (confirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1   To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

10.2   Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters for escalation to the NHS Fife Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Thursday 9 November 2023 at 10.00 am via MS Teams.

INTEGRATION JOINT BOARD **(Meeting on 26 May 2023)**
No issues were raised for escalation to the Board.

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) HELD VIRTUALLY ON FRIDAY 26 MAY 2023 AT 10.00 AM

Present	Arlene Wood (AW) (Chair)
	David Graham (DG) (Vice-Chair)
	Fife Council – David Alexander (DA), Dave Dempsey (DD), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS)
	NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB)
	Chris McKenna (CM), Medical Director, NHS Fife
	Janette Keenan (JK), Director of Nursing, NHS Fife
	Wilma Brown (WB), Employee Director, NHS Fife
	Amanda Wong (AW), Associate Director, AHP's, NHS Fife
	Debbie Fyfe (DF), Joint TU Secretary, Fife Council
	Eleanor Haggett (EH), Staff Representative, Fife Council
	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), Deputy Medical Director
	Lynn Barker (LB), Associate Director of Nursing
Attending	Lynne Garvey (LG), Head of Community Care Services
	Rona Laskowski (RLas), Head of Complex & Critical Care Services
	Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
	Lindsay Thomson,
	Vanessa Salmond (VS), Head of Corporate Services
	Cara Forrester (CF), Communications Adviser
	Clare Gibb (CG), Communications Adviser
	Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION

1   CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES

Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board including Colin Greive who recently replaced Alistair Morris on the Board.

Arlene Wood congratulated the Allied Health Profession Federation which represents all AHP professional bodies and which has recently published its compendium bringing together stories/ case studies describing the difference AHP services make.   Two stories from NHS Fife podiatry are described in this compendium, one relating to educational support to care home and the other relating to support to young adults with metal health issues.

1 CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES (CONT)

Congratulations were extended to Jamie Hinley, a Mental Health Care Home Liaison Nurse and Queen's Nurse, from Rosyth who has been shortlisted for the Health & Care Award at the Dunfermline Press Community Champion Awards 2023. The awards evening takes place on Thursday 15 June 2023 in Dunfermline.

Apologies had been received from Lisa Cooper and Christine Moir.

Those present were asked that, in an effort to keep to timings for this meeting, all questions and responses should be as succinct as possible.

Members were advised that a recording pen was in use at the meeting to assist with Minute taking, Lindsay Thomson, Head of Legal and Democratic Services, Fife Council was present at the meeting and the media had been invited to listen in to the proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 31 MARCH 2023

The Minute and Action Note were both approved as accurate records.

4 CHIEF OFFICER UPDATE

Arlene Wood handed over to Nicky Connor for this item. Nicky Connor, Lindsay Thomson and Vanessa Salmond were joining the meeting from Fife House, with a view to the Board taking a more blended approach at future meetings.

Nicky Connor updated on the ongoing work of the Care Home Collaborative. A workshop was held recently which was well attended. An update of the Collaborative was also provided at the Quality & Communities Committee. The Lived Experience item later in the agenda relates to Care Homes.

The Integration Leadership Team was launched recently at an event attended by around 190 delegates including those from the third and independent sectors. The guest speaker, Tommy Whitehall, National Lead for Carers and Outreach, Health and Social Care Alliance Scotland, delivered 'You Make a Difference (Intelligent Kindness)' drawing on his own lived experience in a moving and inspirational presentation.

The partnership has recently developed a Care Academy which is a collaborative between the partnership and Fife College. The model is a way of pulling together recruitment, qualifications and shared learning across partner organisations to help support our workforce. This will help support our Mission 25 social media recruitment campaign.

Jennifer Rezendes was attending her first IJB meeting since taking up post as Principal Social Work Officer on 16 May 2023. This post works closely with both the Director of Health & Social Care, Chief Social Work Officer and Senior Leadership Team. Jennifer will lead on the professional functions delegated for Adults, Older People and Social Care ensuring the voice and values of social

4   CHIEF OFFICER UPDATE (CONT)

work and a rights-based approach are central to driving the transformation and reform of our health and care services for the citizens of Fife.

5   STRATEGIC PLANNING & DELIVERY

5.1 Palliative Care Transformation

This report had been discussed at the Quality and Communities (Q&C) Committee on 3 May 2023, the Finance, Performance & Scrutiny (FP&S) Committee on 12 May 2023 and the Local Partnership Forum (LPF) on 23 May 2023 as well as at a recent Development Session and various drop-in and one-to-one meetings.

Nicky Connor introduced the report in conjunction with her team.

Nicky Connor outlined the journey the Palliative Care Team have been on to date with this report, which is aligned to the five key priorities outlined in the Strategic Plan and is an excellent example of transformation in action. Board members have had numerous opportunities to discuss and question the content of the report with the team responsible. As well as the report presented today, a number of Board member briefings have been issued including a recent one on participation and engagement with opportunity to respond to address all issues raised.

Provision of palliative care adapted during the covid-19 pandemic and lessons learned have shaped the service as it has progressed towards the more responsive model it is today and the Integration Joint Board are being asked to community outreach specialist palliative care team though the re-provision of care support this 7 day a week model.

Lynne Garvey presented the paper and highlighted key points relating to the independent evaluation by McMillan Cancer Support and also the report on the Future of Hospice Care in Scotland 2021. Covid-19 prompted many more patients and their families/carers to request care at home rather than in a hospital setting, leaving hospice beds underutilised. Staff were realigned to work in the community which resulted in 60-70 patients being seen in a week, rather then the previous maximum of 19. Waiting times for hospice beds lowered as did the number of days patients spent in hospital. Immediate access to patient-centred care was available and there was significant staff engagement throughout the process. All of this was achieved within the same finance envelope as previously ensuring best value. Robust arrangements are in place to ensure greater patient choice on where they receive treatment.

Dr Jo Bowden spoke from a clinical perspective and thanked Board members for their interest and input to the Palliative Care report.

Helen Hellewell advised that she was fully supportive of the report and the recommendations it contained which would allow the partnership to continue to provide flexible arrangements which would be sustainable in the future.

5 STRATEGIC PLANNING & DELIVERY (CONT)

5.1 Palliative Care Transformation (Cont)

Lynn Barker supported the report from a clinical and professional viewpoint, she thanked Lynne Garvey and the team behind the report.

Arlene Wood then invited Sinead Braiden, Chair of Q&C Committee, Alastair Grant, Chair of FP&S Committee and Simon Fevre, Co-Chair of the LPF to comment on discussions at their meeting before questions from Board members

All three Committee Chairs advised that full and frank discussion had been had at their meetings, the report was an excellent example of transformational change in action and provided reassurance that the changes made to date supported patient, their families and carers and partnership staff. It was noted that in both Q&C and FP&S Graeme Downie had questions and reservations about the final report however all members agreed for it to be progressed and discussed at the Integration Joint Board.

Arlene Wood invited all Board Members to discuss the paper and ask any questions. It was shared that this was an extraordinary piece of work which had received overwhelming support from the families and carers of patients. Discussion took place around the communications which had taken place to date including press releases, briefings to Board members, briefings and meetings with MP's/MSP's and information which was currently available on the NHS website.

Graeme Downie had questions relating to transport for families, how choice for patients would be exercised and information on staffing when GP cover might not be available. Nicky Connor reiterated the responses which had been given during their meeting the previous day which highlighted that all of these issues were taken account of within the report and/or are part of current NHS practice.

Arlene Wood advised that the Board was being asked to approve the issue of the Direction at Appendix 2 of the report for the permanent re-provision of Palliative Care in Fife delivering an agile, multi-disciplinary FSPCS Community Outreach Team, meeting the needs of patients and their carers in all care settings, including the hospice, community, people's own homes and hospital settings whilst securing best value.

Graeme Downie proposed a motion, which David Graham seconded. Graeme Downie was asked to read out the motion and provide a copy in an e-mail to Arlene Wood, Lindsay Thomson and Vanessa Salmond.

The Motion wording was:-

Thanks all IJB staff for their efforts to date to ensure palliative and end of life care in Fife meets the needs of patients, families and staff.

Welcomes the direction of change to increase capacity for palliative care at home and in a community setting.

5 STRATEGIC PLANNING & DELIVERY (CONT)

5.1 Palliative Care Transformation (Cont)

Agrees that the information provided in the paper and discussion today does not allow the Board to take a fully informed decision in relation to the impact of the revised approach on staffing, transport and the flexibility of choice with the widest possible consultation with the general public and staff.

Agrees that a report on this area/these areas is brought back to the IJB for final decision on the proposal.

Lindsay Thomson confirmed the Motion was competent. Graeme Downie was given time to present his Motion to the Board, he advised that had little to add to the motion content, he thanked staff and appreciated the efforts made to date on this transformation but advised he was still not comfortable making a permanent decision on the recommendation. David Graham advised that he had nothing further to add at this point.

Lindsay Thomson outlined the process to be followed for Board members who were not familiar with it.

Chris McKenna welcomed the work to date and acknowledging that difficult decisions need to be taken to allow services to transform. Janette Keenan, Ian Dall and Alastair Grant also spoke in support of the recommendation in the report citing improved outcomes, the example of integration in action and the best use of available resources amongst other reasons for their support.

Graham Downie was asked to sum up the matters raised in the debate and he clarified that he was seeking a delay to allow time for a more formal report to be brought forward.

Lindsay Thomson and Vanessa Salmond then took the vote for the recommendation and the motion.

Roll Call

For the recommendation - 13 votes

Arlene Wood, Alastair Grant, Chris McKenna, Dave Dempsey, David Alexander, Lynn Mowatt, Margaret Kennedy, Rosemary Liewald, Sam Steele, Colin Grieve, Janette Keenan, John Kemp, Sinead Braiden.

For the motion – 2 votes

Graeme Downie, David Graham

Wilma Brown had left the meeting for a short period and did not participate in the roll call vote.

Based on the result of the voting the Board approved the issue of the Direction at Appendix 2 of the report for the permanent re-provision of Palliative Care in Fife delivering an agile, multi-disciplinary FSPCS Community Outreach Team, meeting the needs of patients and their carers in all care settings, including the hospice, community, people's own homes and hospital settings whilst securing best value.

VS

5 STRATEGIC PLANNING & DELIVERY (CONT)

5.2 Commissioning Strategy 2023 – 2026 including Market Facilitation and Delivery Plan 2023 – 2026

This report had been discussed at the Quality and Communities Committee on 3 May 2023 and the Strategic Planning Group (SPG) on 17 May 2023.

Fiona McKay presented the report which sets out the approach to how we will carry out our business with the third and independent sectors over the next three years.

Arlene Wood invited Sinead Braiden, Chair of Q&C Committee and David Graham, Chair of SPG to comment on discussions at their meeting before questions from Board members. The report was fully discussed at both meetings and both supported the paper.

Arlene Wood enquired which committee would have overall responsibility for oversight of this Strategy. Fiona McKay confirmed that performance would be the responsibility of Finance, Performance & Scrutiny whilst the Strategic Planning Group would oversee the development of this and other strategies.

The Board reviewed and approved the Commissioning Strategy 2023 – 2026 and associated Market Facilitation and Delivery Plans.

5.3 Advocacy Strategy

This report had been discussed at the Quality and Communities Committee on 3 May 2023 and the Strategic Planning Group on 17 May 2023.

Fiona McKay presented the report which is a requirement and duty the partnership must fulfil along with Fife Council and NHS Fife. There is a formal contract for advocacy set out within the Mental Health Strategy.

Arlene Wood then invited Sinead Braiden, Chair of Q&C and David Graham, Chair of SPG to comment on discussions at their meeting before questions from Board members. Both meetings fully discussed the strategy including translation services for cultural awareness and the need for this to be available in an easy read format.

The Board reviewed and approved the Advocacy Strategy and noted that this report ensures that the H&SC Partnership meets its statutory responsibilities for independent advocacy.

6 LIVED EXPERIENCE & WELLBEING

6.1 Lived Experience

This item was deferred to the IJB meeting scheduled to take place on 28 July 2023 to ensure there was sufficient time to view the proposed video and have a discussion at that Board recognising how important it is to discuss lived experience.

7 INTEGRATED PERFORMANCE

7.1 Finance Update

This report had been discussed at Finance, Performance & Scrutiny Committee on 12 May 2023. Audrey Valente presented the report showing that as at 31 March 2023 there was a projected outturn underspend of £8.463m.

Key areas of overspend include; Hospital & Long-Term Care, GP Prescribing, Family Health Services, Adult Placements, Homecare and Older People Residential and Day Care.   These overspends are offset by the underspends in Community Services, Children's Services, Older People Nursing & Residential, Adults Fife-wide, Adults Supported Living and Social Care Fieldwork. There was also an update in relation to savings which were approved by the IJB in March 2021 and use of Reserves brought forward from 2020-21.

The Annual Accounts are subject to audit and the final accounts will be submitted by the end of June 2023.

Arlene Wood then invited Alastair Grant, Chair of FP&S to comment on discussions at the Committee before questions from Board members. Alastair Grant confirmed that the committee took assurance from the report and additional information it had received following their meeting.

Discussion took place around a potential overspend in Self Directed Support payments, the budget for which is under continual review.

The Board were assured that there is robust financial monitoring in place and approved both the financial monitoring position as at 31 March 2023 and the use of the reserves as at 31 March 2023.

7.2 Performance Report - Executive Summary

The full Performance Report had been discussed at the Finance, Performance & Scrutiny Committee on 12 May 2023.

Fiona McKay presented the report which details the current targets set by the MSG Indicators. Areas which are showing red on the full report are brought to the IJB for further discussion. A Development Session was to be organised for FP&S members to look at the Performance Report in more detail, this has been widened to include all IJB members.

VS

Arlene Wood invited Alastair Grant, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members. Alastair Grant confirmed that a good discussion had been held on this item and specific areas had been highlighted.

Nicky Connor gave some context on how we supporting and developing a business improvement model which will include a performance framework. This will be discussed by the IJB Chairs at their meeting on the afternoon of Friday 26 May 2023. Nicky Connor and Arlene Wood met recently with the Cabinet Secretary and Chief Officers from across Scotland to discuss the value placed on work across H&SC partnership and opportunities for whole system working.

7 INTEGRATED PERFORMANCE (CONT)

7.2 Performance Report - Executive Summary (Cont)

Rosemary Liewald asked for an update on evening CAHMS clinics, Rona Laskowski advised these were having a positive impact on waiting times and offered to discuss with Rosemary Liewald in more detail outwith the meeting.

The Board were assured that the full report has been discussed at the relevant committee, the areas which require improvement are highlighted in the appendix and are subject to continual scrutiny by Head of Service.

8 GOVERNANCE & OUTCOMES

8.1 Locality Planning 2023

This report has been discussed at the Quality & Communities Committee on 3 May 2023.

Fiona McKay presented the report which highlights the thematic priorities in each of the seven localities, each of which is supported by a Senior Leadership Team (SLT) member. Over the last two months SLT members and Jacqui Stringer have attended each of the seven Local Areas Committee and the discussion at these meetings has helped shape the report. In future there will be tests of change and deep dives into pertinent issues within the different localities with mental health and carers being key in all seven areas.

Arlene Wood invited Sinead Braiden, Chair of Q&C Committee to comment on discussions at the Committee before questions from Board members. The committee were delighted to see the work in progress across Fife and would welcome further reports in the future.

Discussion took place around Community Chest funding and Fiona McKay confirmed there is a team in place to support this, the application process is to be launched in the coming weeks, the different ways people can be referred to the service and a test of change currently ongoing in the Levenmouth area, the learning from which will be brought back and shared with other areas.

This Board were assured of the ongoing work undertaken in the localities across Fife.

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS

9.1 Annual Assurance Statements From Governance Committees

This report had been discussed at the Quality & Communities Committee on 3 May, Audit & Assurance (A&A) Committee on 10 May 2023 and Finance, Performance & Scrutiny Committee on 12 May 2023.

Vanessa Salmond presented this report which contained the Annual Assurance Statements for each of the three governance committees. Feedback from committees had been included in the final versions of the statements. This process is being reviewed and changes will be included in next year's reports.

9   LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS (CONT)

9.1 Annual Assurance Statements From Governance Committees (Cont)

Arlene Wood invited in turn Sinead Braiden, Chair of Q&C, Dave Dempsey, Chair of A&A and Alastair Grant, Chair of FP&S to comment on discussions at their meeting before questions from Board members. All three confirmed their support for the final statements and discussion had been around recognising the work done in previous years and how to improve process.   There were no questions from board members.

The Board were assured that good governance is in place across the partnership and noted the proposed improvement activities around IJB Committee Structure and associated processes to be undertaken during 2023-24.

10   MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED

Audit & Assurance Committee
Dave Dempsey confirmed that the Committee is continuing to look at Risk in detail and discussed the Annual Assurance Statements.

Finance, Performance & Scrutiny Committee
Alastair Grant advised the committee had full discussions on the Palliative Care and Finance Update papers.

Quality & Communities Committee
Sinead Braiden had no items for escalation.

Local Partnership Forum (LPF)
Simon Fevre advised the LPF had discussed the Palliative Care Transformation paper in details as well as receiving updates on Mandatory Training and Fire Safety. The annual iMatter staff survey will be sent to all H&SC staff in approximately 8 weeks.

Strategic Planning Group
David Graham had left the meeting and Fiona McKay advised that full discussion had taken place on the Commissioning and Advocacy Strategies and flash reports on other strategies which are being developed.

11   AOCB

Dave Dempsey highlighted recent negative publicity about services at Queen Margaret Hospital (QMH) in Dunfermline. Nicky Connor reiterated that QMH is vitally important in the provision of healthcare in Fife and key functions carried out there include services that support all of Fife. There are services that are Health and Social Care Services including mental health, inpatient wards, Minor Injuries, community services and outpatient clinics. It is also leading innovative work for NHS Fife such as Queen Margaret Hospital becomes first in Scotland to offer pioneering new procedure in the treatment of enlarged prostate, Day Surgery; Diagnostic and Imaging Centre; The ophthalmology service sees significant numbers of patients each year and the organisation invested in a new Jack and Jill Theatre; Queen Margaret also delivers same

NO	TITLE	ACTION

11 **AOCB (Cont)**

day case for gynaecology and breast cancer. The function of Queen Margaret Hospital has evolved considerably over the course of the last decade and now provides a range of the modern healthcare services that the whole of Fife rely upon.

Nicky Connor undertook to discuss with NHS Fife and the NHS Communications team to promote QMH and the services it provides.

NC

12 **DATES OF NEXT MEETINGS**

IJB DEVELOPMENT SESSION – FRIDAY 23 JUNE 2023

INTEGRATION JOINT BOARD – FRIDAY 28 JULY 2023

FIFE PARTNERSHIP BOARD

(Meeting on 17 August 2023)

No issues were raised for escalation to the Board.

FIFE PARTNERSHIP BOARD – REMOTE MEETING

17 August, 2023   **2.00 pm – 3.20 pm**

PRESENT:	Councillors David Ross (Convener), David Alexander and Linda Erskine; Ken Gourlay, Chief Executive, Fife Council; Carol Potter, Chief Executive, Joy Tomlinson, Director of Public Health, Alistair Morris, Chair of NHS Fife Board, Lucy Denvir, Consultant in Public Health, NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Lynne Cooper, Regional Engagement Partner, Scottish Enterprise; Angela Penman, DWP Partnership Manager, Department of Work & Pensions; Lynne Cooper, Regional Engagement Partner, Scottish Enterprise; Evonne Boyd, Head of Operations, Skills Development Scotland ; Brian Butler, Partnership Manager, SESTran; Chief Superintendent Derek McEwan, Police Scotland and Alison Taylor, Place Director, Scottish Government.
ATTENDING:	Michael Enston, Executive Director - Communities; Sheena Watson, Team Manager (Temporary Programme Manager), Community Investment; Lauren Bennett, Policy Officer; Sharon Murphy, Policy Co-ordinator (Community Planning); Gill Musk, Policy Officer; Communities and Neighbourhoods; Gordon Mole, Head of Business & Employability, Economy Planning and Employability Services and Michelle Hyslop, Committee Officer, Committee Services.
ALSO ATTENDING:	Andrew Connal, Team Leader – Public Service Reform & Community Planning, Scottish Government; Andrew Ferguson, SESTran Consultant and Hattie James, Project Officer, SESTran.

27.   **MINUTE**

The Board considered the minute of the Fife Partnership Board Meeting of 2 May 2023.

Decision

The Board agreed to approve the minute.

28.   **UPDATE ON COMMUNITY PLANNING**

The Board considered a report by the Team Leader, Public Service Reform and Community Planning (Scottish Government), which provided partners with an update on the latest developments in community planning following the Scottish Parliament's Local Government, Housing and Planning committee's inquiry into community planning and following the publication of the Verity House Agreement.

Decision

The Board noted the update on community planning.

29.   COMMUNITIES & WELLBEING PARTNERSHIP REPORT - AMBITIONS 3 & 7

The Board considered a report by the Public Health Consultant and Chair of the Communities and Wellbeing Partnership, NHS Fife providing partners with an update on the work of the Community and Wellbeing Partnership and advised of the progress against actions in the Health & Wellbeing Delivery Plan.

Decision

The Board: -

(1)   considered the achievements, challenges and areas for development set out in section 2 of the report;

(2)   noted the Health and Wellbeing Progress report as detailed in Appendix 1; and

(3)   identified other opportunities for collaborative working between partners to strengthen the boards progress towards ambitions 3 and 7 of the Plan for Fife.

30.   DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023

The Board considered a report by the Director of Public Health, NHS Fife which provided an update on the Public Health Annual Report for 2023.

Decision

The Board endorsed the Director of Public Health Annual Report.

31.   TACKLING POVERTY & PREVENTING CRISIS: ANNUAL REPORT 2022/23 -

The Board considered a report by the Executive Director, Communities updating partners on the Plan for Fife ambitions and priorities on Tackling Poverty and Preventing crisis for the reporting period 2022/2023.

Decision

The Board: -

(1)   noted the progress in Fife against the Plan for Fife ambition and priority on tackling poverty and preventing crisis; and

(2)   endorsed the report set out in Appendix 1 of the report in relation to reporting for the Child Poverty (Scotland) Act 2017.

32.   TACKLING POVERTY AND CRISIS PREVENTION BOARD AND WINTER 2023/24 PROGRAMME PRIORITIES

The Board considered a report by the Executive Director, Communities which provided partners with an update on the priorities for the Tackling Poverty & Preventing Crisis Board (TPPC) and presented the proposed winter programme for 2023/2024.

Decision

The Board noted the forward programme of priorities, which included the proposed winter programme for 2023/2024.

33. FIFE ECONOMIC STRATEGY 2023-30

The Board considered a report by the Head of Business and Employability which asked partners to comment on and endorse the Fife Economic Strategy 2023-2030.

Decision

The Board: -

(1)   endorsed the new Fife Economic Strategy for 2023-2030;

(2)   noted that a delivery plan would be prepared by Fife Council's Head of Business & Employability in liaison with the Plan4Fife Leading Economic Recovery (LEC) Board and other key stakeholders;

(3)   noted the progress against the key priorities identified in the strategy and noted that these would be monitored and reported to the LER Board;

(4)   noted that approval for specific projects would be brought forward as part of the strategy and the delivery plan; and

(5)   agreed that the approval process would be sought by partner organisations in order to take the project forward.

34. GOSESTRAN - PRESENTATION

The Board welcomed the presentation from Andrew Ferguson and Hattie James in regard to GoSestran.

35. DATE OF NEXT MEETING

The next Board meeting would take place on 21 November 2023

Fife NHS Board

Confirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON FRIDAY 23 JUNE 2023 AT 2PM VIA MS TEAMS

Present:
Alastair Grant, Non-Executive Member (Chair)
Cllr David Graham, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Member *(part)*

In Attendance:
Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Head of Public Sector Audit (UK), Azets
Tony Gaskin, Chief Internal Auditor *(part)*
Alistair Graham, Associate Director of Digital & Information
Barry Hudson, Regional Audit Manager
Karen Jones, Director of Audit & Assurance, Azets
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive
Shirley-Anne Savage, Associate Director of Quality & Clinical Governance
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. **Apologies for Absence**

   Apologies were received from member Aileen Lawrie (Non-Executive Member) and attendee Pauline Cumming (Risk Manager).

2. **Declaration of Members' Interests**

   There were no declarations of interest made by members.

3. **Minute of the last Meeting held on 15 March 2023**

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

4.   **Action List / Matters Arising**

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

5.   **MATTERS ARISING**

5.1 Chief Internal Auditor Appointment Process

The Director of Finance & Strategy advised that, following a successful recruitment process, the successful candidate for a Chief Internal Auditor will commence in post on 1 August 2023, in advance of T Gaskin retiring on 31 August 2023.

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

6.   **ANNUAL ACCOUNTS**

6.1 Final Audit & Risk Committee Annual Assurance Statement 2022/23

The Board Secretary advised that the Audit & Risk Committee Annual Assurance Statement was circulated to members in May 2023 for comments, and subsequently, no comments were submitted. The Assurance Statement has been issued to both sets of auditors, as part of the year end process.

The Committee **approved** the final Audit & Risk Committee Annual Statement of Assurance 2022/23, for onward submission to the Board.

6.2 Committee & Directors' Annual Assurances for 2022/23
   ▪ **Clinical Governance Committee**
   ▪ **Finance, Performance & Resources Committee**
   ▪ **Public Health & Wellbeing Committee**
   ▪ **Remuneration Committee**
   ▪ **Staff Governance Committee**
   ▪ **Executive Directors' Assurance Letters**

The Board Secretary advised that the Executive Directors' Assurance Letters are a new addition to the Committee & Directors' Annual Assurances pack, and form part of the Chief Executive's Accountable Officer year-end review process, to provide assurance that the delegated powers to the other Executive Directors are operating effectively and to help inform the content of the Governance Statement.

It was reported that the Committee Annual Assurance Statements appropriately reflect the work carried out throughout the year by each of the Board's Standing Committees and these provide a sufficient level of detail on which members could take assurance on. The Chief Internal Auditor confirmed this, following internal audit's review of the documentation, for Committee members.

The Committee took **assurance** from the Committee & Directors' Annual Assurances for 2022/23.

6.3 Letter from Audit & Assurance Committee Chair - Fife Integration Joint Board

The Director of Finance & Strategy advised that, in previous years, a Statement of Assurance was provided from the Integration Joint Board (IJB) to the Health Board, due to the NHS having a later timeline than this year for completion of the Annual Accounts process. The letter provided is an interim measure, pending the finalisation of the IJB's annual audit report, and it was advised that there are no major control weaknesses expected within that report. It was noted that the process will be firmed up for the following year. The Chief Internal Auditor stated that there are no concerns within the contents of the letter from an internal auditor's perspective and that Internal Audit's report on the IJB will be available in full for the Committee's next meeting, after it has progressed through the IJB's own governance structure.

The Committee took **assurance** from the letter from the IJB Audit & Assurance Committee Chair.

6.4 Internal Audit Annual Report 2022/23

The Chief Internal Auditor discussed the main points and themes in the report, noting the overall positive assessment of NHS Fife against the backdrop of another challenging year of high demand and activity

The Chief Internal Auditor highlighted Internal Audit's opinions from the report that:

- The Board has adequate and effective internal controls in place; and
- The 2022/23 Internal Audit Plan has been delivered in line with Public Sector Internal Audit Standards.

A Haston, Non-Executive Member, highlighted the risk to deliver within our financial constraints, particularly due to the changing external environment. It was noted that this is a national issue and the Chief Internal Auditor requested that this is closely monitored.

The Director of Finance & Strategy explained the recent changes to the financial position, noting that NHS Fife Board will be provided with a detailed update at their meeting on 27 June 2023. It was reported that the impact of the recent funding allocation will be discussed, and assessed, through the Executive Directors' Group, the Governance Committees and then the Board.

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

6.5 Service Auditor Reports on Third Party Services

The Head of Financial Services & Procurement spoke to the paper and confirmed that all three reports (NSS Practitioner and Counter Fraud Services, NSS IT Services and NHS Ayrshire & Arran Financial Ledger Services) had come back as unqualified this year.

It was highlighted that an exception was noted during the assessment with regards to the annual disaster recovery process not being tested, as per the documented control for NHS Ayrshire & Arran – National Single Instance Financial Ledger Services.

The Head of Financial Services and Procurement confirmed that the Third Party Service Audit Reports were now all received and had been shared with Azets as part of the Annual Accounts process.

The Committee took **assurance** from the audit opinions and the associated management responses for the services hosted by NHS National Services Scotland (NSS) and by NHS Ayrshire & Arran on behalf of NHS Fife.

6.6 External Annual Audit Report (including ISA 260) 2022/23

C Brown, Head of Public Sector Audit (UK) at Azets, presented the draft report and highlighted the key messages, noting that, since the report was issued, the outstanding matters have now been completed and an unqualified audit opinion has been issued. It was noted a sole adjustment was made in respect of the inclusion of the valuation of the Orthopaedics National Treatment Centre performed at the year end. Conformation was provided that a final report will be issued in advance of the June 2023 Board meeting to confirm that all outstanding matters had now been completed.

C Brown reported that the Board's accounting systems, governance arrangements, financial management arrangements, performance & risk management arrangements and forecasting arrangements are all strong, with no significant weaknesses. The significant risk areas within the report were highlighted and the Chief Executive confirmed that a robust approach will continue for risk management, whilst acknowledging the extent of operating above our risk appetite and giving consideration to the risk tolerance level.

K Jones, Director of Audit & Assurance at Azets, thanked the Director of Finance & Strategy, the Head of Financial Services & Procurement, and team for all their assistance during the audit process.

M McGurk thanked C Brown, K Jones and Finance team for all their hard work in completing their first audit with NHS Fife.

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

6.7 NHS Fife Independent Auditor's Report - Including Draft Letter of Representation

C Brown, Azets, provided a verbal update on the report and advised that the audit certificate, which is included within the accounts, will be signed off by C Brown and the Chief Executive, and that it is a fully unqualified opinion. It was advised that the Letter of Representation from NHS Fife to the Auditors confirms all relevant information has been submitted. The report and letter will go to the June 2023 Board meeting for formal approval.

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

6.8 Governance Statement and NHS Fife Annual Accounts for the Year Ended 31 March 2023

The Director of Finance & Strategy introduced the Annual Accounts for the Year Ended 31 March 2023.

It was reported that one of the key purposes of the Annual Accounts is to confirm the financial performance of the organisation. The importance of how resources are spent were highlighted, and it was advised that specific areas of resource allocation have been drawn out within the document. The Director of Finance highlighted a number of significant achievements during the year despite the continued financial pressures and the volatile economic environment that the Board operated under. The new Orthopaedic National Treatment Centre, which was fully commissioned in March 2023 was highlighted along with the service expansion at Queen Margaret Hospital, both of these projects are expected to significantly enhance the capacity and services provided in 2023/24. The Director of Finance & Strategy also highlighted the organisation's focus on staff health & wellbeing, including the investment from the Fife Health Charity for the creation of the staff wellbeing hubs that have been implemented across a number of sites, and all positively received by staff.

Governance Statement

The Chief Executive advised that the Governance Statement is a key document within the Annual Accounts, and she provided an overview on the purpose of the statement.

The key points from the Governance Statement were outlined, including the work undertaken by the Board on active governance, which included reviewing the focus of the Integrated Performance & Quality Report and linking this to the risk management profile. Also outlined were the operationally managed risks around the creation of the Operational Pressures Escalation Levels (OPEL) Framework, which fully supports good governance at operational level. The Population Health & Wellbeing Strategy approved during the year was highlighted, and it was noted that NHS Fife now has a clear framework which sets out the priorities and ambitions going forward.

The Committee **considered** the governance statement and took **assurance** from the content on the internal control environment within NHS Fife over the course of the past year.

Annual Accounts

The Head of Financial Services & Procurement took the Committee through a number of the key financial performance aspects of the financial statements, including the core and non-core revenue and capital resource limits, as well as the cash resource limit which were all met in 2022/23. Key figures from the remuneration report, as well as aspects of the Statement of Financial Position at the Year End including the consolidation of the Boards share of the Integration Joint Board's reserves were highlighted to the committee.

The Chief Executive highlighted an error on page 26 of the Annual Accounts document, under the 'Population Health & Wellbeing Strategy Development' section, second line,

first paragraph, to remove the word 'and' to read correctly: *In April 2021, the NHS Fife Board agreed to the development of a new organisational strategy, focused on reducing health inequalities, delivering excellence in clinical care and improving population health and wellbeing for the people of Fife.* It was agreed this will be amended for the signed version of the Annual Accounts.

Action: Director of Finance & Strategy

The Head of Financial Services & Procurement highlighted that the Annual Accounts and subsequent audit process for 2022/23 concluded successfully, significantly earlier than in 2021/22 as per the requirement of the Scottish Government, which was testament to the robust planning process and the significant endeavours across the Finance Team.

The Audit & Risk Committee:

- **Reviewed** the draft Annual Accounts for the year ended 31 March 2023.
- **Recommended** to the Board that they adopt the Annual Accounts for the year ended 31 March 2023.
- **Recommended** to the Board to authorise the designated signatories (Chief Executive and Director of Finance & Strategy) to sign the Accounts on behalf of the Board.
- **Approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health and Social Care Directorate.
- **Noted** that the accounts are not in the public domain until they are laid before Parliament.

6.9 Annual Assurance Statement to the NHS Fife Board 2022/23

The Board Secretary explained the purpose of the Annual Assurance Statement to the NHS Board 2022/23.

The Audit & Risk Committee **approved** the Chair's signed approval of the Committee's final version of the Committee Assurance Statement to the Board.

6.10 Patients' Private Funds – Receipts and Payments Accounts 2022/23 & Audit Report

In light of the Statutory Auditor, Thomson Cooper being unable to attend, the Head of Financial Services & Procurement advised that he met with the Audit Partner of Thomson Cooper, along with the Director of Finance & Strategy, on 16 June 2023. An overview was provided on the questions submitted from members, prior to the meeting. It was noted that there had been an increase in the number of patient private funds accounts during 2022/23, despite the reduction in the overall value of the funds, it was referenced that the funds are predominantly held by a few individuals. An overview was also provided on the findings at Stratheden Hospital, with it being noted that additional measures have been put in place to address the risks associated with the vulnerable aspects of these patients. In addition, it was confirmed that Internal Audit have carried out an assignment on the Financial Operating Procedures relating to the Patients Funds, and that the subsequent actions will be concluded in Autumn 2023.

It was reported that there were a number of minor matters identified during the assignment and Thomson Cooper were content with the management responses provided to resolve these.

The Director of Finance & Strategy emphasised the importance of the Patients' Private Funds Accounts, which provides security for patients over funds held on their behalf.

The Audit & Risk Committee:

- Took **assurance** from the Independent Auditor Report on the Patients' Private Funds Accounts and Audit completion memorandum

- **Recommended** that the Patients' Private Funds Accounts be approved by the NHS Board and that the attached letter of Representation be signed by the authorised signatories and provided to the Auditors.

7. INTERNAL AUDIT

7.1 Internal Audit Annual Plan 2023/24

The Chief Internal Auditor spoke to the plan, advising that it reflects the organisation's risks and has been influenced by the Population Health & Wellbeing Strategy. It was noted that the plan is subject to change, dependant on potential changes to the risk profile and priorities over the coming year.

The Director of Finance & Strategy advised that the Executive Team reviewed and supported the plan.

The Committee **approved** the draft Internal Audit Annual Plan for 2023/24.

8. RISK

8.1 Final Annual Risk Management Report 2022/23

The Director of Finance & Strategy advised that the report is presented in its final version, and that the report confirms that adequate and effective risk management arrangements were in place throughout 2022/23. It was noted that there is an improved position with the risk management arrangements due to delivery against a number of key activities in the risk management improvement programme, including the introduction of a new Corporate Risk Register.

The linkage between the Annual Risk Management Report 2022/23, and the views within the Internal Audit and External Audit Annual Reports, were highlighted.

The Director of Finance & Strategy thanked the Risk Manager, for all her hard work over the course of the year.

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

8.2 Corporate Risk Register

The Associate Director of Quality & Clinical Governance and Associate Director of Digital & Information joined the meeting for this agenda item.

The Associate Director of Quality & Clinical Governance highlighted the changes to the overall strategic risk profile, the summary statement, and the proposed changes to the risk description, as detailed in the paper. It was noted that discussions are ongoing around the Covid-19 risk being removed from the Corporate Risk Register and becoming business as usual, and a related new risk around future preparedness for any potential future pandemics, is anticipated to be added in replacement.

It was reported that 8 of the 18 Corporate Risks have undergone a deep dive review, with other risks of particular significance commissioned for deep dives by Committees.

The Associate Director of Digital & Information explained that the Risk & Opportunities Group had reviewed the assurance principles, and they recommended the use of a four-level assurance model, which has since been incorporated into the framework.

The Committee took **assurance** from the Corporate Risk Register update.

9. HEALTH BOARD PARTNERSHIP

9.1 National Services Scotland (NSS) Practitioner Services Partnership Agreement April 2023 – March 2028

The Director of Finance & Strategy explained that the paper describes a set of arrangements that NSS puts in place to register and pay primary care contractors on our behalf, which is reviewed every five years, and that the arrangement applies to all NHS Scotland Health Boards. It was reported that there were no significant amendments from the previous version of agreement. It was noted that the Chief Executive is the Accountable Officer for the payments, arrangements, and expenditure.

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

10. WORKPLAN

10.1 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan.

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

The Director of Finance & Strategy highlighted that the Committee's recommendations on the approval of the Annual Accounts will go to the NHS Fife Board at their June 2023 meeting.

12. ANY OTHER BUSINESS

None.

13. DATE OF NEXT MEETING

Date of Fife NHS Board Meeting to Approve Annual Accounts: **Tuesday 27 June 2023 at 9.30am** in person.

Date of Next Committee Meeting: **Thursday 31 August 2023 at 2pm** via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 7 JULY 2023 AT 10AM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Janette Keenan, Director of Nursing
Aileen Lawrie, Area Clinical Forum Representative
Chris McKenna, Medical Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:
Nicky Connor, Director of Health & Social Care
Shirley Cowie, Senior Nurse/Excellence in Care Lead *(item 8.3 only)*
Claire Dobson, Director of Acute Services
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership
Gillian Malone, Clinical Nurse Manager *(deputising for Norma Beveridge)*
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Maxine Michie, Deputy Director of Finance *(deputising for Margo McGurk)*
Elizabeth Muir, Clinical Effectiveness Manager
Nicola Robertson, Associate Director of Nursing
Shirley-Anne Savage, Associate Director of Quality & Clinical Governance
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1.   Apologies for Absence

Apologies were received from members Sinead Braiden (Non-Executive Member) and routine attendees Iain MacLeod (Deputy Medical Director, Acute Services Division), Margo McGurk (Director of Finance & Strategy).

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Minutes of the Previous Meeting held on 5 May 2023

The Committee formally **approved** the minutes of the previous meeting.

4.   Matters Arising / Action List

The Committee **noted** the updates and also the closed items on the Action List.

A Haston, Non-Executive Member, gave a warm thanks to Jane Anderson, Head of Radiology, who had met with her and took time to answer her questions and provide direct assurance around in-patient safety and radiology.

4.1   Four Pillars of Advanced Practice within Pharmacy

The Director of Pharmacy & Medicine provided a verbal update and advised that a research manuscript was carried out locally on behalf of the East Region. The manuscript had been circulated to those members who requested a copy, and further updates will be provided, in terms of development, to the Committee.

It was agreed to share by circulation the research manuscript with the full Committee.
Action: Director of Pharmacy & Medicine

5.   ACTIVE OR EMERGING ISSUES

The Medical Director updated the Committee on the preparation within services in relation to the Junior Doctors strike, which is planned from 12 – 14 July 2023, should it go ahead.

Following a question from C Grieve, Non-Executive Member, the Medical Director advised that if the strike goes ahead, the impact on the number of Junior Doctors involved in the strike, and number of clinics cancelled, will be documented.

6.   GOVERNANCE MATTERS

6.1   Annual Statement of Assurance for Clinical Governance Oversight Group

The Associate Director of Quality & Clinical Governance reported that the Annual Statement of Assurance provides the Committee with assurance that the Clinical Governance Oversight Group has fulfilled its remit during 2022/23. The key areas within the statement were highlighted, and it was noted that timings for discussing issues at the Group will be reviewed, to allow for full and in-depth discussions on specific topics.

It was noted that the vision for the following year is to bring the statement to the May 2024 meeting, which is in line with the reporting of the other Committee & Groups Annual Statements of Assurance.

The Committee took **assurance** from the Annual Statement of Assurance.

6.2   Annual Internal Audit Report 2022/23

The Deputy Director of Finance advised that the report was presented and approved by the Audit & Risk Committee at their meeting on 23 June 2023. The report provides outcomes on the 2022/23 internal audit work plan and outlines the Chief Internal Auditor's positive opinion on the Board's internal control framework for 2022/23. Positive progress in a number of areas were outlined. It was noted that the report highlights challenges in terms of deliverable performance targets and financial sustainability, however it also acknowledges the common challenges and issues being faced across all NHS Scotland Health Boards.

The Medical Director noted that the report highlights the improvement programmes, in terms of clinical governance, that have been carried out, and that the report also includes actions that have been addressed from the Internal Control Evaluation Report. Following a question from the Chair, the Board Secretary explained that it is the role of the Audit & Risk Committee to review the ongoing work in relation to any outstanding actions, and that these are captured to completion within the Internal Audit Follow Up process.

The Committee **considered** the narrative within the corporate governance section and took **assurance** from this finalised report.

6.3 **Corporate Risks Aligned to Clinical Governance Committee, Including Deep Dive on Quality & Safety**

The Medical Director introduced this item and noted that the Deep Dive on Access to Outpatient, Diagnostic and Treatment Services paper, which was presented to the Finance, Performance & Resources Committee, has been included within the papers to provide further assurance, due to the clinical impacts to the delays to treatment which are currently being experienced.

The Associate Director of Quality & Clinical Governance advised that the deep dive on quality & safety was presented to the Clinical Governance Oversight Group and Executive Directors' Group, and comments from both groups have been considered. It was reported that the level of risk assurance has been added to the deep dive, with a reasonable level of assurance for the quality & safety risk. It was highlighted that there are some management actions that require significant work, which are aligned to the implementation of the Clinical Governance Strategic Framework. The Associate Director of Quality & Clinical Governance spoke to the management actions which have a significant level of delivery challenge, as detailed in the paper.

Following a query from C Grieve, Non-Executive Member, it was agreed that the risk scores required to be reviewed given the likelihood of occurrence was scored very high, despite number of completed mitigating actions. The Chair requested that the tool that outlines the detail of the risk ratings be included within the report.
Action: Associate Director of Quality & Clinical Governance

Discussion took place on the deep dive on Access to Outpatient, Diagnostic and Treatment Services that was presented to the Finance, Performance & Resources Committee at their March 2023 meeting. It was highlighted that the risk ratings differ from the Clinical Governance Committee deep dive, and it was explained that this was due to timings, and the format had since been changed. A request was made to add actions relating to keeping patients safe whilst waiting for treatment, on the associated management actions relating to that particular risk.

Action: Associate Director of Quality & Clinical Governance

Assurance was provided that work is underway to support these individuals, and that this is monitored through the Planned Care Programme Board. It was confirmed that the Finance, Performance & Resources deep dive was presented in March 2023, and that some of the information is now out-of-date.

The Committee took **assurance** from the Deep Dive on Quality & Assurance.

6.4   Delivery of Annual Workplan 2023/24

The Associate Director of Quality & Clinical Governance highlighted updates to the workplan since the previous meeting.

The Committee took **assurance** from the tracked workplan.

7.   STRATEGY / PLANNING

7.1   Annual Delivery Plan 2023/24

The Chief Executive explained that the Annual Delivery Plan addresses specific expectations and priorities of the Scottish Government. It was reported that templates have been adapted to suit NHS Fife's requirements and mapped to the new organisational strategy and our four strategic priorities. It was noted the plan is high level and does not encompass all the actions and work that will be undertaken throughout the organisation. The Annual Delivery Plan will be utilised for performance monitoring.

The Chief Executive advised that following submission of the plan to the Scottish Government at the beginning of June 2023, and following feedback, no further iterations of the plan are required to be submitted, however clarity has been requested around some of the detailed templates.

The Chair questioned where the impact assessment for capacity and delivery would sit. It was advised that this would sit under the planned care template, however it was noted that trajectories and projections have been carried out for 2023/24 and the position is unlikely to improve due to the demand on services and the capacity available. It was noted that the Scottish Government have requested an additional plan in terms of accessing further financial resource to support demand and capacity, and that this would be discussed in due course through the Finance, Performance & Resources Committee.

The Committee **endorsed** the draft Annual Delivery Plan 2023/24 and **recommended** approval from the NHS Fife Board.

7.2   Clinical Governance Strategic Framework Delivery Plan 2023-24

The Associate Director of Quality & Clinical Governance provided background detail and welcomed comments or additions to be included within the plan. It was agreed to add to the plan that any emerging issues would come to the Committee by exception, in addition to the regular reporting schedule.

Action: Associate Director of Quality & Clinical Governance

The Committee took **assurance** from the Clinical Governance Strategic Delivery Plan 2023-24.

8. **QUALITY/PERFORMANCE**

8.1 **Integrated Performance and Quality Report**

The Director of Nursing advised that discussions have been taking place on enhancing the narrative within the IPQR, particularly in relation to in-patient falls, pressure ulcers and complaints, and that this will be reflected in the next iteration of the IPQR. The Chair thanked all involved.

It was reported the number of in-patient falls continues to fluctuate and is below target, however, there had been some improvement within the Health & Social Care Partnership. It was noted that the majority of in-patient falls over the last quarter resulted in either no harm or minor harm, and the major or extreme falls were less than 3% of total in-patient falls. It was highlighted that NHS Fife is one of the better performing Health Boards in Scotland.

An update was provided on pressure ulcers, and it was reported that significant work has been undertaken. An overview on the work carried out by the Tissue Viability Team was provided. It was advised that the rate of pressure ulcers reduced in April 2023 for the third successive month. Following a question from the Chair, it was confirmed that learning has been shared from the Health & Social Care Partnership across to the Acute Services and other areas of the Partnership. It was also noted that the quality improvement work carried out within the Partnership has been beneficial and an update will be provided at the next meeting.

Action: Director of Nursing/Medical Director

The Director of Nursing also provided an overview on SAB, C Diff and E Coli Bacteraemia, as detailed in the report. An update on complaints was provided at agenda item 10.1. A Haston, Non-Executive Member, queried the increase in C Diff and was advised that work is ongoing with the Infection Control Doctors and Teams to identify the risk. She also questioned the learnings from the potential cross transmission to avoid future occurrences and was advised that the Infection Control Team are carrying out a review, and to date, nothing specific has been identified.

The Committee took **assurance** and **examined** and **considered** the NHS Fife performance as summarised in the IPQR.

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

The Director of Nursing highlighted that NHS Fife achieved a green status for the Cleaning and the Healthcare Environment compliance.

The Director of Nursing also highlighted the Healthcare Improvement Scotland (HIS) unannounced Infection Prevention and Control Inspections of Mental Health Units at Queen Margaret Hospital and Whyteman's Brae Hospital. Further detail was provided under agenda item 8.4.

It was reported that hand hygiene audit work is ongoing, and the issues with electronic recording was explained. The timescales for a new electronic system being implemented and the back up in the interim was questioned. In response, the Director of Nursing explained that solutions are being explored between the Infection Control Team and the Digital & Information Team, and an update will be provided at the next Committee meeting.

Action: Director of Nursing

Following questions from the Chair, it was advised that there are no concerns around surgical site programmes locally, and that no guidance has been received from the Scottish Government on when the programmes will restart. It was also reported that there are no concerns around Clostridioides Difficile Infection (CDI).

The Committee welcomed a deep dive on specific items within the report.

Action: Director of Nursing

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

8.3 Excellence in Care Presentation

The Director of Nursing introduced this item and welcomed S Cowie, Senior Nurse/Excellence in Care Lead, to the meeting. A presentation on Excellence in Care was provided to the Committee.

Following a query from A Haston, Non-Executive Member, it was confirmed that Excellence in Care is a national care assurance programme, and it was advised that it is anticipated that all Health Boards will have to submit a report. It was noted that NHS Fife has submitted its first report to the Scottish Government.

It was agreed to hold a future Committee Development Session on Excellence in Care. Progress reports would also be submitted to the Committee as part of the regular cycle of business.

Action: Director of Nursing/Board Committee Support Officer

The Chair thanked S Cowie for an informative presentation.

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

8.4 Infection Control Inspection by Health Improvement Scotland Report

The Director of Nursing reported that there was an unannounced Healthcare Improvement Scotland (HIS) Infection Prevention and Control Inspection of Mental Health Services at Queen Margaret Hospital and Whyteman's Brae Hospital. The areas inspected, areas of good practice, requirements and recommendations were outlined, and it was noted than an action plan to address the requirements has been developed. Following a question, it was explained that the minimum bed space requirements are being met and that they vary between new and old buildings.

A Haston, Non-Executive Member, queried the link to a representative of patient public involvement being involved in the production of the improvement action plan. The Director of Nursing agreed to provide a response outwith the meeting.

Action: Director of Nursing

Assurance was provided that the backlog of minor repairs is being addressed.

C Grieve, Non-Executive Member, commented that the inspection is timely in terms of the development of the Board's Mental Health Strategy.

The Committee **noted** the very positive feedback around areas of good practice.

The Committee took **assurance** from the report that actions have been taken to address the requirements and recommendations from the Inspection.

8.5   NHS Response to Fatal Accident Inquiry (Linda Allan) & Recommendations

The Medical Director outlined to the Committee the Fatal Accident Inquiry (FAI) and NHS Fife's response to the recommendations. It was advised that the action plan will sit with the Acute Services Clinical Governance Committee for reporting and review, for completion. C Grieve, Non-Executive Member, requested clarity on the target dates in the action plan, noting that some dates had passed. It was advised that this was due to timings of the paper coming to Committee, and that the plan will have since been updated.

Following a question from K MacDonald, Non-Executive Member, around learning and disseminating back to teams, it was advised that the Organisational Learning Group is being rejuvenated, and that the action plan from this FAI is on the agenda to take forward. It was noted that there is an opportunity to take learning and share across the organisation. The Director of Pharmacy & Medicines added that learning in terms of medicines is shared across teams on a regular basis.

The Chair questioned what will be put in place to ensure the improvements are sustained, including compliance. The Medical Director highlighted the challenges and plans to take forward.

The Committee took **assurance** that the Fatal Accident Inquiry for Ms Linda Allan has been appropriately responded to and that organisational learning has taken place.

9.   DIGITAL / INFORMATION

9.1   Digital and Information Strategy 2019-24 Update

The Associate Director of Digital & Information reported that the Digital Strategy has been refreshed, and a review of the deliverables is being undertaken with a focus on optimising the outpatient capacity. It was noted that the Digital Strategy is aligned to the priorities within the Population Health & Wellbeing Strategy.

An overview on the Digital Strategy Ambitions was provided.

Following questions from A Haston, Non-Executive Member, it was advised that governance groups are looking to formulise our approach to accelerate an adoption of the electronic health record, supported by electronic patient records. It was also advised a strategic review of progress will be carried out, which will support identifying areas for change or carrying forward.

The Chair highlighted that within the Internal Audit Report there is a recommendation that the Committee need to be made aware of elements of the Digital Strategy that will not meet the 2024 deadline. It was agreed that the High Level Delivery Plan will be streamlined to become a one-page document highlighting what will be delivered, or not delivered, and will include deadline dates and risks. The document will be brought back to the next Committee meeting.

Action: Associate Director of Digital & Information

The Committee took **assurance** of suitable progress for the Digital and Information Strategy 2019-2024.

10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Experience & Feedback Report

The Director of Nursing advised that there were 42 stage 2 complaints received in April 2023, and 23 stage 2 complaints were closed, which is a more positive rate of performance. It was noted that work addressing the backlog of complaints continues.

The level of detail for stage 2 complaints, which clarifies where each complaint is in the process, was highlighted and an overview provided. An overview on the key points from the report was provided. It was noted that new processes that are being put in place will help sustain improved performance.

Following questions from C Grieve, Non-Executive Member, regarding the process for improvement and addressing the backlog, the Director of Nursing advised that there had been challenges for senior staff to write statements due to their busy work schedules, and that a Patient Experience Officer is now in place to support. The Associate Director of Nursing added that the MSForms questionnaire returns were very comprehensive in terms of reasons for delays in responding to complaints, and it was advised a report on the outcomes is being drafted.

The Director of Nursing advised that the complaints improvement plan is being updated and will be replaced within the report. It was reported that a milestone plan is being explored for the long delay complaints.

The Chief Executive acknowledged the challenges and difficulties for senior staff in responding to complaints and noted that there is priority to deliver care to patients. She also acknowledged that the position for responding to complaints is currently not at an acceptable level and work is ongoing through improvement plans.

The Chair questioned if there would be an opportunity to change the 20 day standard response time, through discussions nationally, due to the challenges and complexities of meeting this target faced across all health boards. It was noted that the complexity of complaint responses often means a 20 day response time is not realistic in order to support robust investigation of the issues. The Director of Nursing advised that the 20 day response time is set for all public services by the Scottish Public Service Ombudsman (SPSO) and is unlikely to be changed.

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

11. ANNUAL REPORTS

11.1 Clinical Advisory Panel Annual Report

The Medical Director advised that the report is presented to the Committee on a yearly basis to provide assurance on the activities of the Clinical Advisory Panel and to assure the Committee that a reasonable and well governed process is in place. Assurance is also provided, to ensure that patients requiring treatment outwith the options available from NHS Fife and Service Level Agreements (SLAs) from surrounding Health Boards, receive equity in access to treatments.

Following a question from A Haston, Non-Executive Member, the Medical Director advised that there is an appeal process in place, which sits outwith the Clinical Advisory Panel, for any cases that are declined. The Medical Director agreed to add detail on the appeal process to the report.

Action: Medical Director

It was advised that the report is only presented to the Clinical Governance Committee, however, any financial issues or pressure that may arise would be included within reports that go to the Finance, Performance & Resources Committee.

Following a question from the Chair, the Medical Director explained that opportunities to deliver services more locally, rather than externally, are discussed at the Clinical Advisory Panel.

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

11.2 Director of Public Health Annual Report

The Director of Public Health noted that the report is a text only version presented to the Committee (images will be added before publication), and she explained the change of approach to the report, noting that there is a single topic approach on child health for the 2023 report, which is an emerging national priority.

The Director of Public Health highlighted the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC), which will support decision making for our services.

A Haston, Non-Executive Member, highlighted the maternal smoking rates and queried the work that is being undertaken for improving the rates. In response, it was advised that the Smoking Cessation Team are aware of the high rates and are taking improvement work forward. It was advised that different approaches have been trialled to reduce the barriers for patients. The disruption to the service due to the pandemic was highlighted. The Director of Health & Social Care advised that a report went to the Public Health & Wellbeing Committee around the work that is underway for the Smoking Cessation Service in terms of smoking cessation, prevention, and protection. It was noted discussions are ongoing in relation to the Prevention and Early Intervention Strategy and an overview was provided on some of the preventative work and opportunities for the promotion of health & wellbeing.

A Haston, Non-Executive Member, requested more detail on the examples of good practice for perinatal mental health. The Director of Public Health agreed to respond to A Haston outwith the meeting.

Following a question from A Haston, Non-Executive Member, regarding the results of the Fife Children & Young People Health & Wellbeing Survey, it was advised that once the report is published, a hyperlink will be added directing the reader to the results.

It was reported that quality evidence around areas of inequality has been shared with the Chair of the Fife Health Charity Board of Trustees.

It was advised that the report will be shared with the NHS Fife Board and discussed further at a forthcoming Development Session.

The Committee **discussed**, **examined** and **considered** the Director of Public Health Annual Report for 2023.

11.3   Fife Child Protection Annual Report

The Director of Nursing advised that the report was also presented to the Public Health & Wellbeing Committee at their July 2023 meeting.

The Director of Nursing spoke to the report and highlighted the key points, including the challenges and successes.

An explanation was provided on accessing the child protection advice line out of hours.

The Director of Nursing and Director of Health & Social Care thanked Lindsay Douglas, Lead Nurse Child Protection, Heather Bett, Senior Manager, and Lisa Cooper, Head of Service, for the in-depth report.

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

12.   LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

12.1   Area Clinical Forum dated 8 June 2023 (unconfirmed)

12.2   Area Medical Committee dated 2 May 2023 (unconfirmed)

12.3   Cancer Governance & Strategy Group dated 31 May 2023 (unconfirmed)

12.4   Clinical Governance Oversight Group dated 18 April 2023 (confirmed)

12.5   Fife Area Drugs & Therapeutic Committee dated 26 April 2023 (unconfirmed)

12.6   Health & Safety Subcommittee dated 9 June 2023 (unconfirmed)

12.7   Infection Control Committee dated 7 June 2023 (unconfirmed)

13.   ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

13.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to the Board.

It was agreed to highlight to the Board the work underway on complaints and IPQR developments.

14.   ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 8 September 2023 from 10am – 1pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 11 JULY 2023 AT 9.30AM VIA MS TEAMS

Alistair Morris
Chair

Present:

Alistair Morris, Non-Executive Director (Chair)	Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director	Joy Tomlinson, Director of Public Health
Cllr David Graham, Non-Executive Director	Carol Potter, Chief Executive
John Kemp, Non-Executive Director	Aileen Lawrie, Area Clinical Forum Representative

In Attendance:

Nicky Connor, Director of Health & Social Care

Ben Hannan, Director of Pharmacy & Medicines

Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Maxine Michie, Deputy Director of Finance

Kevin Reith, Deputy Director of Workforce *(for item 5.2.1 only)*

Pauline Anne Cumming, Risk Manager *(for item 5.2 only)*

Kerrie Donald, Executive Assistant to the Director of Finance & Strategy *(minutes)*

Chair's Opening Remarks

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

1.   Apologies for Absence

Apologies were noted from members Wilma Brown (Employee Director), Alastair Grant (Non-Executive Director), Margo McGurk (Director of Finance & Strategy) and attendees Claire Dobson (Director of Acute Services) and Neil McCormick (Director of Property & Asset Management).

2.   Declaration of Members' Interests

There were no members' interests to declare.

3.   Minute of the last Meeting held on 9 May 2023

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

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4. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

5. GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2022/23

The Deputy Director of Finance presented the report, highlighting it is the final report for 2022/23, which was approved at the Audit & Risk Committee on 23 June 2023. The report references several challenges the Board faces in relation to deliverability of national performance targets. However, it also acknowledges that these challenges are faced across all NHS Scotland Boards.

The Chair highlighted that the report shows effective performance and a positive direction of travel for NHS Fife.

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

5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Risk Manager joined the meeting and presented the paper, highlighting that no additional risks or changes to the scoring of the corporate risks have been made. However, it was highlighted that the levels of assurance have been refined to indicate either substantial, reasonable, limited or no assurance.

Following a query by the Chair regarding risk 7, the Chief Executive noted NHS Fife has been very overt and specific with Scottish Government regarding the current financial position and continues to plan activity based on the current workforce. However, she confirmed the gap remains as part of the overall financial pressure for 2023/24.

J Kemp, Non-Executive Director, queried if there was evidence available to highlight what resources and staffing would be required to reduce the diagnostic waiting times. Following discussion with members, it was agreed a planned care programme report should be brought to the September committee meeting encompassing the risk register, IPQR and ADP, to give members assurance on the actions underway to mitigate risk, whilst also highlighting what money, equipment and staffing would be needed to reduce the diagnostic waiting times.

Action: Director of Acute Services / Medical Director

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

5.2.1 Deep Dive – Bank & Agency Work

The Deputy Director of Workforce joined the meeting and presented the bank and agency deep dive paper, providing therein an update on the work of the Bank and Agency Programme Board.

Following a query from J Kemp, Non-Executive Director, the Deputy Director of Workforce confirmed savings from changes with bank and agency spend would be noticeable within quarter 2 and 3 of the 2023/24 financial year. The Deputy Director of Finance highlighted there has been a significant decrease in the volume of invoices

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received from agency staffing and highlighted that although NHS Fife are moving to framework agencies, saving will still be made due to the difference in hourly and commission rates charged, which will be evident within quarter 2 of the financial year. The Deputy Director of Finance further noted funding has been secured to recruit a further 17 international recruits, noting however the process can take between 4-6 months for recruiting internationally.

The Director of Pharmacy & Medicines highlighted that the changes to bank and agency staffing is a multi-phased approach, with each stage being underpinned with appropriate financial release. After discussion, it was agreed a paper would be brought to a future committee meeting outlining each phase, with financial insight, to give assurance to committee members.

Action: Director of Pharmacy & Medicine / Director of Acute Services / Director of Finance & Strategy / Director of Workforce

The Committee took **assurance** from the deep dive.

5.3 Delivery of Annual Workplan 2023/24

The Head of Corporate Governance & Board Secretary presented the workplan, highlighting that, due to annual leave, the Labs Managed Service Contract Performance Report and Potential PFI Re-Financing for VHK Phase 3 Report has been deferred to the September committee meeting.

The Committee noted the deferred items and took **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/24

The Chief Executive presented the paper, highlighting that the Annual Delivery Plan maps NHS Fife's corporate objectives into the priorities set by Scottish Government. Following its submission, the Committee were pleased to note the positive feedback on the Annual Delivery Plan received from Scottish Government.

The Chair praised the paper, noting the Annual Delivery Plan is very clear with appropriate drive and ambition behind it.

The Committee **endorsed** the report.

6.2 Financial Improvement and Sustainability Programme Progress Report

The Deputy Director of Finance advised the paper presented to the committee provides an update from the May 2023 meeting. The Financial Improvement and Sustainability Board (FIS) has since met at the end of June 2023 and a verbal update could be provided on its deliberations. The Deputy Director of Finance noted that, at the end of May 2023, the £15m savings target were target for being met, however additional cost improvement plans were identified at the June 2023 FIS Board meeting. The Medicines Optimisation Board are firming up plans to deliver £1m of savings over the coming months and the Acute Service Division have identified £1.5m of savings including Covid legacy costs, with a potential further £0.5m currently being scoped.

The Deputy Director of Finance further highlighted that work continues with the re-financing of PFI contracts, however conclusions will not be known until later in the calendar year. Work is ongoing to review corporate overheads, specifically assessing areas going paperlite, to ensure digital solutions are optimised as significant savings can be made in areas with a reduced dependency on paper.

The Chair thanked the Deputy Director of Finance for the verbal update, noting the position at June 2023 is more positive and recognises the significant effort being put in from the teams to create recurring and sustainable savings.

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

7. **QUALITY / PERFORMANCE**

7.1 **Integrated Performance & Quality Report**

The Director of Health & Social Care provided an overview of the Delayed Discharge section of the report, highlighting the percentage of bed days lost to 'standard' delays has achieved target for the third month in a row. Care Home Coordinators have been introduced as a new initiative to support the timely transfer of individuals through the pathway from hospital to the care setting.

The Chief Executive provided an overview of the report, highlighting 4-hour emergency access remains difficult. However, the main performance trajectories show an overall improvement across all sites, including minor injuries. Challenges remain with inpatient day cases, noting long waits continue within Orthopaedics, General Surgery, Urology, Gynaecology and Plastic Surgery. However, it was noted the new day surgery treatment room at Queen Margaret Hospital will open in August 2023, thereby creating additional capacity due to releasing a theatre for use.

The Chair advised that the phrase *"It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding available and continued pressures in unscheduled care, staff absence and vacancies"* could be strengthened in future reports to recognise that in achieving the target trajectory agreed with Scottish Government as part of the ADP, that NHS Fife requires to determine options to manage the additional £1.8m cost pressure arising.

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

7.2 **Financial Performance and Sustainability Report**

The Deputy Director of Finance presented the report, highlighting that the paper reflects the financial position as of May 2023 and the data included within is prior to the notification of the additional £8.3m NRAC funding received in June 2023.

Following a statement made from the Chair regarding the use of NRAC money being maximised in areas to show improvements, the Chief Executive highlighted that as NRAC funding is received as a consequence of the change in demographics of the population, statistics have shown in a number of years the population of over 65s will increase by 35% and will directly impact on the demographic presentation of patients coming into the emergency department.

The Chief Executive advised that the NRAC money will be targeted in a planned way at areas that can clearly demonstrate how financial investment can bring a positive impact to patients and performance, and proposals will in future be presented to committees for discussion and endorsement.

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

8. **LINKED COMMITTEE / GROUP MINUTES**

The Committee **noted** the linked committee minutes:

8.1 Fife Capital Investment Group held on 19 April 2023 (confirmed) & 26 May 2023 (unconfirmed)

8.2 Procurement Governance Board held on 28 April 2023 (unconfirmed)

8.3 IJB Finance, Performance & Scrutiny Committee held on 17 March 2023 (confirmed)

8.4 Primary Medical Services Committee held on 6 June 2023 (unconfirmed)

8.5 Pharmacy Practice Committee held on 31 May 2023 (unconfirmed)

9. **ESCALATION OF ISSUES TO NHS FIFE BOARD**

9.1 **To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

9.2 **Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no issues to escalate to the Board.

10. **ANY OTHER BUSINESS**

There was no other business.

11. **DATE OF NEXT MEETING**

The next meeting will be held on Tuesday 12 September 2023 at 9:30am via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 3 JULY 2023 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Mansoor Mahmood, Non-Executive Member
Chris McKenna, Medical Director
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:
Nicky Connor, Director of Health & Social Care
Christopher Conroy, Programme Director *(item 8.4 only)*
Lisa Cooper, Head of Primary & Preventative Care Services *(item 6.3 & 6.4 only)*
Esther Curnock, Consultant in Public Health Medicine *(item 8.4 only)*
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Tom McCarthy, Portfolio Manager *(observing item 5.2 only)*
Maxine Michie, Deputy Director of Finance *(deputising for Margo McGurk)*
Fay Richmond, Executive Officer to the Chair & Chief Executive
Lorna Watson, Consultant in Public Health Medicine *(item 8.1 only)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. **Apologies for Absence**

   Apologies were received from members Wilma Brown (Employee Director) and Margo McGurk (Director of Finance & Strategy), and attendee Susan Fraser (Associate Director of Planning & Performance).

2. **Declaration of Members' Interests**

   There was no declaration of members' interests.

3. **Minutes of Previous Meeting held on Monday 15 May 2023**

The minutes from the previous meeting was **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

5. GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2022/23

The Deputy Director of Finance advised that the report was presented and approved by the Audit & Risk Committee at their meeting on 23 June 2023. The report provides outcomes on the 2022/23 internal audit work plan and outlines the Chief Internal Auditor's positive opinion on the Board's internal control framework for 2022/23. Positive progress in a number of areas were outlined. It was noted that the report highlights challenges in terms of deliverable performance targets and financial sustainability, however it also acknowledges the common challenges and issues being faced across all NHS Scotland Health Boards.

A Wood, Non-Executive Member, questioned next steps and the process to formally allocate the recommendations to the various Governance Committees. In response, the Chief Executive explained that the recommendations are aligned to individual Directors and the ownership for assurance of taking forward the recommendations sit with the Audit & Risk Committee, who also have overall responsibility for ensuring completion of audit follow-up actions.

The Committee **considered** the narrative within the corporate governance section and took **assurance** from this finalised report.

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health provided an overview on the overarching corporate risks aligned to the Public Health & Wellbeing Committee, noting that there has been positive progress. A change was highlighted in relation to the risk description for Primary Care Services, which reflects discussions at the last Committee meeting.

An update was provided on the work carried out by the Risk & Opportunities Group to further develop the assurance levels for corporate risks and to also define those levels.

The Director of Public Health highlighted the schedule of risks to come to the Committee, nothing that triannual updates on the deep dive risks would be presented.

Members commented on the summary statement, controls and risk mitigation. They noted that the activities underway to reduce risks and manage within the risk appetite are not captured in the current format of the report. The Chair requested that a description on the actions being taken, to move risks from those that are outwith the risk appetite, is added, or to consider whether the risk level should be moved. He noted that the templates and processes currently in place do not allow for discussions to mitigate and manage those risks. The Director of Public Health advised that the Risk & Opportunities Group are strengthening that process, and she agreed to discuss also

strengthening the reporting, outwith the meeting, with the Director of Finance & Strategy and Risk Manager.

Action: Director of Public Health

5.2.1 Deep Dive: Population Health & Wellbeing Strategy

It advised that the Population Health & Wellbeing Strategy was subject to two Board Development Sessions and was ratified at the March 2023 Board meeting.

The Director of Public Health outlined the Population Health & Wellbeing Strategy risk and explained the complexities and challenges around the deep dive. It was noted that the focus of the risk is around the governance, assurance and delivery of the strategy. The root causes were outlined, and it was advised that these were mapped to our four strategic ambitions in Appendix 1. It was also reported that the enabling strategies that underpin the overarching Population Health & Wellbeing Committee are being developed. Areas of significant challenge were highlighted within the report, and these relate to the root causes which have been described.

A Wood, Non-Executive Member, commented that the mitigation actions to provide reasonable assurance within the risk management framework are not being fully captured, and she also suggested to include identifying weakness and developing further mitigation actions to reduce exposure. In response, the Director of Public Health explained that there will be a range of supporting frameworks and strategies that will underpin the delivery, and as they are currently not in place, the assurance provided is limited. It was advised a mapping exercise will be carried out to identify any gaps, and actions will start to progress as the frameworks and strategies are implemented.

Following a question from M Mahmood, Non-Executive Member, the Director of Public Health indicated that there is confidence that the actions that have not started yet, will quickly be on track once they commence. It was advised that an update will be provided at the September 2023 meeting on the timeline for commencement of those actions.

Action: Director of Public Health

The Committee took **limited assurance** from the Deep Dive of this risk, noting that the actions outlined will be taken forward, with a further update provided to the Committee at the September 2023 meeting.

5.3 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan.

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/24

The Chief Executive reported that the Annual Delivery Plan 2023/24 was submitted to the Scottish Government at the beginning of June 2023, and following feedback, no further iterations of the plan are required to be submitted, however clarity has been requested around some of the detailed templates. It was reported that templates have been adapted to suit NHS Fife's requirements and mapped to the new organisational strategy and to the corporate objectives. It was noted the plan is high level and does

not encompass all the actions and work that will be undertaken throughout the organisation.

Following a query from A Wood, Non-Executive Member, around the public health priorities, it was explained that the Annual Delivery Plan guidance was very specific on what was to be included within the document and was skewed towards specific expectations and priorities of the Scottish Government. It was noted that the sections around health inequalities and Anchor ambitions were both positive new additions to the Annual Delivery Plan.

The Committee **endorsed** the draft Annual Delivery Plan 2023/24 and **recommended** approval from the NHS Fife Board.

6.2   Medium Term Plan 2023-26

The Deputy Director of Finance highlighted that sections of the plan are a work-in-progress, such as planned care and that the modelling data is awaited from the Scottish Government to complete that work. It was advised that the main content within the plan is responding to specific requests around certain areas and responding to the Scottish Government recovery drivers. It was noted that there is an overlap with the Medium Term Plan and Annual Delivery Plan, with a greater focus from the Scottish Government on the Annual Delivery Plan and associated supporting plans.

The Committee discussed and **approved** in principle the content of the Medium Term Plan 2023/26 (recognising aspects remain a work-in-progress).

6.3   Primary Care Strategy 2023-26

The Director of Health & Social Care provided an update and advised that the contents of the strategy had been developed with involvement from all who have responsibilities in relation to primary care. The document outlines work that has been carried out and the challenges ahead. The strategy is aligned to the Premises Strategy and wider Population Health and Wellbeing Strategy. It was advised that there is a clear vision statement, clear strategic aims and three-year delivery plan to take forward actions. It was reported that Key Performance Indicators are actively in development and will be presented to the Primary Care Oversight Group in the first instance. It was also advised that a summarised version of the strategy, to be public facing, and to be shared with the Board, will be developed.

Following questions from members around participation and engagement activity, particularly the plans for supporting people who had experienced exclusion, and the accessibility to General Practices and dentists, it was explained that there is an ambition to ensure that everyone in Fife has access to dental services. Work to identify how many people do not have access to a General Practice, which will include looking at capacity within General Practices, will be carried out. It was noted that identifying geographical distance to services for the population of Fife can be mapped using a heat map.

It was reported that work is ongoing within the inequality teams to identify those that may be excluded from services, identifying areas that will promote accessibility. Accessing more data nationally will be linked into future performance reports and it was

advised that the data will support actions to support a positive change in outcomes. It was highlighted that the establishment of a new medical school, through partnership with St Andrews University, will support development of interventions which will promote better outcomes for patients.

It was advised that the strategy underpins both the Population Health & Wellbeing Strategy and the Health & Social Care Partnership Strategic Plan.

The Committee took **assurance** from the Fife Primary Care Strategy 2023-26 and r**ecommended** this strategy to NHS Fife Board at the July 2023 Board Meeting. The strategy will also go to the Integration Joint Board in parallel.

6.4   Implementation of the Promise National Strategy

The Director of Health & Social Care reported that the strategy will be delivered across multiple services. An overview on the work being delivered across NHS Fife & the Health & Social Care Partnership (HSCP) was provided, as detailed in the report. The expectations and examples of good practice, contained within the appendices of the report, was highlighted. It was also advised that progress updates will be brought back to the Committee.

A Wood, Non-Executive Member, suggested enhancing the Equality Impact Assessment (EQIA) to include the broader services, and to build in further data and information, including homelessness and children's rights assessment. It was explained that work is underway to include children's & young people's rights as part of all EQIAs across services.

The Chair thanked the Director of Health & Social Care, L Cooper, Head of Primary & Preventative Care Services, and their teams for all their hard work.

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

7.   QUALITY / PERFORMANCE

7.1   Integrated Performance & Quality Report

The Director of Public Health noted that the data for immunisation has not changed since the last report to Committee, due to timings of the reporting.

The Director of Health & Social Care reported that an annual report for smoking cessation has been developed, and an update on the report was provided at agenda item 8.5. It was advised that alignment with Acute Services to improve the uptake for smoking cessation is currently underway. A Wood, Non-Executive Member, queried the targeted work for children & young people that is being undertaken, and if this includes schools and colleges. In response, an overview was provided on the key aspects of this targeted work, with it being noted that this area is included within the Health Promotion Service Annual Report.

In terms of Child & Adolescent Mental Health Services (CAMHS), the challenges with longest waits and access to treatment was explained. It was highlighted that patients are not waiting over 35 weeks for treatment, and those waiting over 18 weeks are being

closely monitored. An overview was provided on the additional actions that have been put in place to address both the longest waits and access to treatment.

An update was provided on Psychological Therapies (PT), and it was advised that there had been a slight decline in performance, potentially due to holiday periods. It was reported that a significant amount of work is being carried out in terms of both recruitment and development of PT services, and the challenges were outlined.

The Committee took **assurance**, discussed, examined, and considered the NHS Fife performance as summarised in the IPQR.

8.   ANNUAL REPORTS

8.1   Director of Public Health Annual Report 2023

The Director of Public Health noted that the report is a text only version presented to the Committee, and she explained the change of approach to the report, noting that there is a single topic approach on child health for the 2023 report, which is an emerging national priority.

L Watson, Consultant in Public Health Medicine, joined the meeting and gave an overview on the report and the key findings.

A Wood, Non-Executive Member, highlighted the key recommendations and next steps and stated that we need to ensure we can influence in the right places. In response, it was advised that consideration will be given to the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC) for decision making both within NHS Fife and our partner organisations, and that this will also influence strategies, policy documents and signposting.

M Mahmood, Non-Executive Member, questioned if there were any early years programmes as part of the early intervention within schools for mental health & wellbeing. It was explained that there are a number of initiatives and programmes in this area, and that services are working closely together. It was agreed to share with the Committee the 'Our Minds Matter' framework.

Action: Director of H&SC

The Chief Executive noted that the Director of Public Health Annual Report and Population Health & Wellbeing Strategy will form the building blocks of our delivery plans.

It was advised that the report will be shared with the NHS Fife Board, and once published will be shared externally as widely as possible.

The Committee **discussed**, **examined** and **considered** the Director of Public Health Annual Report for 2023.

8.2   Fife Child Protection Annual Report 2022/23

The Director of Nursing spoke to the report and highlighted the key points, including the challenges and successes.

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Following a question from A Wood, Non-Executive Member, it was advised that the lead agency for child protection is the Local Authority. The Chief Executive added that there is an individual and collective accountability within a number of services.

An explanation was provided on accessing the child protection advice line out of hours.

It was advised that a gap analysis has been carried out for the Public Protection Assurance Framework, and once the self-evaluation toolkit is published, both documents will be brought back to the Committee.

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

8.3 Health Promotion Service Annual Report 2022/23

The Director of Health & Social Care advised that the report outlines the role of the service, which is carried out in collaboration with multiple agencies, and that it sets out the range of work undertaken and the key drivers. It was advised that there is alignment within the work presented within the report to the Population Health & Wellbeing Strategy, National Public Health priorities, and the Health & Social Care Partnership Strategic Plan.

It was reported that it is expected next year that reporting of this work will be included within the progress of the Prevention and Early Intervention Strategy.

The Chair commended all involved for the report.

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

8.4 Annual Immunisation Report 2023 & Review of Immunisation Strategic Framework 2021-24

The Director of Public Health introduced this item.

C Conroy, Programme Director, joined the meeting and provided background detail to the paper, advising that the report provides an overview of progress on the key areas of delivery. An overview on the priority areas for the coming year was provided, and the challenges were highlighted.

E Curnock, Consultant in Public Health Medicine, joined the meeting and highlighted the key points on vaccine preventable disease, surveillance rates and vaccination uptake rates, from the report.

It was agreed to hold a future Development Session focussed on immunisation to provide further detail.

Action: Director of Public Health/Board Committee Support Officer

The Committee **noted** the findings of the NHS Annual Report and **noted** progress of the delivery of the Immunisation Strategic Framework and outlined priorities for 2023-2024, for **assurance.**

8.5 Smoking Cessation and Prevention Work Annual Report

The Director of Health & Social Care advised that the report outlines the data, challenges and work that is being taking forward in relation to smoking cessation and prevention. The improvement actions for the coming year were highlighted, and it was noted that these actions are aligned to the Integrated Performance & Quality Report (IPQR). The Director of Health & Social Care highlighted some of the key areas of work being carried out.

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

9. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

9.1   Public Health Assurance Committee dated 12 April 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

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

There were no matters to escalate to NHS Fife Board.

11. ANY OTHER BUSINESS

11.1 Committee Development Session

The Committee agreed to extend the Development Session on Tuesday 24 October 2023 and to hold the meeting from 11am – 12.30pm.

Action: Board Committee Support Officer

12. DATE OF NEXT MEETING

Monday 4 September 2023 at 10am via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 11 MAY 2023 AT 10.00AM VIA MS TEAMS

Present:
Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Wilma Brown, Employee Director
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:
Lisa Cooper, Head of Primary & Preventative Care Services
Claire Dobson, Director of Acute Services
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property and Asset Management *(part)*
Margo McGurk, Director of Finance & Strategy *(part)*
Brian McKenna, Workforce Planning, Workforce Systems and Data Intelligence Lead *(item 7.2 only)*
David Miller, Director of Workforce
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. The Chair advised that Mansoor Mahmood has re-joined the membership of the Staff Governance Committee, though is an apology for this particular meeting. It was also advised that Alistair Morris has been appointed as the Interim Chair of the Board, with effect from 1 April 2023, and hence he has stepped down from the Committee.

The Chair extended a huge thanks to staff, who continue to work in extremely challenging times.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the Minutes.

1. **Apologies for Absence**

   Apologies for absence were received from member Mansoor Mahmood (Non-Executive Member), and attendees Nicky Connor (Director of Health & Social Care) and Sandra Raynor (Head of Workforce Resourcing & Relations).

2. **Declaration of Members' Interests**

   There were no declarations of interest made by members.

3. **Minutes of the last Meeting held on Thursday 9 March 2023**

   The minutes of the meeting of Thursday 9 March 2023 were **agreed** as an accurate record.

4. **Matters Arising / Action List**

   The Committee **noted** the updates and the closed items on the Action List.

   <u>Training Compliance</u>
   Following a query from W Brown, Employee Director, the Director of Workforce noted that work is ongoing in relation to capturing current training compliance data and an update on training compliance and forward plans will be provided to the Executive Directors' Group, followed by the Area Partnership Forum and Staff Governance Committee, at their next cycle of meetings.

   Action: Director of Workforce

   <u>Workforce Matters</u>
   C Grieve, Non-Executive Member, advised that he had discussed workforce information matters with the Workforce team, and, following that discussion, had a better understanding of workforce reporting arrangements. This was discussed further during the presentation at agenda item 7.2.

5. **GOVERNANCE MATTERS**

5.1 **Staff Governance Committee Annual Statement of Assurance 2022/2023**

   The Board Secretary explained that NHS Fife Board requires assurance that all Governance Committees have delivered on their remits and the Statement provides detail on how the Staff Governance Committee has met this through the 2022/23 financial year. The Staff Governance Committee's Annual Statement of Assurance will go to the Audit & Risk Committee as part of the Annual Accounts 2022/23 process, before being submitted to NHS Fife Board for approval.

   K MacDonald, Non-Executive Member, highlighted the whistleblowing sections in the report and suggested including areas of weakness in reporting and related improvement actions. The Board Secretary agreed to liaise with K MacDonald to strengthen those sections within the report, and would then circulate an updated version to the Committee for further comments and final sign-off by the Chair.

   Action: Board Secretary

The Chair thanked the Board Secretary for all her hard work in producing such a comprehensive report.

The Committee **approved** the Annual Statement of Assurance 2022/2023, subject to members' further comments in respect of any necessary amendments, for final sign-off by the Chair, circulation to the Committee and submission to the Audit & Risk Committee.

5.2   Corporate Risks Aligned to Staff Governance Committee, incorporating Deep Dive: Bank & Agency Work

The Director of Workforce reported that there had been no change to the Corporate Risks aligned to the Staff Governance Committee since the last meeting.

The Director of Workforce gave a presentation on the Bank and Agency Programme. Assurance was provided that there is a concentrated focus and commitment to address the complex Bank and Agency issues. The Chief Executive outlined the concerns with Agency staffing and highlighted the associated financial and supplementary staffing risks. It was noted that this work is a high priority for the Executive Directors' Group and discussions are ongoing on a regular basis, via a newly established Bank & Agency Programme Board.

The importance of messaging was raised, and it was noted a balance is required when promoting bank work. National issues, at Scottish Government level, were highlighted, and S Fevre, Co-Chair, Health & Social Care LPF, suggested submitting reports as we go forward, via the Staff Governance Committee, which includes measurements on safe staffing and supplementary spend, to provide assurance safe staffing levels are being met. The Head of Workforce Planning & Staff Wellbeing added that NHS Fife is a volunteer Chapter Guidance Testing Board and is actively working towards safe staffing legislation. It was noted that this provides another opportunity to feed back and consider lessons learned, with an opportunity also to triangulate our data. In addition, it was noted that the e-Rostering system, once fully implemented, will be a valuable tool.

C Grieve, Non-Executive Member, recognised and outlined the difficulties with rapid recruitment. The Chief Executive noted that, longer term, we need to balance having a safe and sustainable workforce in place, whilst not using agency staff and reducing the levels of bank staff.

The team were thanked for all their hard work.

The Committee took **assurance** from the update on the Bank and Agency Programme.

5.3   Whistleblowing Quarter 4 Report 2022/2023

The Deputy Director of Workforce summarised the report and advised that there were no formal whistleblowing concerns in Quarter 4, however, there were two anonymous concerns. It was noted there was a late notification of a whistleblowing concern, which has been updated in the figures given in the Appendix to the report.

The Chair stated that changes to the reporting style and inclusion of text on lessons learned had been discussed at a previous meeting, and those updates were not evident in the current report presented to the Committee. In response, it was advised that a section is included in the report that provides detail on lessons learned and actions and the Director of Workforce agreed to take forward enhancing that section in future reports with further detail.

K MacDonald, Whistleblowing Champion and Non-Executive Member, also noted that the reporting requires improvement, to include more analysis, evidence of staff experience / engagement, safety and clinical governance aspects, the impact of the whistleblowing arrangements, and action plans. These points had been made in a recent Internal Audit report. She also highlighted and outlined the risk in terms of the not addressing in full the requirements of the Whistleblowing Standards. The Director of Workforce agreed to liaise with K MacDonald outwith the meeting and to bring an improved iteration of the quarterly report to the Committee in future, to include the points raised.

Action: Director of Workforce

W Brown, Employee Director, agreed with the points made, and highlighted the impact on staff involved in whistleblowing concerns. S Fevre, Co-Chair, Health & Social Care LPF, added that the report does not fully include all the work that is ongoing in relation to whistleblowing, including positive learning experiences and improvements that are being undertaken. The Chief Executive explained the governance role of the Committee in terms of reporting and providing assurance to the NHS Fife Board on whistleblowing.

The Committee **noted** the report, in the context of comments made by members as above.

5.4   **Staff Governance Standard: Improved and Safe Working Environment**

The Director of Property & Asset Management reported that a pilot was undertaken of the Health & Safety Executive Talking Toolkit within the Learning Disabilities Service, which was successful, with feedback indicating that this has been a positive experience for participants. It was noted that comments from the pilot and associated action plans are provided in the Appendix of the report, to which members' attention was drawn.

It was advised that the Talking Toolkit will be promoted appropriately and extended to other staff and services who would wish to take part. Consideration will be given to resources, supporting staff and creating space for staff to dedicate to this, particularly for specialist areas. It was also noted that there could potentially be long-term issues addressed from the iMatter survey outcomes via the feedback from the Talking Toolkit, and the importance of communication was highlighted.

The Head of Workforce Planning & Staff Wellbeing suggested that this would be a suitable topic for a future Staff Governance Committee Development Session, so that members could hear about the work from those involved.

The team involved were commended for all their efforts.

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

5.5   Delivery of Annual Workplan 2023/2024

The Committee noted the delivery updates and took **assurance** from the report.

6.   STRATEGY / PLANNING

6.1   Corporate Objectives 2023/2024

The Director of Finance & Strategy reported that the Corporate Objectives will be presented to each of the Governance Committees, including the Remuneration Committee, where the Chief Executive's personal objectives will be agreed and from which individual Directors' objectives will flow.

It was advised that the Corporate Objectives, detailed in the paper, are derived from our new Population Health & Wellbeing Strategy and the Strategic Performance & Resource Allocation (SPRA) process. The Corporate Objectives reflect the highest levels of strategic objectives aligned to the four strategic priorities, and a new category of cross-cutting actions has been added. The Chief Executive reported that the strategic Corporate Objectives will drive forward the ambitions of the Strategy. Consideration will be given to the wording of the Corporate Objectives to give more context to the aspects of the safety, quality and wellbeing of our workforce.

The Chief Executive advised that it is anticipated that a Board Development Session will be held in the Autumn to discuss progress of the corporate objectives 2023/24, and to look at developing corporate objectives for 2024/25, from a Board perspective.

The Committee took **assurance** from the Corporate Objectives.

7.   QUALITY / PERFORMANCE

7.1   Integrated Performance & Quality Report

The Director of Workforce reported that the current absence rate is sitting at 6.95%, which is a slight reduction compared to previous months. A further update on absence management will be provided at agenda item 7.3.

In terms of the Personal Development Plan (PDP) compliance, it was reported that the current rate of completion is at 37.9%, however, it is expected this rate will increase as the improvement work in relation to PDPs is undertaken throughout the year.

W Brown, Employee Director, questioned the plans in place to support staff and managers to improve the PDP position. In response, it was advised that there has been a large amount of activity taking place in this area, and that support for managers will continue for this process. It was noted it is expected the 80% target, although challenging, will be reached by the end of the financial year 2023/24.

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

7.2 Workforce Information Overview

B McKenna, Workforce Planning, Workforce Systems and Data Intelligence Lead, gave a presentation in relation to the Workforce Information Overview and provided additional information to the Committee on the reasons for and destination of staff leaving NHS Fife.

It was reported that a number of groups, including the Nursing & Midwifery Group and Mental Health Services Group, are exploring the reasons why staff remain with NHS Fife, and update will be provided to the Committee in due course.

The Director of Nursing reported on the University degree leaver destination work and advised that work is being carried out at a national level. C Grieve, Non-Executive Member, queried if there is any underpinning information to help retain leavers. It was explained that work is being carried out to encourage retention, including encouraging and fully understanding exit interviews at a local level.

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

7.3 Attendance Management Update

The Director of Workforce provided a verbal update, noting that a paper will be provided to the Committee at the July 2023 meeting.

It was reported a number of meetings have taken place between the Director of Workforce and the Attendance Management Operational Group to discuss their current plans, which are currently mainly operationally focussed. The group has been stood down at present, as the Director of Workforce and EDG will require to consider how best to take forward plans and actions.

It was advised that supporting resources are limited, which has impacted on achieving the attendance management targets. Understanding the full reasons for high staff absence is currently being explored, noting that some of the reasons will include addressing bank and agency use, the establishment gap and for some areas, the high number of vacancies. It is expected that support will require to be implemented for these areas, and a plan will be brought to the Committee to outline how to target the support approrpiately.   This will be aligned to the Health & Wellbeing Framework and to the Population Health & Wellbeing Strategy.

W Brown, Employee Director, welcomed the renewed focus to address attendance management and requested a discussion outwith the meeting with the Director of Workforce around the changes to the Integrated Performance & Quality Report in relation to the reporting of the data.

8.   **ANNUAL REPORTS / OTHER REPORTS**

8.1   **Equal Pay Audit 2023**

The Head of Workforce Planning & Staff Wellbeing outlined the key points within the paper and advised that the paper covers the legislative requirement to produce the Equal Pay gap details, information on occupational segregation and the Board's equal pay statement.

The Director of Workforce noted that the format of the data reporting section of the report will be reviewed, with support from Communications colleagues, and will be re-circulated to the Committee.

Action: Director of Workforce

S Fevre, Co-Chair, Health & Social Care LPF, welcomed the report, and it was noted the report is published on a two-yearly cycle.

The Committee took **assurance** from the report, which confirms that NHS Fife has published the information required by legislation.

9.   **LINKED COMMITTEE MINUTES**

The Committee **noted** the following linked Committee Minutes:

9.1   Area Partnership Forum held on 22 March 2023 (unconfirmed)
9.2   Health and Social Care Partnership Local Partnership Forum held on 24 January 2023 (confirmed)
9.3   Health and Safety Sub Committee held on 10 March 2023 (unconfirmed)

10.   **ESCALATION OF ISSUES TO NHS FIFE BOARD**

10.1 **To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IQPR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

10.2 **Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board**

It was agreed to escalate the Committee's discussions over whistleblowing reporting to NHS Fife Board, given that the Board will receive a copy of the report at its May meeting.

11.   **ANY OTHER BUSINESS**

There was no other business.

12.   **DATE OF NEXT MEETING**

Thursday 11 July 2023 at 10.00am via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 20 JULY 2023 AT 2.00 PM VIA MS TEAMS

Present:
Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Wilma Brown, Employee Director
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Janette Keenan, Director of Nursing
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:
Lisa Cooper, Head of Primary & Preventative Care Services (for N Connor, Director of Health & Social Care)
Claire Dobson, Director of Acute Services
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Margo McGurk, Director of Finance & Strategy *(part)*
Jackie Millen, Workforce Development Officer *(item 7.4 only)*
David Miller, Director of Workforce
Sandra Raynor, Head of Workforce Resourcing & Relations
Susan Fraser, Associate Director of Planning & Performance *(item 6.1 only)*
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair extended a huge thanks to staff for their continued efforts, and who continue to work in extremely challenging times.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the minutes being written up thereafter.

1.   Apologies for Absence

Apologies for absence were received from members Mansoor Mahmood (Non-Executive Member) and Carol Potter (Chief Executive) and attendees Nicky

Connor (Director of Health & Social Care) and Kevin Reith (Deputy Director of Workforce).

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Minutes of the last Meeting held on Thursday 11 May 2023

The minutes of the meeting from Thursday 11 May 2023 were **agreed** as an accurate record.

4.   Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

Item 1: Training Compliance

The Employee Director highlighted that the training compliance action should remain open as a rolling action, as it still ongoing. An update was provided at agenda item 7.4.

Action: Board Committee Support Officer

Item 3: Equal Pay Audit 2023

The Head of Workforce Planning & Staff Wellbeing provided an update on the Equal Pay Audit 2023 action, noting that support is being sought from the Communications Team to enhance the readability and navigation of the Equal Pay Audit Report. The report will be circulated to the Committee once available.

Action: Head of Workforce Planning & Staff Wellbeing

5.   GOVERNANCE MATTERS

5.1   Internal Audit Annual Report 2022/2023

The Director of Finance & Strategy advised that the report's conclusions were very positive and reflects the work progressed across a range of areas of governance, including strategy development and our risk management refresh process. It was also advised that the report has been presented to the Audit & Risk Committee as part of the suite of year-end assurances in support of the annual accounts process. The report has also been presented to all the Governance Committees, for their individual review and for each to take assurance from the independent assessment of controls relevant to their remit.

The Director of Finance & Strategy highlighted the Staff Governance section within the report and was pleased to advise that there were only two recommendations, both in the lower category, which merit attention. She noted that the Committee can take assurance from the various strands of work carried out during another challenging year. It was noted that specific details on any aspect of the report can be provided, if requested.

The Director of Workforce added that positive work continues in relation to workforce planning, and that this is an integral piece of work being taken forward through the Annual Delivery Plan.

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

5.2   Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce highlighted the two risks in relation to improving staff experience and wellbeing and advised that there were no changes from the previous month's report. It was reported that there are a number of actions which are being progressed, and it was noted that a focus continues around workforce planning.

Discussion took place on the mitigations, and assurance was taken by members that the organisation recognises the risks, current pressures and workforce challenges, and that there are mitigation actions that are being taken. The impact of not having detailed mitigation actions in place was highlighted. More detail on the mitigation actions and timescales was requested, and the Director of Workforce agreed to reference the work that is being carried out across the organisation in terms of mitigation and include this within the report going forward.
Action: Director of Workforce

Following a question, the Director of Finance & Strategy explained the levels of assurance and advised that a statement on the overall level of assurance that the Committee can take on the risk will be brought back to the next meeting.
Action: Director of Finance & Strategy

It was agreed to have deep dive on the ongoing Bank & Agency Programme Work at the next Staff Governance Committee meeting.
Action: Director of Workforce

The Committee took **assurance** from the report and:

• **Noted** the Corporate Risk detail set out within Appendix 1 as at 16 June 2023;
• **Reviewed** all information provided against the Assurance Principles within Appendix 2;
• **Considered** and were assured of the mitigating actions to improve the risk levels; and
• **Concluded** and commented on the assurance derived from the report.

5.3   Update on Equality, Diversity & Human Rights, including Staff from a Diverse Ethnic Background

The Director of Nursing spoke to the report and provided an overview on the three core pieces of work being taken forward by the Equalities & Human Rights Team, which is the focus of the report.

It was reported that the Translation Service is currently undergoing an extensive review, supported by the Corporate Project Management Office, to enable NHS Fife to reach the ethical and legal requirements, and to make services to NHS Fife equitable. The issues and risks were highlighted. It was advised a business case

will be presented to the Executive Directors' Group at the end of the financial year on the changing model, and that a pilot will be run until then.

Following a question from C Grieve, Non-Executive Member, an explanation was provided on the overspend of the interpretation budget, with it being noted that everything possible is being done to reduce expenditure in this area. C Grieve, also questioned the timescales in relation to setting up in-house interpreters and was advised by the Director of Nursing that there has been some interest internally, and job descriptions are currently being developed. It was noted that this will form part of the business case. It was agreed that the Chair, C Grieve and S Fevre will have a meeting with the Director of Nursing and Head of Workforce Planning & Staff Wellbeing to discuss further.

Action: Director of Nursing

The Director of Nursing also gave an update on the draft NHS Fife Trans Policy, which is in development, and will be presented in draft to key stakeholders and service leads for comment. Following a query from C Grieve, Non-Executive Member, it was confirmed that there is no national policy, hence the development of a robust in-house policy.

The Chair advised that she is has recently been appointed the Board's Equality & Diversity Champion, and the Board Secretary provided assurance that work is underway to reinvigorate Champion roles across the Board, including defining role descriptors and establishing linkages with operational staff, anticipating a proactive approach to reporting.

The Head of Workforce Planning & Staff Wellbeing provided an update on the Black, Asian and Minority Ethnic (BAME) network and reported that there was an unsuccessful relaunch of the network, following a rebrand. The challenges of relaunching the network were highlighted and it was advised that, following the Area Partnership Forum Meeting held on 19 July 2023, it was agreed a refresh of our plans is required to reinvigorate the network. It was noted that there has, however, been an improvement in the reporting of equality and diversity data.

S Fevre, Co-Chair, Health & Social Care LPF, raised concerns that the report focusses on patient issues and does not reflect on our staff who may be within those protective characteristics. He suggested that there is a range of work that can be carried out to support our staff within these groups, such as training, communications and highlighting issues through StaffLink, and suggestion was made from members to form an operational group to discuss the issues further. S Fevre also commented that he was not assured from the report, stating that there is more that can be done to support staff. W Brown, Employee Director, agreed, and noted that learning can be taken from other Health Boards, who have very successful groups set up and in operation.

The Committee **noted** the report and the plans in place to reactivate the network.

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/24

The Associate Director of Planning & Performance joined the meeting and provided a brief overview on the Annual Delivery Plan (ADP) 2023/24. It was reported that the first draft of the ADP was submitted to the Scottish Government in June 2023. It was noted that the ADP includes a section within the recovery drivers on workforce, including exploring sustainable nursing and midwifery staff supply issues and opportunities; another separate section covers the workforce plan. It was also reported that feedback from the Scottish Government has since been received and work is ongoing within services to prepare a response.

Following a question from S Fevre, Co-Chair, Health & Social Care LPF, it was advised that the workforce section covers the broader workforce needs and is not specifically around Nursing and Midwifery. It was also advised that guidance was provided from the Scottish Government and included specific asks to be included within the ADP. Following a query from the Chair, it was reported that mental health pathways will be covered under the national and local mental health strategies.

The Committee took **assurance** from the report and **endorsed** the draft Annual Delivery Plan 2023/2024.

6.2 Primary Care Strategy 2023-2026

The Head of Primary & Preventative Care Services reported that the Primary Care Strategy underpins the Health & Social Care Partnership's Strategic Plan and NHS Fife's Population Health & Wellbeing Strategic Plan. The strategy will also align and support our ambition as an Anchor Institution.

It was advised that the strategy defines primary care and how this is delivered, which was noted as being a complex area. It was also advised that a focus for the strategy is around recovery, equality and accessible primary care. It was noted that priorities are detailed within the plan, including supporting our communities to thrive, with a focus also on quality and reducing health inequalities within our communities.

The Head of Primary & Preventative Care Services highlighted the overarching delivery plan within the strategy. It was reported that a Primary Care Strategic Oversight Group will be implemented, as part of the plan, who will provide oversight on the development of attracting, sustaining and retaining our workforce. It was also reported that a performance assurance framework will accompany and support reporting on the delivery of the plan and will ensure robust governance and assurance oversight.

The Committee took **assurance** that the Fife Primary Care Strategy will underpin delivery of NHS Fife's Population Health & Wellbeing Strategy and the Committee **supported** progression of the plan for approval through to the Integration Joint Board and NHS Fife Board.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce provided an overview on the sickness absence data, noting that sickness absence rates had reduced; however, due to the timing of the report, a slight increase will be reported in the next iteration. A further update on attendance management was provided at agenda item 7.3.

The Director of Workforce advised that there has been a slight increase in Personal Development Plan Review (PDPR) compliance, and he thanked colleagues for their continued efforts in this area, which was underway in conjunction with other improvement areas of work they are carrying out, such as absence training and Bank & Agency staffing work.

C Grieve, Non-Executive Member, questioned if the milestones within the key deliverables need refreshed or if new milestones should be added to showcase the progression work that is being undertaken for PDPRs. The Director of Workforce agreed to refresh the milestones for the next iteration of the report.

Action: Director of Workforce

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

7.2 Workforce Information Overview

The Head of Workforce Planning & Staff Wellbeing highlighted the NHS Fife workforce position within the report and advised that the position is relatively stable.

It was reported that a further rapid recruitment event is being planned, following the success of the first event. It was noted that a number of international recruits have successfully joined NHS Fife since the commencement of the new recruitment initiative last year, and that a celebratory event took place in June 2023.

The Head of Workforce Planning & Staff Wellbeing advised that the format of the report will be updated for the next iteration and the information will be presented in a more meaningful way. W Brown, Employee Director, noted that a robust discussion had taken place very recently on the presentation of the information within the report.

Following a comment from C Grieve, Non-Executive Member, it was advised that work is ongoing in terms of triangulating the data between staff in post, vacancies, bank and agency staff, absence and any other workforce and non-workforce factors. It was noted that an overview on one particular area will be brought as a future deep dive and that this will also link to the future Workforce Plan updates.

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

7.3   Attendance Management Update

The Director of Workforce reported that he attended some meetings of the Operational Absence Management Group to provide support, and that good operational discussions had taken place, including around how best to use resources to address some of the attendance concerns. It was advised that the Operational Absence Management Group has now been disbanded, and work is ongoing to identify how best to take the work of that group forward. W Brown, Employee Director, welcomed this decision, noting that it would give managers more time to focus on addressing attendance management and understanding staff concerns in their respective areas.

It was also noted that a refresh of the format of the Tableau report will be taken forward in any future presentations.

Action: Director of Workforce

The Committee took **assurance** from the report and:

- **Noted** the standing down of the Attendance Management Operational Group and progress on the actions detailed above;
- **Noted** the current absence information detailed within Appendix 1;
- **Noted** the plans to consider how NHS Fife should approach this complex and long-standing issue; and
- **Noted** the plan for a specific session with managerial, HR and staff side colleagues to explore other means to improve the position, within the expectations of the Once for Scotland Attendance Policy.

7.4   Training Compliance Report 2023/2024

The Director of Workforce introduced J Millen, Workforce Development Officer, who provided an update on the report to the meeting.

It was advised that the training compliance rate to the end of May 2023 was 57%, which had slightly increased to 60% by the end of June 2023. An overview was provided on the areas of training compliance. It was reported that work continues with the training compliance review and ensuring that core skills subjects and training meet the core skills requirements. It was also reported that work is ongoing with core training providers to establish delivery plans and improve levels of attendance. It was noted a core skill showcase project was recently launched, and work is ongoing within the Communications Team to promote particular training topics to staff, to encourage uptake.

It was reported that feedback will be collated from fire safety training, which was provided from the Scottish Fire Service. An overview was provided on forthcoming topics that are being promoted, and it was advised a Training Bulletin is being produced, which will be influenced by a staff questionnaire around training needs.

S Fevre, Co-Chair, Health & Social Care LPF, suggested it would be beneficial to include data over a three-month period within the core skills compliance table to provide an analysis of trends. C Grieve, Non-Executive Member, was supportive of that suggestion. W Brown, Employee Director, highlighted the importance of

being able to interpret the data to ensure that training is being targeted in the right areas.

The Workforce Development Officer was thanked for all her hard work.

The Committee took **assurance** from the report and **noted** the actions being taken to increase compliance.

7.5 **Staff Governance Annual Monitoring Return 2021/2022 Feedback and Staff Governance Annual Monitoring Return 2022/2023**

The Head of Workforce Resourcing & Relations reported that the Staff Governance Annual Monitoring Return for 2022/23 is to be submitted to the Scottish Government by the deadline date of 4 December 2023. It was advised that the streamlined approach taken previously for the 2021/2022 return will be followed. The work required to complete the return was outlined, and it was advised a further version of the draft return will be presented to the Committee at the September 2023 meeting, before being presented at the November 2023 meeting, for final sign-off.

The Committee took **assurance** from the report and **noted** the development of the Staff Governance Annual Monitoring Return for 2022/2023.

8. FOR ASSURANCE

8.1 Whistleblowing Audit Report B18/23

The Head of Workforce Resourcing & Relations advised that the report is presented to the Committee to share the outcome of the recent Internal Audit review on the Board's implementation of the national Whistleblowing Standards. It was advised that the Audit was reported as reasonable in terms of assurance, and recommended actions and management responses are detailed within the appendix. It was noted that the majority of audit recommendations form part of the current programme of work. A draft Terms of Reference was recommended to support investigating officers through formal concerns, and it was advised that this is currently a work-in-progress.

K MacDonald, Non-Executive Member and the Board's Whistleblowing Champion, advised that a list of actions and improvements were identified outwith the Audit and it is expected those will be more visible in the next iteration of the report, which will also include an action plan. S Fevre, Co-Chair, Health & Social Care LPF, highlighted the importance of the action plan and ensuring the plan is visible to staff and is presented to the Area Partnership Forum and Local Partnership Forum. It was noted that there is work ongoing within the Health & Social Care Partnership, which is more challenging due to the need to reflect Fife Council's own processes.

K MacDonald highlighted that the first Scottish Whistleblowing Conference will take place in September 2023, details of which had been sent to Non-Executive members, and she encouraged participation.

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

9. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

9.1   Area Partnership Forum held on 24 May 2023 (unconfirmed)
9.2   Acute Services division & Corporate Directorate Local Partnership Forum held on 27 April 2023 (unconfirmed)
9.3   Health and Social Care Partnership Local Partnership Forum held on 29 March 2023 (confirmed)
9.4   Health and Safety Sub Committee held on 9 June 2023 (unconfirmed)
9.5   Equality and Human Rights Strategy Group held on 12 May 2023 (unconfirmed)

10.   ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1   To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

10.2   Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to escalate the positive work ongoing in relation to Attendance Management and the Workforce Information overview.

11.   ANY OTHER BUSINESS

There was no other business.

12.   DATE OF NEXT MEETING

Thursday 14 September 2023 at 10.00 am via MS Teams.

Fife Integrated Performance & Quality Report

Position (where applicable) at June 2023
Produced in July 2023

Introduction

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

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

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

The IPQR comprises the following sections:

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

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

c. **Assessment**
   Summary assessment for indicators of continual focus.

d. **Performance Exception Reports**
   Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP), relevant to indicators are incorporated accordingly. Currently based on those within ADP 2022/23 with transition to ADP 2023/24 in due course.

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

Prepared by:
MARGO MCGURK   **SUSAN FRASER**
Director of Finance & Strategy   Associate Director of Planning & Performance
17 July 2023

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	▼	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	**18**	**13**	**5**	**0**	**0**		

Summary Statement on Risk Profile

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

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

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

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key

▲ Improved - Risk Decreased

◀▶ No Change

▼ Deteriorated - Risk Increased

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	May-23	37	○	▲	▲	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	May-23	32.1%	●	▼	▼	●
	HSMR	N/A	Year Ending	Dec-22	0.97	●	—	—	●
	Inpatient Falls	6.91	Month	May-23	6.16	○	▲	▲	●
	Inpatient Falls with Harm	1.65	Month	May-23	1.50	○	▼	▲	●
	Pressure Ulcers	0.89	Month	May-23	0.87	○	▲	▲	●
	SAB - HAI/HCAI	18.8	Month	May-23	16.6	○	▼	▼	● QE Mar-22
	C Diff - HAI/HCAI	6.5	Month	May-23	16.6	○	▲	▲	● QE Mar-22
	ECB - HAI/HCAI	33.0	Month	May-23	39.8	○	▼	▲	● QE Mar-22
	S1 Complaints Closed in Month on Time	80%	Month	May-23	41.5%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	May-23	8.3%	○	▼	▼	● 2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	Month	May-23	6.9%	●	▼	▼	●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-23	100.0%	●	◀▶	◀▶	●
	4-Hour Emergency Access (A&E)	95%	Month	Jun-23	78.4%	○	▲	▲	● May-23
	4-Hour Emergency Access (ED)	82.5%	Month	Jun-23	71.3%	○	▲	▲	● May-23
	Patient TTG % <= 12 Weeks	100%	Month	May-23	43.6%	●	▼	▼	● Mar-23
	New Outpatients % <= 12 Weeks	95%	Month	May-23	49.6%	●	▼	▼	● Mar-23
	Diagnostics % <= 6 Weeks	100%	Month	May-23	49.9%	●	▼	▼	● Mar-23
	Cancer 31-Day DTT	95%	Month	May-23	94.5%	○	▼	▼	● QE Mar-23
	Cancer 62-Day RTT	95%	Month	May-23	75.3%	○	▼	▼	● QE Mar-23
	Detect Cancer Early	29%	Year Ending	Sep-22	27.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Jun-23	88.0%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jun-23	8.8%	●	▲	▲	● QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jun-23	4.9%	○	▲	▲	● QE Dec-22
	Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2022
Finance	Revenue Resource Limit Performance	(£10.8m)	Month	Jun-23	(£9.0m)	●	—	—	●
	Capital Resource Limit Performance	£9.1m	Month	Jun-23	£0.825m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	May-23	6.83%	○	▼	▼	● YE Mar-23
	Personal Development Plan & Review (PDPR)	80%	Month	Jun-23	40.3%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Feb-23	267	●	—	—	● YT Sep-22
	CAMHS Waiting Times	90%	Month	May-23	68.0%	○	▲	▲	● QE Mar-23
	Psychological Therapies Waiting Times	90%	Month	May-23	72.3%	○	▲	▼	● QE Mar-23
	Drugs & Alcohol Waiting Times	90%	Month	Mar-23	93.5%	●	▼	▲	● QE Mar-23
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Mar-23	92.5%	○	▼	▼	● QE Mar-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Mar-23	86.4%	○	▲	▼	● QE Mar-22

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

SPC Key
- ○ Within control limits
- ○ Special cause variation, outwith control limits
- ● No SPC applied

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

Benchmarking Key
- ● Upper Quartile
- ● Mid Range
- ● Lower Quartile
- ● Not Available

c. Assessment

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

		Target	**Current**
Major & Extreme Adverse Events	*50% of Action from Major and Extreme Adverse Events to be closed within time*	**50%**	**32.1%**

There were 37 incidents of Major or Extreme harm in May; 37 is also the average monthly total based on the past 24 months. Monthly total below 40 for first time since 33 was reported in December. There were 1401 incidents in total reported in May with 964 (68.9%) reported as 'no harm'.

Over the past 12 months, Pressure Ulcer developing on ward has been the most common major/extreme incident reported followed by Cardiac Arrest and Patient Fall.

There were 18 actions relating to LAER/SAER closed in May, from a total of 28. On average, 39.2 actions have been closed per month in 2023 compared to 51.8 over the same period year prior.

HSMR		**1.00**	**0.97**

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

Inpatient Falls	*Reduce all patient falls rate by 10% in FY 2023/24 compared to the target for FY 2021/22*	**6.91**	**6.16**

The number of inpatient falls in total was 177 in May, down from 213 the month prior. This is the lowest number since June 2021. This equates to a rate of 6.16 per 1,000 Occupied Bed Days (OBD) which is the lowest on record.

The number of falls within Acute Services decreased to 76 from 117 the month prior. This equates to a rate of 5.78 per 1,000 OBD, again the lowest on record.

The number of falls within HSCP increased from 96 in April to 101 in May, a rate of 6.48 per 1,000 OBD (also an increase on the month prior but still below the 24-month average of 7.12).

The majority of falls in the last 3 months (79%) were classified as 'No Harm' and 16% were classified as 'Minor Harm'. Falls classified as 'Major/Extreme Harm' accounted for <3% of the total falls.

Pressure Ulcers	*Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22*	**0.89**	**0.87**

The total number of pressure ulcers in May 2023 was 25, equating to a rate of 0.87 per 1,000 Occupied Bed Days (OBD), the fourth successive month to see a reduction and the lowest since Apr 2022. The number of pressure ulcers in Acute Services increased slightly from 17 in April to 19 in May 2023. In the same timeframe, the number of pressure ulcers in HSCP decreased from 10 to 6. Both are below the corresponding 24-month averages.
Most pressure ulcers continue to be in Acute Services; 60 between Mar-May 2023 compared with 22 in HSCP.

SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*	**18.8**	**16.6**

The SAB infection rate increased from 13.5 in April 23 to 16.6 in May, but this is still below the target rate of 18.8.

Of the 54 HAI/HCAI reported in the last 12 months, 13 have been categorised as 'VAD'; 13 have been categorised as 'Other' or 'Not Known'; and 12 have been categorised as 'Other Sources'.

The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 17.9 against a Scottish average of 19.1. This continues a pattern of being in the upper-range one quarter and in the mid-range the next.

C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*	**6.5**	**16.6**

The C Diff infection rate decreased from the high of 20.2 seen in April 23 to 16.6 in May which is still high compared to the previous 24 months but is back within control limits. There were 5 infections reported in May and 13 over the quarter which continues the pattern of quarter rates >10.
9 of the 51 HAI/HCAI and Community infections in the past year were identified as 'recurring' infections.

	Target	Current

The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards at 13.4 and this was equal to the Scottish average.

		Target	Current
ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024*	**33.0**	**39.8**

The number of infections increased from 9 in April to 12 in May 2023 and the rate of infection increased from 30.4 to 39.8 taking it above target and above average. Urinary Catheter-related infections have been responsible for 29 of the 122 infections in the last year (23.8%) and remains a key focus for improvement work.

The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending March 2023, showed that NHS Fife (with a quarterly infection rate of 29.7) lay in the mid-range of Mainland Health Boards (as has been the case for the last 6 quarters) and was below the Scottish average of 37.3.

		Target	Current
Complaints – Stage 2	*At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024*	**50%**	**8.3%**

There were 34 stage 2 complaints received in May, all apart from one acknowledged within timescales, with 36 closed. Of those closed, 3 (8.6%) were within timescales with 24 greater than 40 days after deadline, 11 greater than 80 days. 29 complaints were due in the month with 2 (6.9%) closed on time.

OPERATIONAL PERFORMANCE

		Target	Current
4-Hour Emergency Access	*National Standard: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**78.4%**
	Local target by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer	**82.5%**	**71.3%**

June performance increased to 78.4% and continues the upward trend from March 23. Performance is now above the 24-month average. Performance in VHK also continues to trend upwards, increasing from 66.5% in May to 71.3% in June.

Unplanned attendances per day continue to increase and June saw an average of 265 (+11 compared to May; +65 compared to January 23) which is the highest recorded.

Planned attendances saw a decrease from 527 in May to 412 in June.

The number of 8-hour breaches decreased to 309 in June from 460 in May; and 12-hour breaches decreased by 45% from 104 to 57. June figures are now on par with breaches reported last year.

		Target	Current
Patient TTG (Waiting)	*All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat*	**100%**	**43.6%**

Monthly performance fell from 44.6% in April 2023 to 43.6% in May which is the lowest since August 2020. The waiting list numbers continue to trend upwards. The number of patients waiting less than 12 weeks only increased by 29 from April to May (< 1%). All other waits showed increases and are either the highest on record or equal to the highest – with the exception of over 104 weeks which is actually in line with projections.

		Target	Current
New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**49.6%**

Monthly performance has levelled off, reducing only slightly from 50.0% in April to 49.6% in May. All waits have seen increases in that same month with the number of patients waiting less than 12 weeks having risen from 13,696 to 13,946. However, these rising numbers are in line with the projections. The overall waiting list rose from 27,408 to 28,099, again a new highest level.

		Target	Current
Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**49.9%**

The downward trend seen in Feb-Apr 2023, levelled out in May: decreasing only slightly from 50.1% to 49.9%. For patients waiting less than 6 weeks, Endoscopy saw a decrease (from 50.0% to 46.8%): and Imaging saw only a small increase (from 50.0% to 50.2%): this is on the back of ever increasing monthly numbers for Imaging (rising from 4470 in Jul-22 to 8295 in May-23) whilst Endoscopy numbers are closer to the average for the past 24 months. MRI actually saw a reduction in monthly numbers (from 1411 to 1280) but both CT and Ultrasound saw significant increases in May (1378 to 1587; and 5174 to 5428 respectively).

Overall, the number of those waiting over 6 weeks has increased again (from 4432 to 4604) which is significantly higher than May 2022 which saw a dip in numbers. Those waiting over 13 weeks also saw a significant increase (from 1904 to 2373, 20% increase).

		Target	Current
Cancer 31-Day DTT	*95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment*	**95%**	**94.5%**

Monthly performance in May 2023 decreased to 94.5% which is just below the 95% standard and below the performance seen in May 2022 (96.2%). The number of eligible referrals increased from 94 in April to 127 in May. There were 17 breaches in QE May 2023, all of which were attributable to Urology (9 breaches were for 'Prostate'; 3 were for 'Bladder'; and 5 were for 'Other')

The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the lower-range of all Mainland Health Boards having been in the upper and mid ranges for the previous 14 quarters.

		Target	Current
Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**75.3%**

Monthly performance in May 2023 decreased to 75.3% which is below the 26-week average of 80% but is still within control limits. The number of eligible referrals increased from 64 in April to 85 in May.

There were 47 breaches in QE May 2023 with 33 of these (70.2%) attributable to Prostate.

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

		Target	Current
Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce*	**5.0%**	**4.9%**

Data Analysis

The % of bed days lost to 'standard' delays increased from 4.0% in May to 4.9% in June 2023, but this is still below 5% and thus the target has been achieved for the fourth month in a row.

The number of bed days lost to 'Code 9' delays in June 2023 increased by only 17 compared with May. Bed days lost 'excluding Code 9 delays' increased by 111 so the daily average for the month of June 2023 increased to 46.2 from 42.6 the month prior.

Comparing year-on-year, the numbers in delay at census point was similar overall for Community, but the percentage associated with 'Code 9' delays was lower in June 23 (34.3%) than in June 22 (47.7%). For the past 8 months, MH/LD has seen higher 'Code 9' delays than the corresponding month the previous year (average for Nov21-Jun22 was 9; average for Nov22-Jun23 was 14).

FINANCE

	To deliver value and sustainability	6	4	2	-	-	◄►	Moderate

		Forecast	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£10.8)**	**(£9.0m)**

A £9.0m revenue overspend is reported for the first quarter of the 2023/24 financial year for Health Board retained services. Despite the receipt of additional NRAC monies and New Medicines Funding from Scottish Government during June, the board's financial position continues to track beyond the agreed Board risk appetite in relation to delivering value and sustainability.

This position reflects the continuing impact of the historic and emerging cost pressures set out in the medium-term financial plan. Key cost drivers continue to be, additional supplementary staffing costs to cover sickness absence, vacancies, and surge capacity combined with increases in medicines costs and continuing covid legacy costs. Service Level Agreements and contracts with external healthcare providers are also significantly overspent. In the main the SLA overspend is driven by increased costs from NHS Tayside which were previously funded directly by SG to NHS Tayside on behalf of NHS Fife along with high costs of SLAs and contracts with both NHS and independent providers for mental health services.

		Forecast	Current
Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorate*	**£9.1m**	**£0.825m**

A relatively low level of capital expenditure has been incurred for the period reported which is not unusual at this early stage in the financial year with the majority of capital expenditure generally occurring in the latter half of the financial year due to tender lead in times. During June our 5 year capital plan was submitted to the National Equipping and Infrastructure board to support capital expenditure planning at a national level and in the anticipation of securing additional funding should it become available.

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

STAFF GOVERNANCE

| | To improve staff experience and wellbeing | 2 | 2 | - | - | - | ◄► | Moderate |

		Target	**Current**
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**4.00%**	**6.83%**

The sickness absence rate increased in May 2023 to 6.83%, this follows successive monthly decreases through 2023 following high % reported in December 2022. The percentage in May 2023 was 1.2% higher than corresponding month in previous year.

Sickness absence decreased in Corporate Services to 5.38% with increases of over 1% in Acute Services Planned Care as well as HSCP Divisions Complex & Critical Care and Primary & Preventative Care Divisions in HSCP.

The national picture shows that NHS Fife (6.19%) had the 5th highest absence rate of all Mainland Health Boards for the 12 months ending March 2023. The Scottish average was 6.20%.

| **PDPR Compliance** | *To achieve an annual PDPR compliance rate of 80%* | **80%** | **40.3%** |

There has been an increase of 0.5% during June meaning that compliance has increased to 40.3%. This is the highest engagement figure reported in over 13 months. Although this increase is still supporting an upward trajectory, the rate of increase will need to increase to ensure the target compliance percentage of 80% remains achievable. Directorate / Divisional level changes ranged from a decrease of 2% in Acute Services Planned Care to a 2% increase in HSCP Community Care Services.

The number of reviews held in the last period (324) is slightly higher than the previous month (322). As noted above, levels of activity will need to increase in the next few months in order that the required monthly engagement target is reached and subsequently maintained throughout the rest of this review year to ensure that the target compliance percentage of 80% is achieved.

PUBLIC HEALTH & WELLBEING

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

		Target	**Current**
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**434** (Feb)	**264** (Feb)

There were an additional 18 successful quits in February 2023, which is a slight increase on the reported numbers in Dec 22 & Jan 23. The cumulative total thus far for 2022/23 is 264 against an expected trajectory at this point of 434. Achievement against trajectory to February is 60.8% (down from 62.4% in January).

For all quit attempts, the quit success rate in specialist services continues to be significantly higher than for other services.

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

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**68.0%**

Monthly performance in May 2023 (68.0%) was similar to that of April (67.7%) and this broadly mirrors the picture seen last year: 2022 saw a peak in April followed by a levelling off in May-June; and 2023 has seen a higher peak in March followed by a levelling off in April-May (to similar levels as were seen last year).

For the sixth month running, no young people are having to wait more than 35 weeks for treatment. The percentage of those waiting less than 18 weeks reduced only slightly from 85.3% in April 2023 to 84.8% in May.

The number of referrals received in March-May 2023 (319, 187, 256) is very similar to the pattern of referrals seen in March-May 2022 (317,180, 260). In contrast however, the waiting list in 2022 was decreasing, whereas the waiting list in 2023 is steadily increasing.

NHS Fife remains in the mid-range of Health Boards as of the last quarterly publication in June (for the quarter ending Mar 2023) and was above the Scottish average (83.8% compared to 74.2%).

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**72.3%**

Monthly performance increased in May 2023 to 72.3%, which is higher than the level seen in April (70%) but slightly lower than the level in March (72.5%) and takes it back within control limits. The overall waiting list increased to 2738 in May 23 continuing a very gradual trend upwards since Jan 23. The number of those waiting over 52 weeks increased from 248 in April to 286 in May, but the numbers waiting between 19 to 35 weeks has decreased from 610 to 579: both of which are a reversal of recent trends.

The number of referrals received increased to 974 from 748 and this mirrors a similar pattern seen last year between March and April: a peak in March followed by a steep decrease in April with an increase in May.

NHS Fife remains in the mid-range of Health Boards, albeit at the lower end of the range, as of the last quarterly PHS publication in June (for the quarter ending Mar 2023) and was below the Scottish average (79.8% compared to 71.9%).

Immunisation: 6-in-1	*At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age*	**95%**	**92.5%**

The latest published data (for quarter ending March 2023) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 92.5%, falling below target to the lowest figure recorded. PCV saw a reduction of 2.6% (lowest since Dec-20); Rotavirus and MenB each saw reductions of 2.4% (lowest recorded for both).

Uptake at 12 months for 6-in-1 in NHS Fife was the lowest of all mainland NHS Boards with the highest uptake being 97.2%.

Immunisation: MMR2	*At least 92% of children will receive their MMR2 vaccination by the age of 5*	**92%**	**86.4%**

The latest published data (for quarter ending March 2023) shows that NHS Fife uptake for MMR at 5 years of age had held relatively static at 86.4% (having been 86.3% in the previous quarter). Again, this is only marginally better than the low of 86.2% achieved in March 2019. MMR1, Hib/MenC and 4-in-1 all saw the same small reduction of 0.4% compared with the previous quarter.

Uptake at 5 years for MMR2 in NHS Fife was the second lowest of all mainland NHS Boards with the highest uptake being 94.8%.

d. Performance Exception Reports

Adverse Events	Number 37

Chart legend: Average — Control Limit — Outlier (red dot). Left axis: Major/Extreme / Commissioned. Series: LAER, SAER. Months Jun-21 through May-23.

Year Ending; May-23 bar chart: TV On Ward ~140, Cardiac Arrest ~82, Patient Fall ~68, Other Clinical Events ~46.

Actions from Significant and Local Adverse Event Reviews	Closure Rate 32.1%

% Actions Closed within time / Actions Closed, Sep-21 through May-23.

Open Actions; Jun-23 (330) pie chart: within time 48, overdue 282.

| Key Deliverable		End Date
Adverse Event Process and Policy		Mar-23 Complete
Key Milestones	Review of Policy	Dec-22 Complete
	Increased focus on governance/assurance in relation to improvement actions from adverse events reviews	Mar-23 Complete
	Training and Education	Mar-23 Complete

HSMR *Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.*	**Performance** **0.97**

Reporting Period; January 2022 to December 2022

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

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

Victoria Hospital
Within Limits
Observed Deaths: 1,707
Predicted Deaths: 1,795
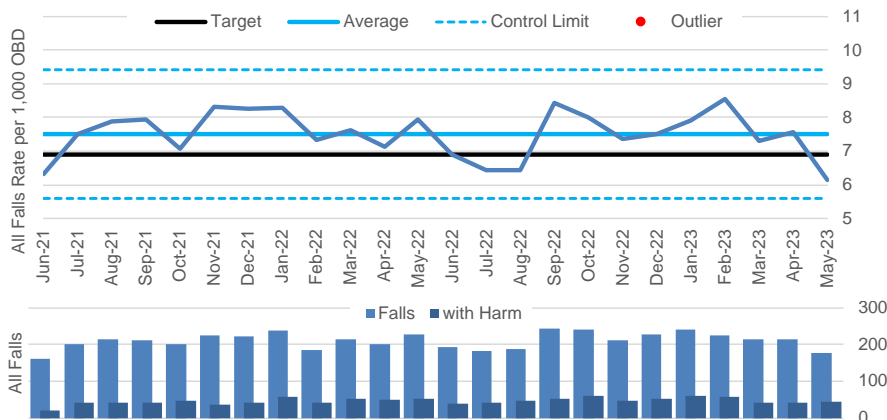HSMR: 0.95
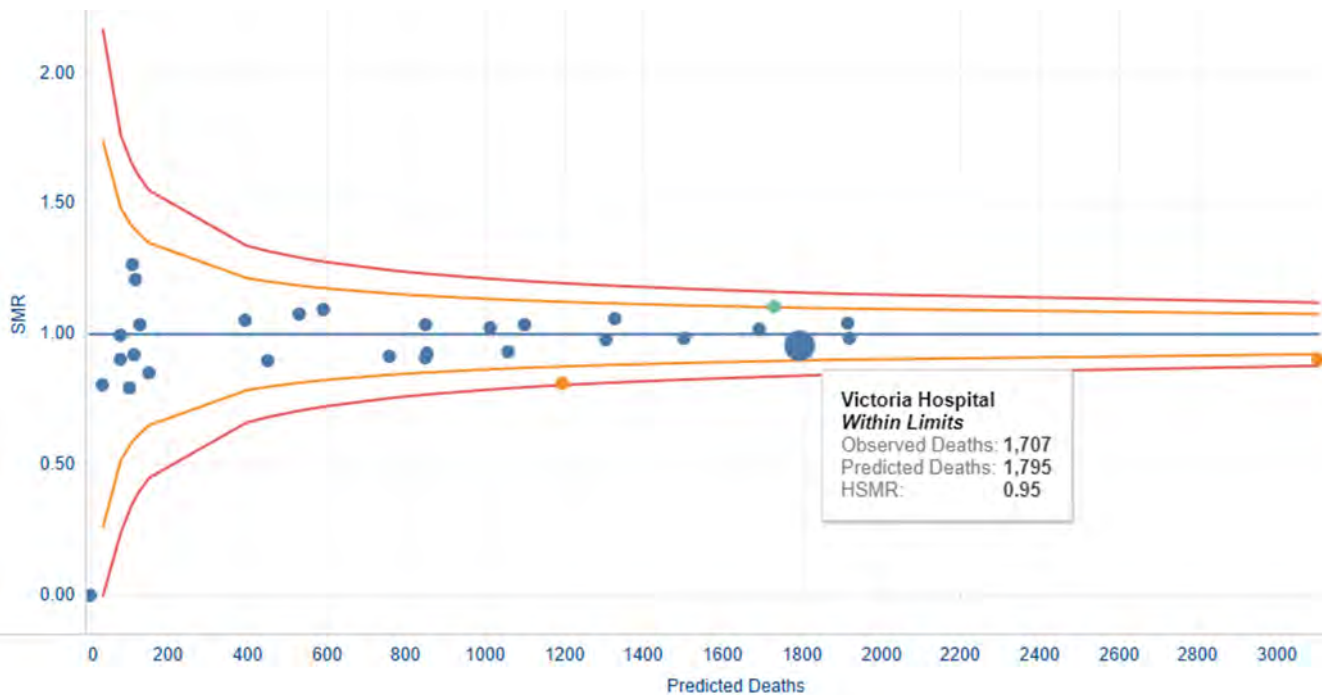
Commentary
Data for 2021 and 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending December 2022 showing a ratio below the Scottish average.
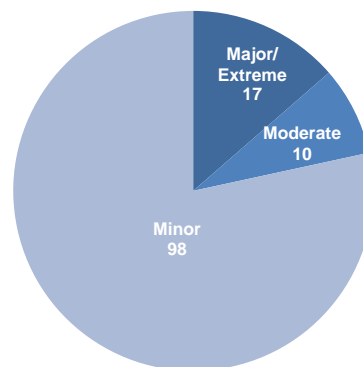
Inpatient Falls
Reduce Inpatient Falls rate per 1,000 Occupied Bed Days (OBD)
Target Rate (by end March 2023) = 6.91 per 1,000 OBD

Performance 6.16

Local Performance

Falls with Harm; QE May-23

Major/Extreme 17
Moderate 10
Minor 98

Performance by Service Area

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife	7.94	6.91	6.44	6.45	8.44	8.00	7.37	7.50	7.91	8.54	7.31	7.58	6.16
Acute	8.18	7.83	8.06	6.67	9.56	7.81	8.29	7.34	8.29	10.14	6.67	9.14	5.78
HSCP	7.72	6.08	4.97	6.25	7.47	8.18	6.58	7.65	7.58	7.21	7.82	6.27	6.48

Key Deliverable	End Date
Reduction in number of Patient Falls in order to achieve specified reduction target in this FY	Mar-24 At risk

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

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

**Performance
0.87**

Local Performance
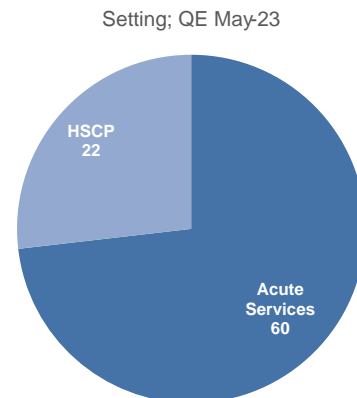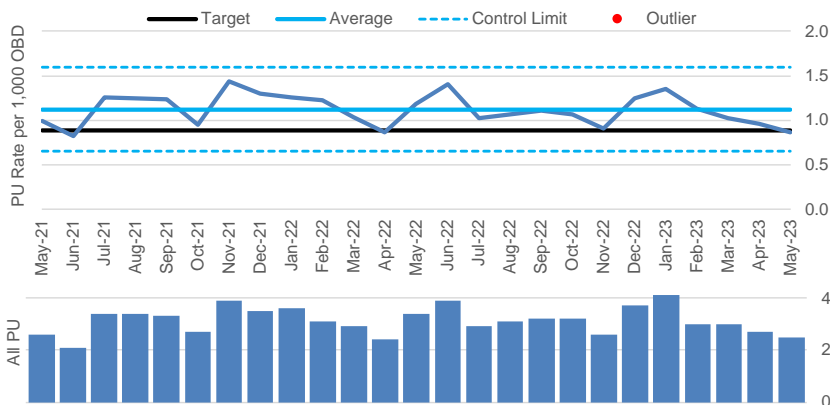
Setting; QE May-23

Performance by Service Area

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife	1.18	1.40	1.02	1.07	1.11	1.07	0.91	1.24	1.35	1.13	1.02	0.96	0.87
Acute	1.77	2.05	1.48	1.69	2.02	1.97	1.28	2.29	2.39	2.33	1.82	1.33	1.44
HSCP	0.66	0.82	0.60	0.52	0.32	0.25	0.59	0.32	0.44	0.14	0.37	0.65	0.38

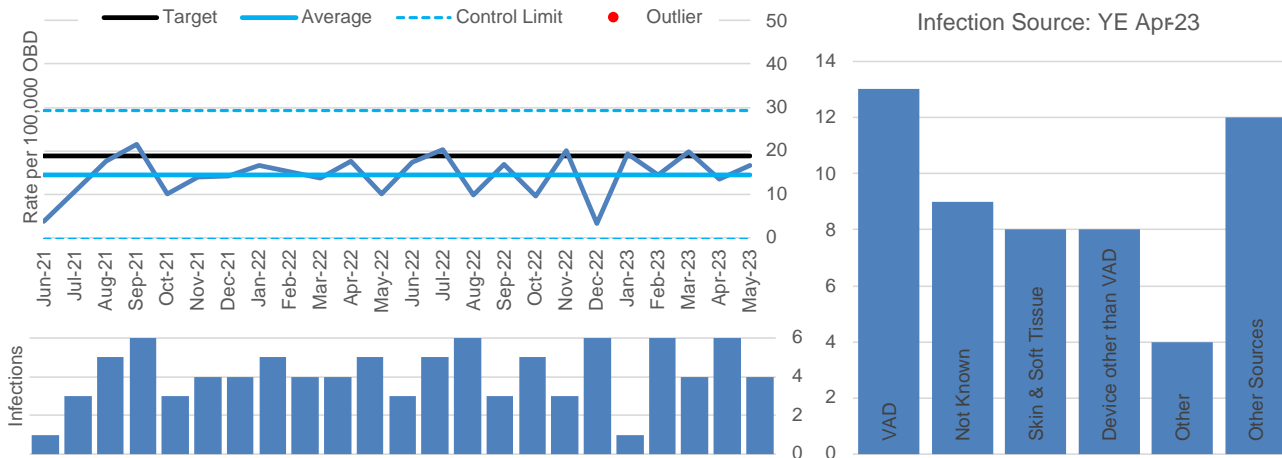| Key Deliverable		End Date
Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY		Jul-23 Off track
Key Milestones	Refresh PU Link Practitioner Register and Network	Oct-22 Complete
	Ensure that monthly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

SAB (HAI/HCAI)

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

Performance 16.6

Local Performance

Legend: Target, Average, Control Limit, Outlier

Infection Source: YE Apr23

National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	10.9	17.9
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	19.2	19.1

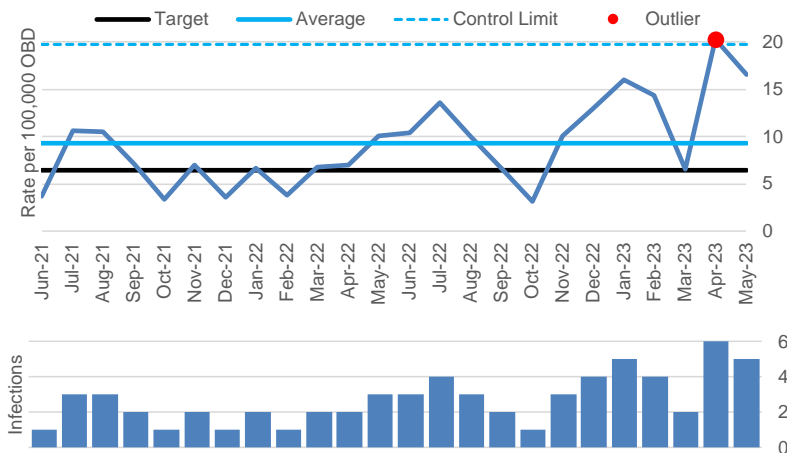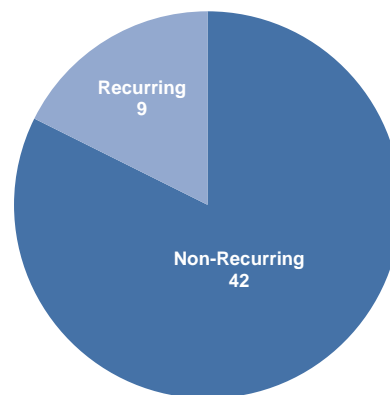| Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-24 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Jul-23 Complete
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-24 Complete

C Diff (HAI/HCAI)

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

Performance 16.6

Local Performance

Recurrence: YE May-23

National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	8.7	13.4
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	13.5	13.4

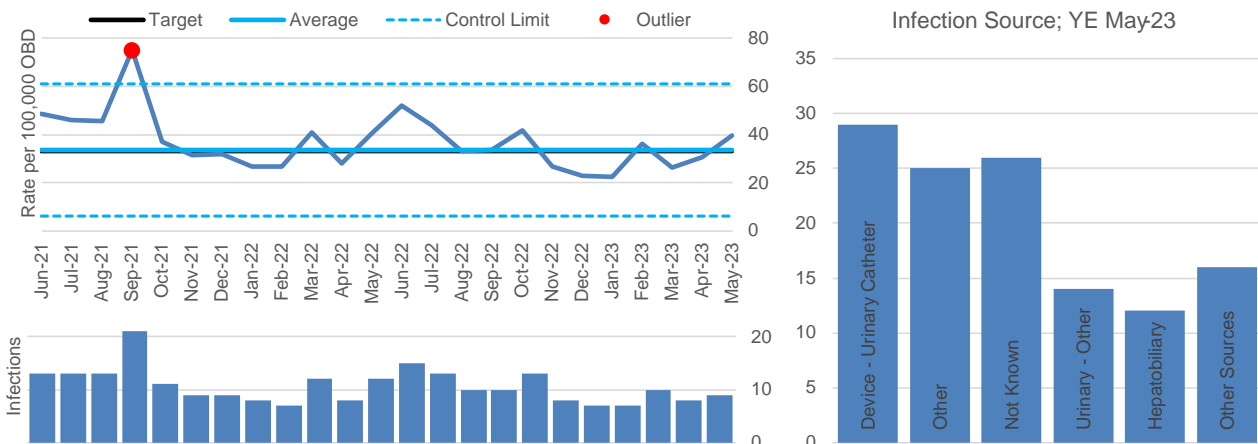| Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-24 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Jul-23 Complete
	Reduce overall prescribing of antibiotics	Mar-24 Complete
	Reducing recurrence of CDI	Mar-24 At risk
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Jul-23 Complete
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-24 Complete

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

Performance 39.8

Local Performance

Legend: Target, Average, Control Limit, Outlier

Infection Source; YE May-23

National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9	30.4	27.9
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2	34.5	37.3

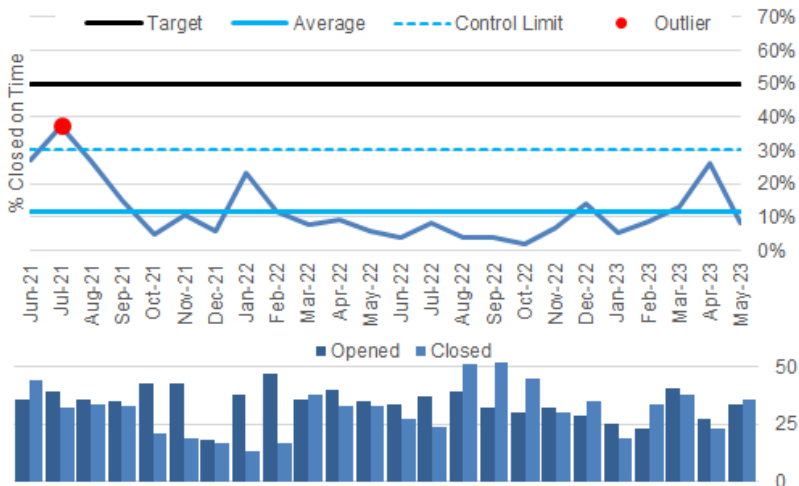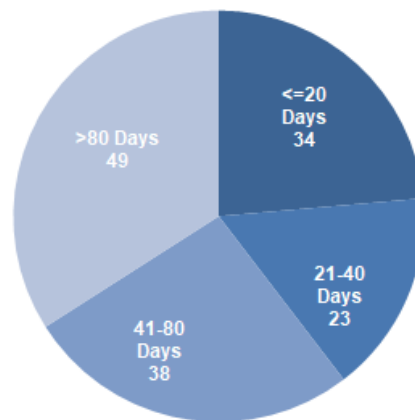|	Key Deliverable	End Date
	Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-24 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Jul-23 Completed
	Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patientrack- further rollout	Oct-23 At risk
	Enhanced surveillance - led by Consultant Microbiologist	Mar-24 Completed
	Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Jul-23 Complete
	IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-24 Complete

Complaints | Stage 2	Performance 8.6%
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024	

Local Performance

Open Complaints; May-23

Performance by Service Area

		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife	**Opened in Month**	34	37	39	32	30	32	29	25	23	41	27	34
	% Acknowledged on time	76.5%	83.8%	89.7%	93.8%	96.7%	93.8%	100.0%	96.0%	95.7%	97.6%	100.0%	97.1%
	Due in Month	32	30	47	37	21	30	27	32	30	28	38	29
	% Closed on time	6.3%	3.3%	6.4%	5.4%	4.8%	3.3%	14.8%	6.3%	13.3%	14.3%	15.8%	6.9%
	Closed in Month	27	24	51	52	45	30	35	19	34	38	23	36
	% Closed on time	3.7%	8.3%	3.9%	3.8%	2.2%	6.7%	14.3%	5.3%	8.8%	13.2%	26.1%	8.3%
Acute	**Closed in Month**	20	14	43	34	29	22	26	17	23	23	16	27
	% Closed on time	5.0%	14.3%	2.3%	0.0%	0.0%	9.1%	19.2%	5.9%	13.0%	13.0%	31.3%	7.4%
HSCP	**Closed in Month**	7	10	6	16	16	7	9	2	10	15	7	9
	% Closed on time	0.0%	0.0%	0.0%	6.3%	6.3%	0.0%	0.0%	0.0%	0.0%	13.3%	14.3%	11.1%

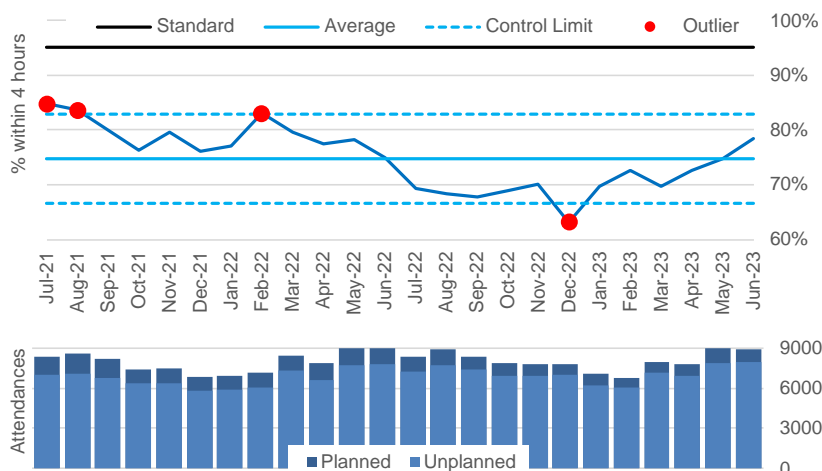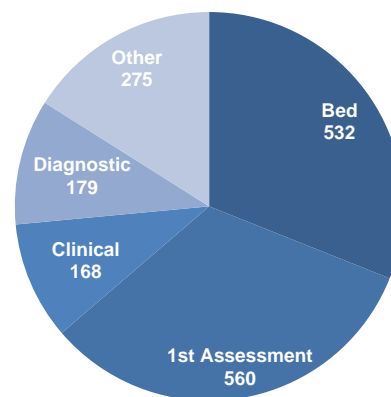| Key Deliverable	End Date
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Mar-24 Off track
Adherence to NHS Fife's Participation and Engagement Framework	Mar-23 Complete
Rebrand Patient Relations to Patient Experience Team	Dec-22 Complete

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

Performance 78.4%

Local Performance

Legend: Standard — Average — Control Limit (dashed) — Outlier (red dot)

Attendances chart: Planned / Unplanned

Breach Reasons: Jun-23

- Bed 532
- 1st Assessment 560
- Clinical 168
- Diagnostic 179
- Other 275

National Benchmarking

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	69.3%	68.4%	67.7%	68.9%	70.1%	63.2%	69.6%	72.6%	69.6%	72.7%	74.5%	78.4%
Scotland	70.0%	69.6%	69.0%	67.6%	67.5%	62.1%	68.7%	69.6%	68.0%	69.3%	70.8%	

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

Patient TTG

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

**Performance
43.6%**

Local Performance
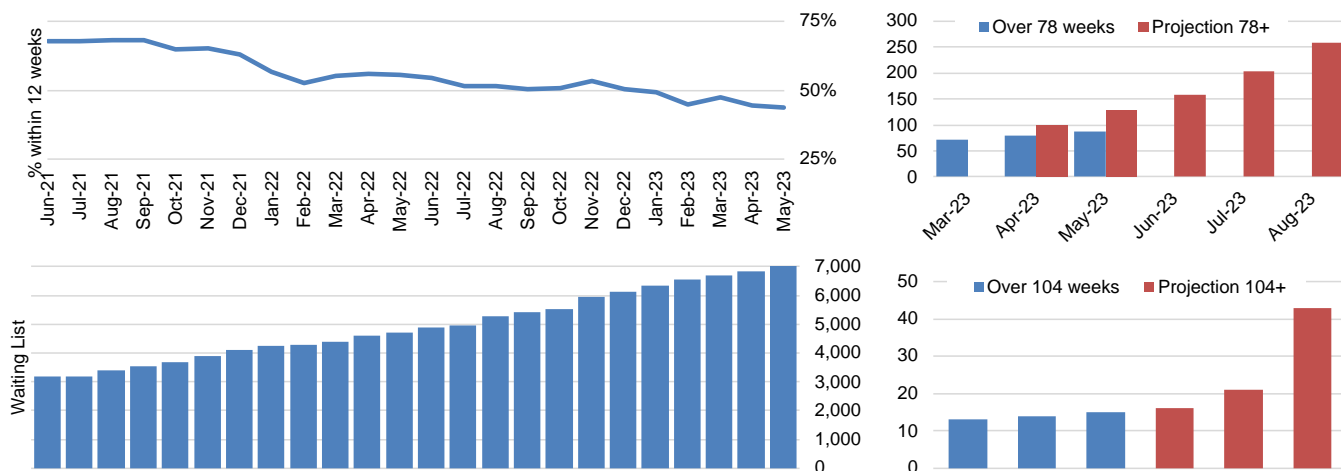
National Benchmarking

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	May-23
NHS Fife	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%	53.3%	50.3%	49.4%	44.9%	47.5%	43.6%
Scotland	32.5%	31.5%	30.9%	31.4%	32.2%	33.0%	33.5%	31.7%	30.9%	29.9%	32.3%	

Key Deliverable	End Date
Reducing long waits; TTG	Mar-24 At risk
Preassessment	Mar-23 Complete
Elective Orthopaedic Centre	Mar-23 Complete
Maximise utilisation of QMH Theatres	Jul-23 On track
Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 Complete

FINANCE, PERFORMANCE & RESOURCES: OPERATIONAL PERFORMANCE

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

Performance 49.6%

Local Performance
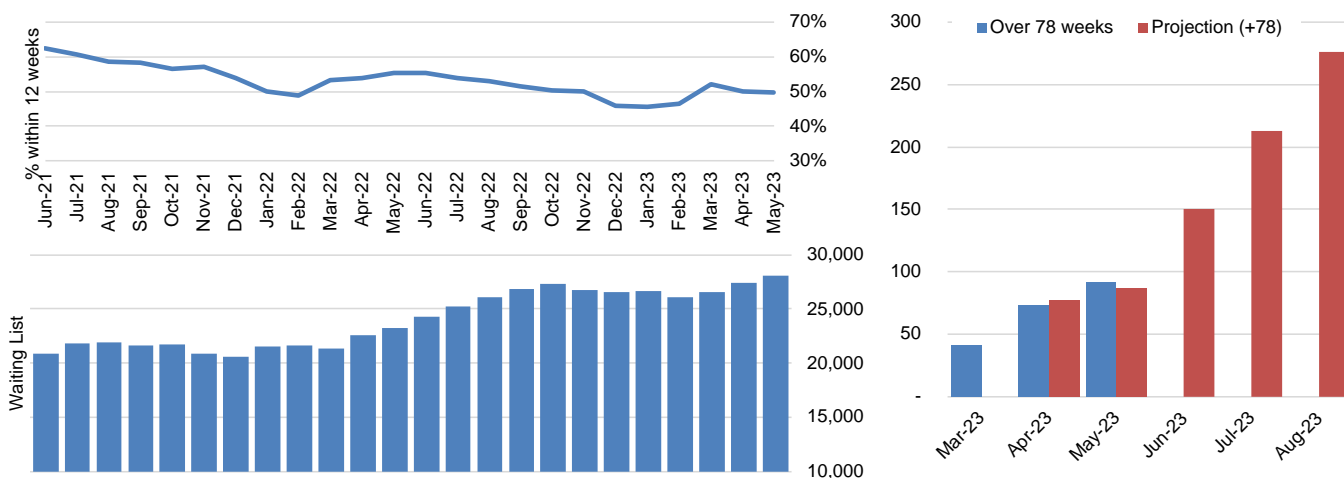
National Benchmarking

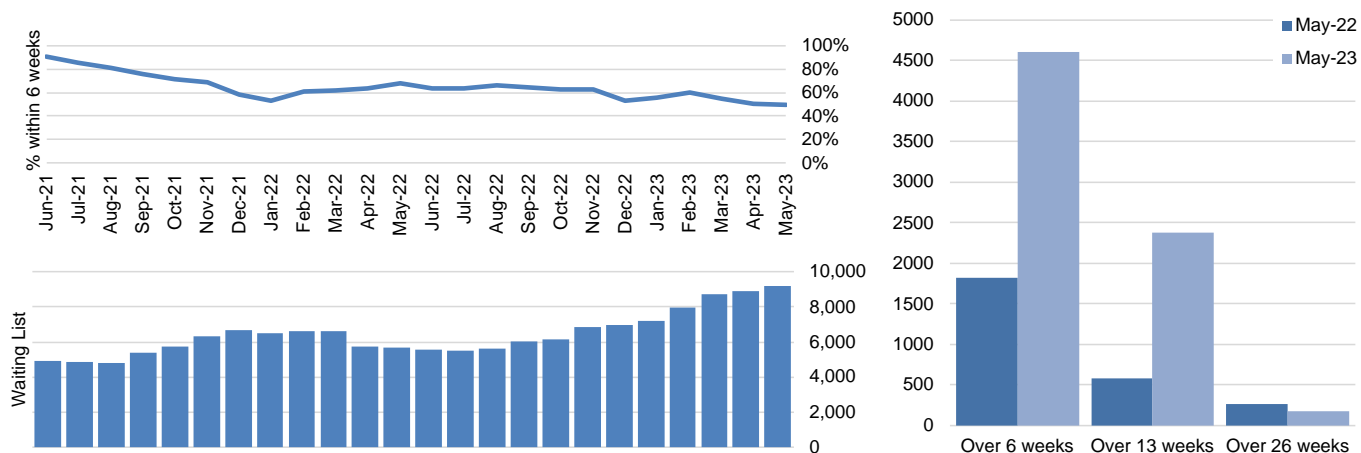|	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%	49.9%	45.8%	45.6%	46.6%	52.0%	50.0%	49.6%
Scotland	49.6%	49.1%	49.1%	48.4%	46.3%	47.0%	46.9%	44.1%	42.9%	43.2%	47.1%		

Key Deliverable	End Date
Reducing long waits; Outpatients	Mar-24 At risk
Key Milestones ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services	Mar-24 At risk
Three step validation process of waiting lists will be implemented	Mar-24 Off track

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

Performance 49.9%
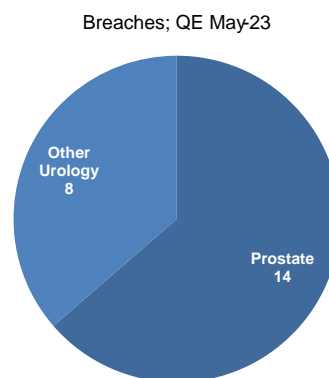
Local Performance

National Benchmarking

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife	67.8%	63.6%	63.5%	66.0%	64.7%	62.5%	62.9%	53.4%	55.3%	59.9%	54.7%	50.1%	49.9%
Scotland	47.0%	47.5%	44.7%	46.0%	47.9%	47.7%	50.6%	45.9%	45.4%	53.0%	52.1%		

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

Cancer 31-Day Diagnosis to Treatment
95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment
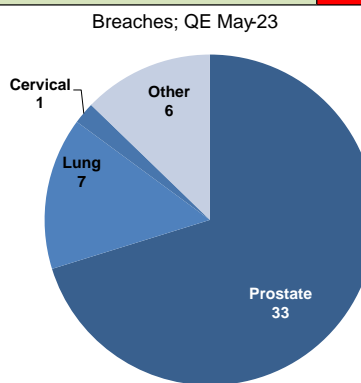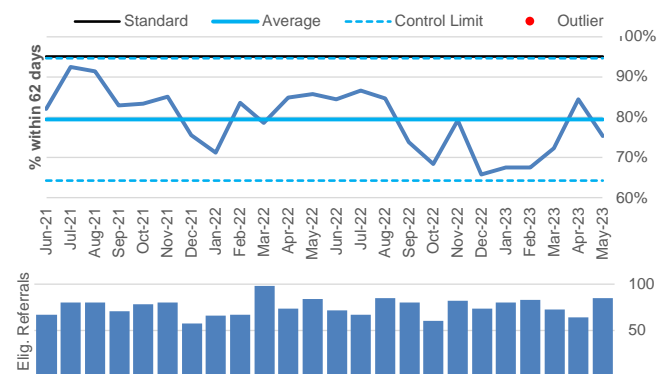
Performance
94.5%

Breaches; QE May-23

Other Urology 8 — Prostate 14

Cancer 62-Day Referral to Treatment
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral
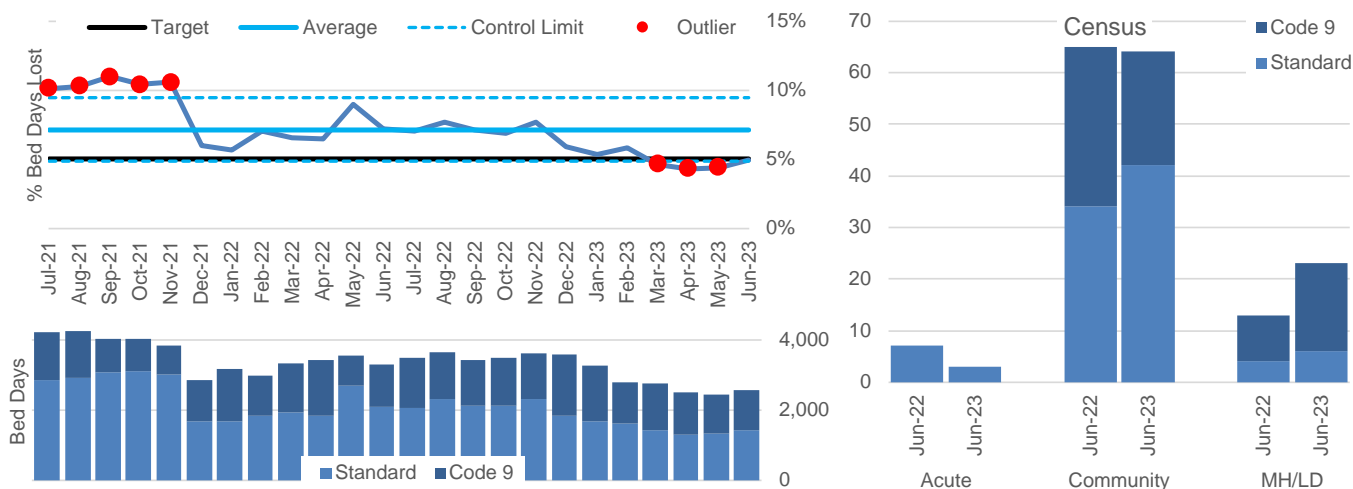
Performance
75.3%

Breaches; QE May-23

Cervical 1 — Other 6 — Lung 7 — Prostate 33

Key Deliverable	End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services	Mar-24 On track
ECDC development/expansion	Aug-23 Off track
Development of single point of contact hub (SPOCH)	Sep-22 Complete
Review of cancer workforce	Mar-23 Complete
Environmental needs of cancer services	Mar-23 Complete
Continued public and patient engagement	Mar-23 Complete
Increased access to trials linking with R, I & K	Mar-23 Complete
Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-24 Off track
Delivery of Cancer Waiting Times	Mar-24 Off track
Deliver improved Digital solutions to support delivery of Cancer Waiting Times performance.	Mar-24 Proposal
Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 Complete
Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-24 Off track

(Key Milestones)

Delayed Discharges (Bed Days Lost)	Performance 4.9%
We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied	

Local Performance

National Benchmarking

% Bed Days Lost		Quarter Ending									
		2020/21			2021/22				2022/23		
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%	6.8%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%	11.6%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.7%	7.1%	7.2%	7.2%	7.9%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.3%	9.6%	10.3%	10.2%	10.7%	11.1%

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

(The above milestones are listed under "Key Milestones")

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

	Sickness Absence	Performance
	To achieve a sickness absence rate of 4% or less	**6.83%**

Local Performance (sourced from East Region Workforce Dashboard)

Legend: Trajectory — Average — Control Limit — ● Outlier

(Line chart: Sickness Absence % from Jun-21 to May-23; bar chart: Lost Hours)

(Bar chart May-23 by category: NHS Fife, Corporate, Acute Services, Emergency Care, Planned Care, WCCS, HSCP, Community Care, Complex & Critical Care, Primary & Preventative)
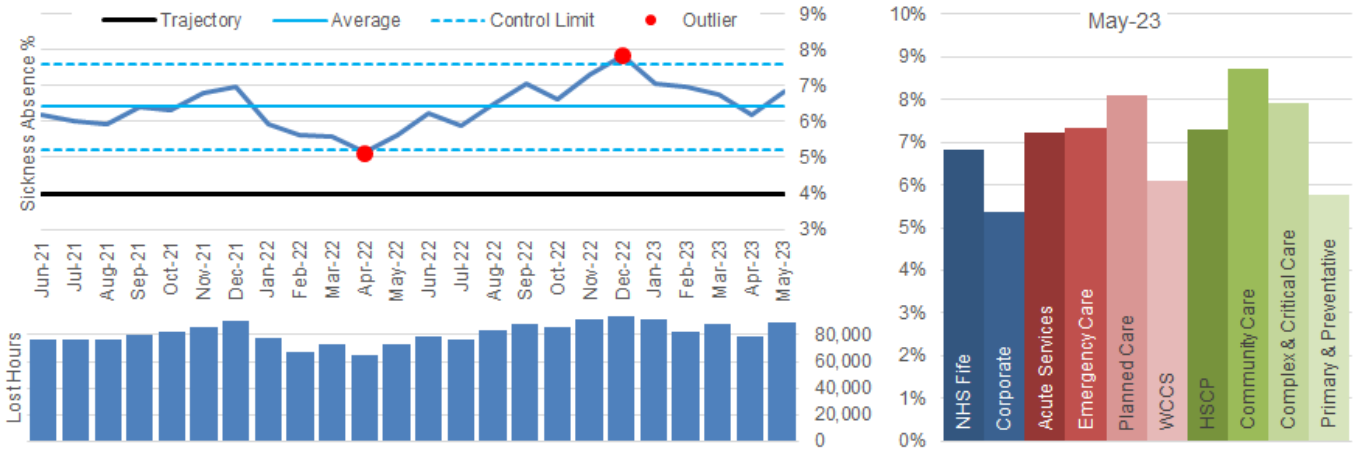
National Benchmarking (sourced from SWISS)

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	4.80%	5.32%	5.82%	5.56%	5.79%	6.34%	6.51%	6.68%	7.47%	6.76%	5.69%	6.51%
Scotland	5.13%	5.59%	5.87%	5.54%	5.73%	6.17%	6.47%	6.65%	7.37%	6.87%	5.60%	6.25%

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

STAFF GOVERNANCE

PDPR Compliance	Performance
To achieve an annual PDPR compliance rate of 80%	40.3%

Local Performance
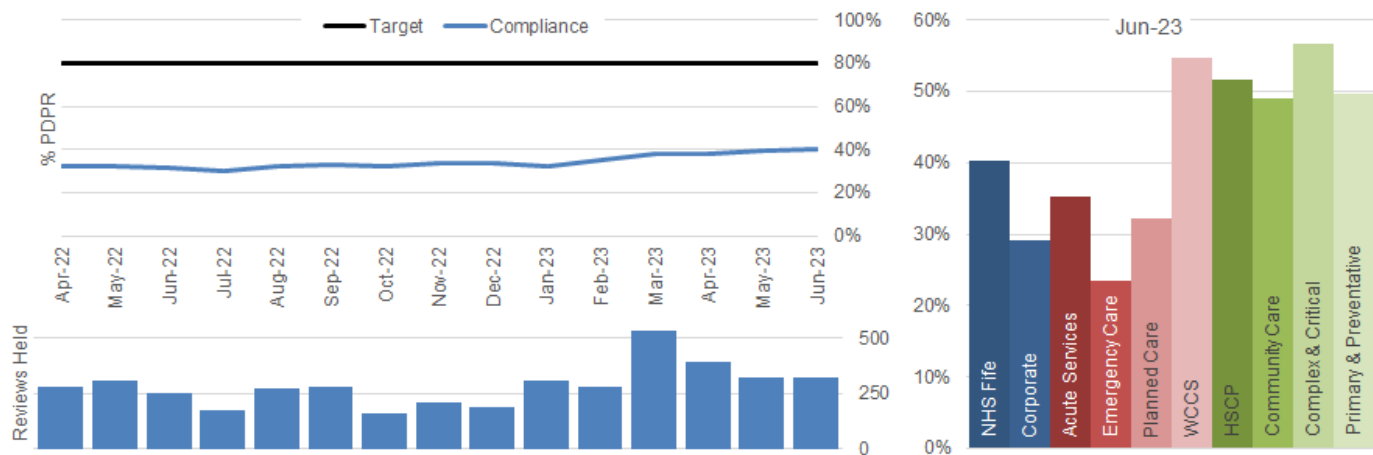
	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife		30.4%	32.4%	33.3%	32.5%	33.6%	33.3%	32.3%	35.0%	37.9%	38.3%	39.8%	40.3%
Corp.		23.7%	25.7%	26.7%	26.6%	26.2%	26.9%	26.3%	26.3%	25.6%	24.1%	27.6%	29.2%
Acute		31.0%	33.9%	35.9%	34.7%	36.7%	35.0%	34.5%	35.2%	36.6%	36.0%	36.2%	35.3%
HSCP		34.0%	35.6%	35.3%	34.4%	35.5%	36.0%	34.3%	40.2%	46.7%	49.1%	50.5%	51.5%

Key Deliverable	End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate	Mar-24 At risk

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

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

Performance 264

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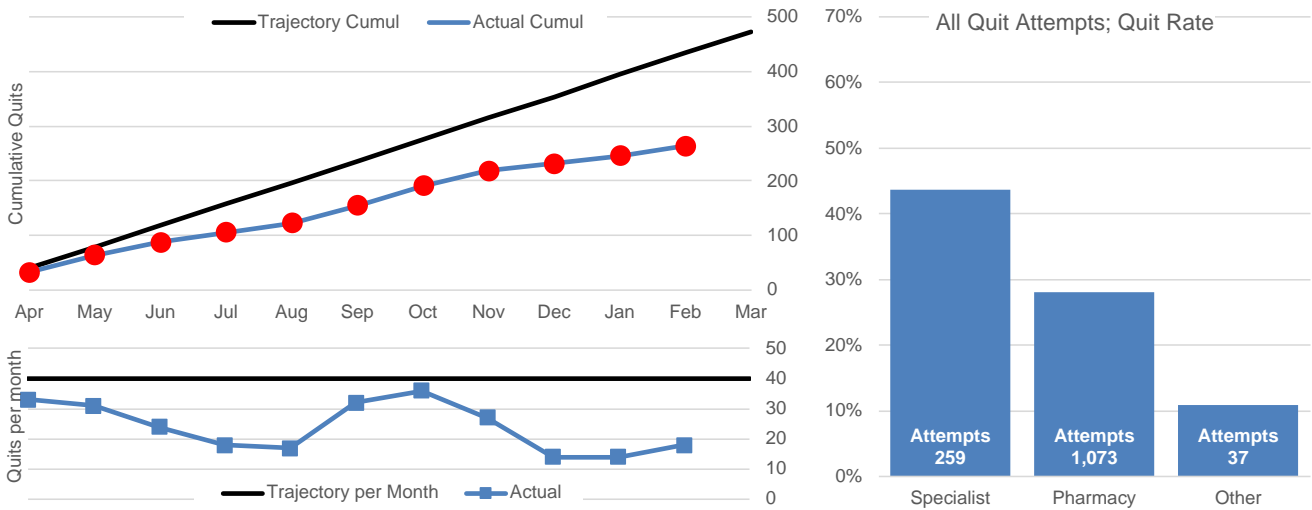
National Benchmarking

		2022/23											
		Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
NHS Fife	Actual	33	31	24	18	17	32	36	27	14	14	18	
	Actual Cumul	33	64	88	106	123	155	191	218	232	246	264	
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	82.5%	81.0%	74.6%	67.1%	62.4%	65.7%	69.2%	69.2%	65.5%	62.4%	60.8%	
Scotland	Achieved			62.9%									

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

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

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

Performance 68.0%

Local Performance
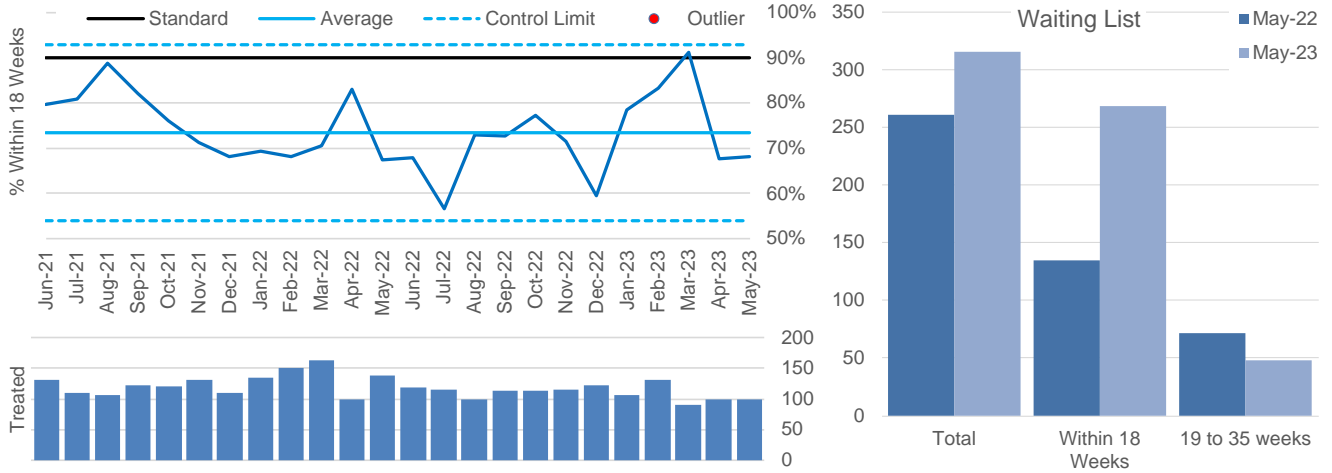
National Benchmarking

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife	67.8%	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%	91.1%	67.7%	68.0%
Scotland	71.1%	67.5%	66.4%	69.5%	69.0%	67.4%	75.9%	74.3%	73.8%	74.5%		

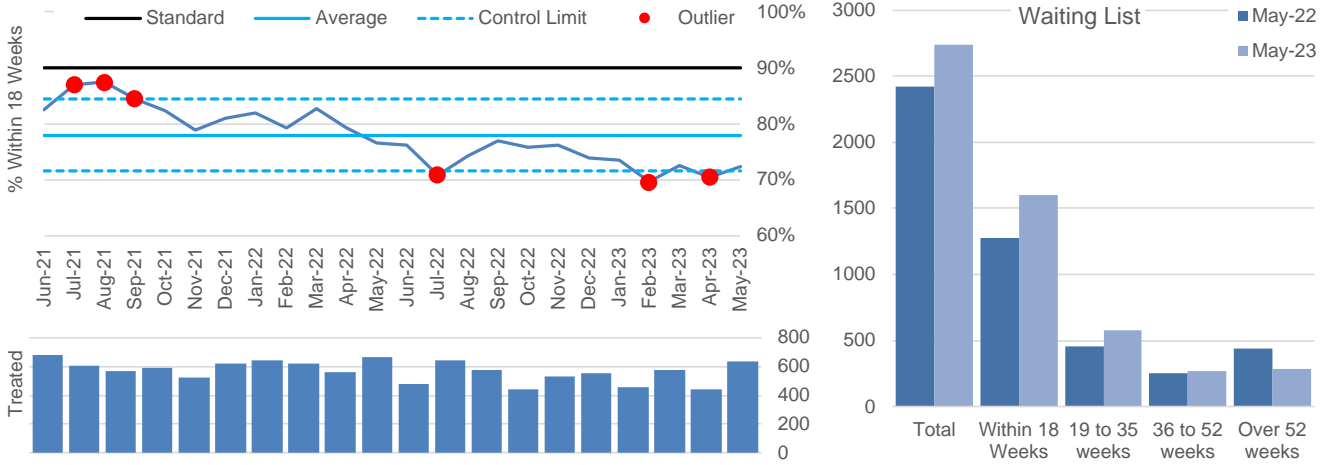| Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Aug-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation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

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

Performance 72.3%

Local Performance

National Benchmarking

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%
Scotland	82.3%	79.2%	81.6%	81.2%	80.9%	80.6%	82.4%	80.6%	79.4%	79.3%		

| Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-24 At Risk
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Mar-23 Complete
	Recruit new staff as per Psychological Therapies Recovery Plan	Oct-23 At risk
	Waiting list management within General Medical Service in Clinical Health	Dec-22 Complete
	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit	Mar-24 At risk
	Support and develop the NHS Fife response to Long COVID	Dec-22 Completed

PUBLIC HEALTH AND WELLBEING

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

Performance 92.5%

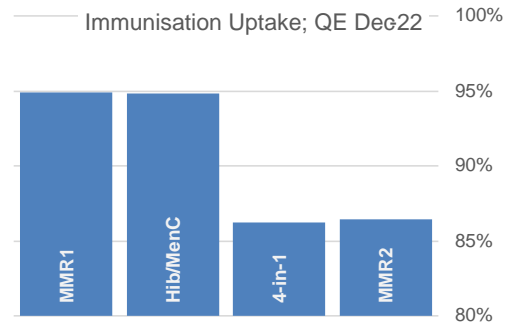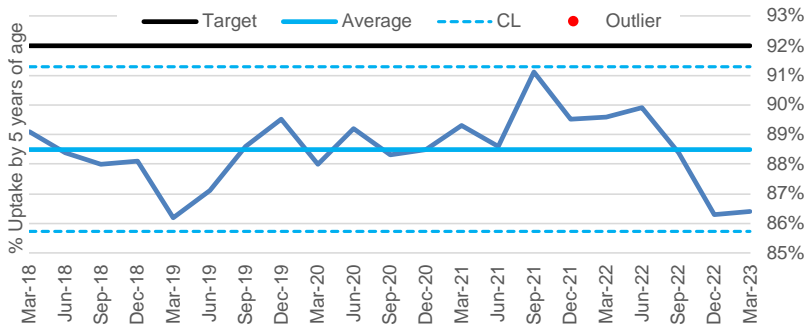### Local Performance

Immunisation Uptake; QE Mar23
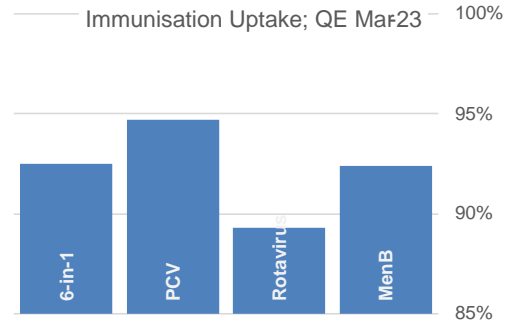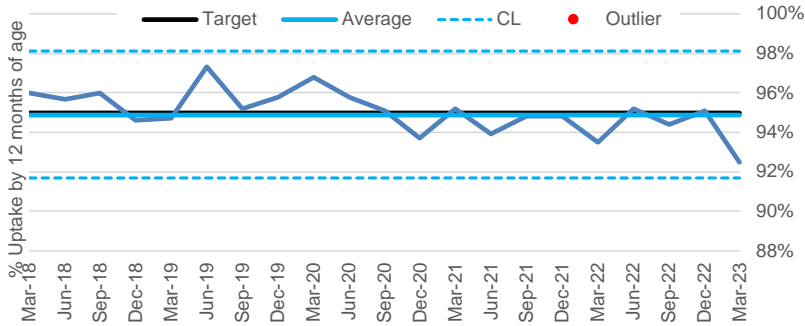
National Benchmarking

Quarter	2020/21			2021/22				2022/23			
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%	92.5%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%	95.2%

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

Performance 86.4%

Local Performance

Immunisation Uptake; QE Dec22

National Benchmarking

Quarter	2020/21			2021/22				2022/23			
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%	86.4%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%	89.8%

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

	Key Milestones		End Date
	6-in-1 primary vaccination uptake at age 12 months for Fife population		Apr-23 Complete
	MMR2 uptake at age 5 years for Fife population		Apr-23 Complete

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**26 September 2023**
Title:	**Corporate Calendar - Board and Committee Dates to March 2025**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Gillian MacIntosh, Board Secretary**

1 Purpose

This report is presented for:
Decision

This report relates to a:
Local policy

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

2 Report summary

2.1 Situation

Members are asked to approve the planned dates of meetings of Fife NHS Board and its Committees from April 2024 to the end of March 2025. Dates for the Board are published on the NHS Fife website to alert staff and members of the public to the meeting dates and availability of meeting papers.

2.2 Background

In accordance with the Code of Corporate Governance, the Board is required to meet at least six times in the year and will annually approve a forward schedule of meeting dates.

2.3 Assessment

The NHS Board dates have been set in relation to the publication/availability of performance and finance information, allowing sufficient information for the production of the Integrated Performance & Quality Report (IPQR), Financial Sustainability Report and the initial circulation and consideration of these by the appropriate sub-committees of the Board.

The use of the electronic Outlook calendar will continue, enabling diary 'invitations' to be sent to Members for the Board and Committee meetings they participate in. Invitations will

be circulated by email for the respective dates and will be kept updated on an ongoing basis, to aid Members' diary management. Where appropriate, these invitations will contain the MS Teams link for joining the meeting where committees continue to meet remotely.

2.3.1 Quality / Patient Care

The committee cycle supports regular scrutiny and review of NHS Fife's performance measures, many of which are related to matters of quality and patient safety.

2.3.2 Workforce

There are no workforce implications arising from this activity.

2.3.3 Financial

Committee and Board dates are timetabled accordingly with the availability of financial information, to ensure that the Board has as up-to-date information as possible.

2.3.4 Risk Assessment / Management

There are no risk management implications arising from this paper. Issuing the dates for 2024-25 meets the related requirement of the Board's Code of Corporate Governance.

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

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

2.3.6 Climate Emergency & Sustainability Impact

Board committee meetings continue to be held virtually, based on positive feedback from attendees, the impact of which is a reduction in the travel mileage and costs for Non-Executive members. This meets the requirement for the Board to support ways of working that help reduce our collective carbon footprint.

2.3.7 Communication, involvement, engagement and consultation

Liaison will continue to take place with the Fife Health & Social Care Partnership on the NHS Fife corporate calendar. NHS Fife dates have been set to take account of current Integration Joint Board (IJB) meeting cycles, though firm dates for the IJB for the period covered have not yet been communicated to us. An updated calendar will be shared when we receive notification of the IJB dates for its respective meetings and committees.

2.3.8 Route to the Meeting

Each individual Standing Committee has considered their individual planned dates at the September cycle of meetings and no changes to the current draft calendar have been proposed.

2.4 Recommendation

The paper is presented for decision. The Board is asked to **approve** the proposed 2024-25 meeting dates for the Board and its committees (Appendix 1). The previously agreed dates for the remainder of this year, October 2023 to March 2024, are also included (Appendix 2) for information.

3   List of appendices

The following appendices are included with this report:

Appendix 1 – Proposed 2024-25 Meeting Dates (for approval)

Appendix 2 – Previously Agreed Dates October 2023 to March 2024 (for information only)

Report Contact
Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

Draft - Fife NHS Board and Committee Dates 2024/25

Board/Board Committees in Month	APF	Month	Committee Meeting Dates (notable entries)
Board Development 30.04.2024		April	1 PH; 18; 23 EDG DS
Board 28/05/2024; CG 03/05/2024; FP&R 07/05/2024; PH&W 13/05/2024; SG 14/05/2024; A&R 16/05/2024; Remuneration 30/05/2024	22.05.2024	May	3 CGC (10:00); 6 PH; 7 FP&R (10:00); 13 PHWC (10:00); 14 SGC (10:00); 16 A&R (2:00); 23 EDG DS; 30 Remuneration (10:00)
Board/Board Development 25/06/2024; AR 20/06/2024		June	20 A&R (2:00); 25 Annual Accounts; 27 EDG DS
Board 30/07/2024; PH&W 01/07/2024; CG 08/07/2024; SG 09/07/2024; FP&R 16/07/2024; Remuneration 17/07/2024	24.07.2024	July	1 PHWC (10:00); 8 CGC (10:00); 9 SGC (10:00); 16 FP&R (10:00); 17 Remuneration (10:00); 25 EDG DS
Board Development 27.08.2024		August	29 EDG DS
Board 24/09/2024; SG 03/09/2024; CG 06/09/2024; PH&W 09/09/2024; FP&R 10/09/2024; A&R 12/09/2024	18.09.2024	September	3 SGC (10:00); 6 CGC (10:00); 9 PHWC (10:00); 10 FP&R (10:00); 12 A&R (2:00); 26 EDG DS
Board Development 29/10/2024		October	7 PH; 24 EDG DS
Board 26/11/2024; CG 04/11/2024; SG 05/11/2024; PH&W 11/11/2024; FP&R 12/11/2024; Remuneration 13/11/2024	20.11.2024	November	4 CGC (10:00); 5 SGC (10:00); 11 PHWC (10:00); 12 FP&R (10:00); 13 Remuneration (10:00); 28 EDG DS
Board Development 17/12/2024; AR 12/12/2024		December	12 A&R (2:00); 25 PH; 26 PH
Board 28/01/2025; CG 06/01/2025; SG 07/01/2025; PH&W 13/01/2025; FP&R 14/01/2025	22.01.2025	January	1 PH; 2 PH; 6 CGC (10:00); 7 SGC (10:00); 13 PHWC (10:00); 14 FP&R (10:00); 30 EDG DS
Board Development 25.02.2025		February	27 EDG DS
Board 25/03/2025; PH&W 03/03/2025; SG 04/03/2025; CG 07/03/2025; FP&R 11/03/2025; A&R 13/03/2025; Remuneration 20/03/2025	19.03.2025	March	3 PHWC (10:00); 4 SGC (10:00); 7 CGC (10:00); 11 FP&R (10:00); 13 A&R (2:00); 20 Remuneration (2:00); 27 EDG DS

KEY: EDG | Exec Team 9:30-10 | Board | Board Development | Committees | IJB Committees | APF | IPR | Board of Trustees / FHC Sub Committee

Fife NHS Board and Committee Dates 2023/24 as at 24.08.23

Committee Meeting Dates

Board/Board Committees in Month		APF	Month	Meeting days (Mon → Tue)
Board Development	31/10/2023		October	1 Sun; 2 Mon PH; 3 Tue; 4 Wed FHC SC; 5 Thu EDG; 6 Fri SGC Dev (10:30); 7 Sat; 8 Sun; 9 Mon NED Mtg (1:00); 10 Tue; 11 Wed; 12 Thu EDG, A&R Dev (2:00); 13 Fri; 14 Sat; 15 Sun; 16 Mon; 17 Tue; 18 Wed CGC Dev (2:00); 19 Thu; 20 Fri; 21 Sat; 22 Sun; 23 Mon; 24 Tue PH&W Dev (11:00); 25 Wed BoT; 26 Thu EDG DS; 27 Fri IJB DS; 28 Sat; 29 Sun; 30 Mon; 31 Tue
FHC Sub	04/10/2023			
SGC Development	06/10/2023			
NED Meeting	09/10/2023			
A&R Development	12/10/2023			
CG Development	18/10/2023			
PH&W Development	24/10/2023			
BoT	25/10/2023			
IJB Development	27/10/2023			
Board	28/11/2023	22.11.2023	November	1 Wed; 2 Thu EDG; 3 Fri IJB Q&C*; 4 Sat CGC (10:00); 5 Sun; 6 Mon PH&W (10:00); 7 Tue; 8 Wed IJB A&A; 9 Thu SGC (10:00); 10 Fri EDG, IJB FP&S; 11 Sat; 12 Sun; 13 Mon; 14 Tue FP&R (09:30); 15 Wed Remuneration (10:00); 16 Thu EDG; 17 Fri; 18 Sat; 19 Sun; 20 Mon; 21 Tue; 22 Wed; 23 Thu EDG DS; 24 Fri IJB; 25 Sat; 26 Sun; 27 Mon; 28 Tue Board (10:00); 29 Wed FHC SC; 30 Thu
IJB Q&C	02/11/2023			
CG	03/11/2023			
PH&W	06/11/2023			
IJB A&A	08/11/2023			
SG	09/11/2023			
IJB FP&S	10/11/2023			
FP&R	14/11/2023			
Remuneration	15/11/2023			
IJB	24/11/2023			
FHC Sub	29/11/2023			
Board Development	19/12/2023		December	1 Fri; 2 Sat; 3 Sun; 4 Mon NED Mtg (1:00); 5 Tue; 6 Wed; 7 Thu EDG; 8 Fri; 9 Sat; 10 Sun; 11 Mon; 12 Tue; 13 Wed; 14 Thu EDG, A&R (2:00); 15 Fri IJB DS; 16 Sat; 17 Sun; 18 Mon; 19 Tue; 20 Wed BoT; 21 Thu EDG; 22 Fri; 23 Sat; 24 Sun; 25 Mon PH; 26 Tue PH; 27 Wed; 28 Thu; 29 Fri; 30 Sat; 31 Sun
NED Meeting	04/12/2023			
AR	14/12/2023			
IJB Development	15/12/2023			
BoT	20/12/2023			
Board	30/01/2024	24.01.2024	January	1 Mon PH; 2 Tue PH; 3 Wed; 4 Thu EDG; 5 Fri; 6 Sat; 7 Sun; 8 Mon; 9 Tue; 10 Wed; 11 Thu SGC (10:00); 12 Fri CGC (10:00); 13 Sat; 14 Sun; 15 Mon PH&W (10:00); 16 Tue FP&R (09:30); 17 Wed; 18 Thu EDG; 19 Fri; 20 Sat; 21 Sun; 22 Mon; 23 Tue; 24 Wed; 25 Thu; 26 Fri; 27 Sat; 28 Sun; 29 Mon; 30 Tue Board (10:00); 31 Wed
SG	11/01/2024			
CG	12/01/2024			
PH&W	15/01/2024			
FP&R	16/01/2024			
Board Development	27/02/2024		February	1 Thu EDG; 2 Fri; 3 Sat; 4 Sun; 5 Mon; 6 Tue; 7 Wed FHC SC; 8 Thu; 9 Fri; 10 Sat; 11 Sun; 12 Mon NED Mtg (1:00); 13 Tue; 14 Wed SGC Dev (3:00); 15 Thu EDG; 16 Fri; 17 Sat; 18 Sun; 19 Mon PH&W Dev (11:00); 20 Tue; 21 Wed; 22 Thu; 23 Fri; 24 Sat; 25 Sun; 26 Mon; 27 Tue; 28 Wed BoT; 29 Thu
FHC Sub	07/02/2024			
NED Meeting	12/02/2024			
SGC Development	14/02/2024			
PH&W Development	19/02/2024			
BoT	28/02/2024			
Board	26/03/2024	20.03.2024	March	1 Fri; 2 Sat; 3 Sun; 4 Mon PH&W (10:00); 5 Tue; 6 Wed SGC (10:00); 7 Thu EDG; 8 Fri; 9 Sat; 10 Sun; 11 Mon; 12 Tue FP&R (09:30); 13 Wed Remuneration (10:00); 14 Thu A&R (2:00); 15 Fri; 16 Sat; 17 Sun; 18 Mon; 19 Tue; 20 Wed; 21 Thu EDG; 22 Fri; 23 Sat; 24 Sun; 25 Mon; 26 Tue Board (10:00); 27 Wed; 28 Thu; 29 Fri PH; 30 Sat; 31 Sun. CGC (10:00) on Fri 1; PH&W (10:00) on Mon 4
CG	01/03/2024			
PH&W	04/03/2024			
SG	06/03/2024			
FP&R	12/03/2024			
Remuneration	13/03/2024			
AR	14/03/2024			

KEY:

EDG	Exec Team 9:30-10	Board	Board Development	Committees	IJB Committees	APF	Board of Trustees / FHC Sub Committee