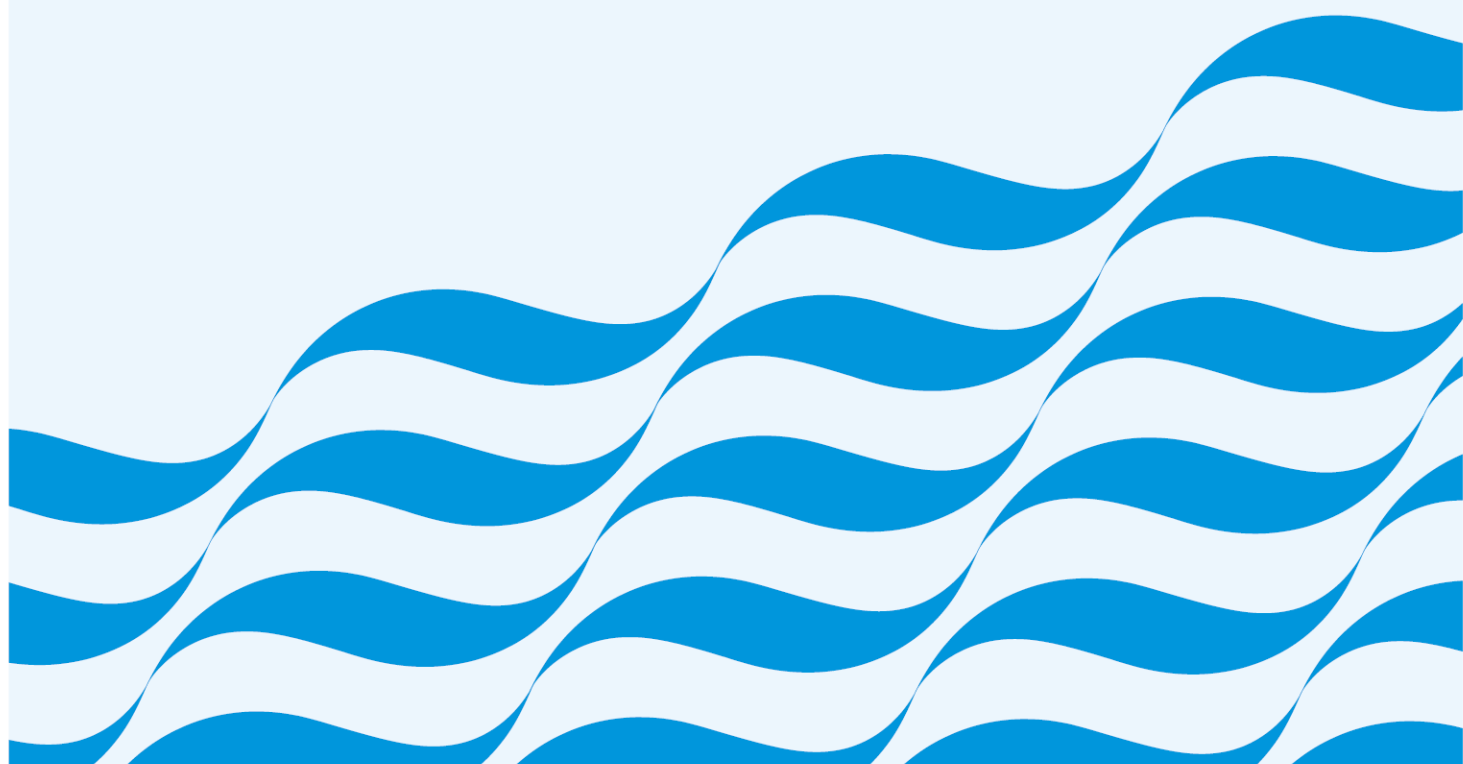




Annual Review

2021–2022



© NHS Fife 2021
October 2021

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as NHS Fife is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.nhsfife.org

Contents

At a Glance	3
Section One: Look Back: Pandemic Experience in 2020/21	4
1. Reflection on initial phases of response	4
2. Local Governance Arrangements	7
3. Whole system working	8
Covid-19	8
Testing	8
Vaccination	8
Support of Care Homes	8
Care Assurance	9
Outbreak Prevention and Control	9
Care Home Directors' Assurance	9
4. Impact on Finance in 2020/21	10
5. Impact on Workforce, inc. health and wellbeing	11
Recruitment and Resourcing	11
Learning and Development	11
Staff Health and Wellbeing, including resources	12
Communication	12
6. Impact on Performance	13
Electives	13
Patient Time to Treatment Guarantee (TTG)	13
New Outpatients	13
Key Diagnostic Tests	13
Unscheduled Care	13
Cancer	14
Mental Health	15
Performance for CAMHS and PT	15
Delayed Discharge	16
Section Two: Forward Look	17
Service Recovery	17
Electives	17
Unscheduled Care	18
Emergency Department and Admissions	18
Redesign of Urgent Care	18
GP Admissions Pathway	18
Cancer	19
Cancer Waiting Times Performance, August 2020 to July 2021	19

Early Cancer Diagnostic Centre	19
Mental Health	20
Psychological Therapies.....	21
CAMHS.....	21
Learning Disabilities	21
Winter resilience	21
Norovirus Outbreak Control Measures	22
Covid-19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing	22
Workforce resilience and recovery	22
Ensuring a whole system response.....	23
Financial planning.....	24
7. From Recovery to Renewal.....	24
Strategic Planning	24
Primary Care	25
Care Homes	25
8. Hot Topics	25
Workforce	25
Property and Estate: Mental Health	26
Capacity & Demand.....	26
Finance	26
University of St Andrews and NHS Fife Strategic Partnership Development	27
Innovation	27
Annex A: Patient & Carers' Briefing.....	28
Annex B: Area Clinical Forum Briefing.....	29
Annex C: Area Partnership Forum Briefing.....	31

At a glance

Covid-19 occupied beds

90.1% **47.2%**

General

ICU

September 2021

Covid-19 vaccination

91.2%

dose 1

86.2%

dose 2

up to 30 September 2021



10,374

Contact tracing cases created

September 2021

Waiting times



5,217 A&E unplanned attendances

73.9% treated under 4 hours

6,323 total A&E attendances

September 2021

September 2021

9,173

Outpatients
waiting over 12 weeks

September 2021

1,144

Treatment time guarantee
waiting over 12 weeks

133

CAMHS
waiting over 18 weeks

August 2021

1,090

Psychological Therapies
waiting over 18 weeks

August 2021

Remote consultations



3,936



750

Emergency Department

1,028

Acute

884

Community

1,776

Mental Health

248

GP Practice

w/52 to 2 October 2021

September 2021

5.95%

sickness absence

78.20%

availability



August 2021

Section One: Look Back: Pandemic Experience in 2020/21

1. Reflection on initial phases of response

The worldwide Covid-19 pandemic has been and continues to be the greatest challenge that the National Health Service has faced since its inception.

Like all NHS Boards across the country, NHS Fife has sadly experienced high numbers of citizens suffering from the novel coronavirus, Covid-19. Many have required admission to our hospitals, placing unprecedented demands on acute care, and particularly on our intensive care unit (ICU). This led to incredible efforts to dramatically increase the resources available to treat these patients, involving reorganisation of hospital facilities, redeployment of existing staff and a drive to bring in recently retired and newly graduated staff to fight the pandemic.

These increases in demand and changes to supply not only affect patients with the coronavirus but had a huge knock-on effect on the care provided to the wider population, putting additional pressure on all elements of health and social care service delivery across Fife.

As the crisis caused by Covid-19 continues to put our National Health Service under increased pressure, our NHS Fife staff have been our biggest asset, and despite the uncertainty inherent in responding to a global pandemic, many have chosen to return to the frontline to provide the much-needed capacity and expertise required to deliver patient care at this challenging time.

Other colleagues, clinical and non-clinical, have been redeployed to directly support front line teams and services, as well as establishing new programmes of work such as test and protect and of course our vaccination team.

NHS Fife has made staff health and wellbeing a key priority as part of our multi-faceted response to the pandemic. Working in partnership with our staff side representatives, professional bodies, and local management teams to ensure that colleagues are actively informed and supported to ensure their own resilience throughout the pandemic.

From staff wellbeing hubs, with access to a safe space to talk supported by our psychology teams, to the regular personalised communications from the Chief Executive, the focus has been on empowerment and encouraging colleagues to look out for themselves and each other, while working together to ensure safe, patient centred care, during this period of rapid change and unprecedented demand.

Services have had to rapidly adapt and embrace digital transformation to ensure continued service delivery within the confines of enhanced infection control and physical distancing requirements. This has seen many teams having to change to home working, patient consultations via video rather than face-to-face and communications via a mobile app rather than printed updates or in person team huddles. The rapid deployment of technology has also been fundamental in the successful delivery of contact tracing and vaccine scheduling tools.

The implications of the pandemic for healthcare delivery will not be short term, with the sector having to adjust to the new normal, adapting and responding to the consequences of decisions taken to manage the pandemic. As winter approaches and the threat of seasonal flu looms large, another chapter of uncertainty and challenges face the NHS. Winter planning is well underway in Fife to pre-empt and respond to this new combination of concurrent risks and the increase pressure and expectations on an already exceptionally exhausted workforce. However, we recognise that this cannot be done in isolation from national and regional planning discussions and as such will ensure our ongoing contribution in these forums and taking cognisance of the emergency powers of Scottish Government to direct NHS Boards.

In tandem with our established winter planning, NHS Fife is also actively considering the steps required to safely resume services in a phased and managed response. Using the opportunity to reflect on lessons learned from the pandemic, we are exploring new and innovative ways of working; taking all the learning into our discussions on a new strategic plan and to ensure the long-term sustainability of NHS Fife in delivering safe, equitable, patient centred care across all the communities we serve.

Look back from RMP3

Teams across NHS Fife and Fife HSCP were asked to consider what went well in terms of service delivery and support for staff in 2020/21 and what improvements could be made going forward. The table below summaries the responses received which included patient participation surveys.

	What went well that we will continue in 2021/22	What didn't go well in 2020/21, that have led to improvements and will take into 2021/22
Service Resilience & Development	<ul style="list-style-type: none"> • Patient Feedback - Coordinated accessing to hospital site for urgent care appointments • Use of the 4 harms approach and reminding ourselves of the harms of not doing key public health priorities work and purely focussing on the immediate response to Covid-19. We will continue to allocate some resource to reducing and mitigating inequalities, improving health etc. as part of our strategic goals 	<ul style="list-style-type: none"> • Strengthen process for service reprioritisation should there be a further wave of Covid-19, need to apply resilience arrangements in support of competing organisational priorities • Continuity during bad weather on top of existing workforce pressures • Restricted access to visitors - virtual visiting and local guidance implemented • Continue to be agile and flexible and build resilience into the rotas, identifying ways to step capacity up and down as needed • Increasing the scope and size of services/departments at pace was a challenge. It has been important to develop the team and understanding of roles and remits including how to effectively use management and clinical leads to their full potential • Pressures placed from Scottish Government at short notice caused significant problems. Capacity was increased to respond to these situations but would also welcome a discussion about how to manage this better from both sides of policy and implementation

	What went well that we will continue in 2021/22	What didn't go well in 2020/21, that have led to improvements and will take into 2021/22
Staff Resilience & Development	<ul style="list-style-type: none"> Engagement with the Local Partnership Forum and focus on supporting staff health and wellbeing Developing team and individuals' potential to step up and take on new roles, we will continue with creating these opportunities for staff In light of the responsive way that staff have risen to the challenge of rapid change, and the adjustments to 'normal' working arrangements we are in a strong position to build this agility into our business as usual state (without underestimating the cultural challenges which will arise from designing new sustainable working approaches). Working from home where possible kept the footfall in Acute down and, for many, has increased productivity and work/life balance. Consideration will be given to keeping this going in a number of areas for appropriate staff Staff were very much prepared to work differently through the additional technology, but also to step into different roles to support e.g., the vaccination programme, Test & Protect etc Staff resilience has been high in the face of significant and ongoing challenges which change almost daily 	<ul style="list-style-type: none"> Although staff resilience has been strong, the extended period of reliance on a number of staff providing 'above and beyond' needs to be considered going forward to ensure sustainable service delivery and to consider longer term health & wellbeing needs The changing workforce mobilisation needs have been well handled at a local level through the last year. However, as noted above the context changes arising from remobilisation will bring even more challenging decisions about how to prioritise staff deployment as we have increasing levels of normal service provision alongside the continuing Covid-19 specific longer term requirements.
Communication	<ul style="list-style-type: none"> Improved communication through the Directors' brief to share information and strengthen connections across the Health & Social Care Partnership Connecting the whole Health & Social Care Partnership through the Extended Leadership Team Regular and empathetic communication from the Chief Executive was greatly appreciated by staff 	<ul style="list-style-type: none"> Patient Communication with hard to reach communities. New inclusive communication plans developed. Accessible communication group established
Technology	<ul style="list-style-type: none"> Use of technology for meetings and care delivery Patient Feedback re Video consultation Rapid roll-out of MS Teams allowed operational and strategic discussions to continue almost seamlessly Near Me and Virtual Clinics have worked well and will remain in many areas, although they do come with a significance increase in admin and clerical resource required 	
Governance	<ul style="list-style-type: none"> The decision-making structures put in place allowed robust governance to enable agile response while considerably speeding up the change process 	

2. Local Governance Arrangements

The need for NHS Fife to address the ongoing challenges of the global pandemic has greatly impacted the business of the Board. In recognition of the rapid mobilisation of services to tackle rising rates of Covid-19 infection, approval to revise governance arrangements across NHS Boards was given by the Scottish Government, by letter to Board Chairs on 25 March 2020. NHS Scotland has remained on Emergency Footing continually since. Individual NHS Boards were invited to submit their specific proposals for governance during this period to the Office of the Chief Executive. NHS Fife submitted on 30 March 2020. At the April 2020 Board meeting, a 'governance-lite' approach was approved. This aimed to allow NHS Fife to effectively respond to Covid-19 pressures, maximise time available for management and operational staff to deal with the significant challenges of addressing demand within services, and allow the Board to appropriately discharge its governance responsibilities.

During the pandemic the Board has continued to hold its bi-monthly meetings remotely, utilising Microsoft Teams. A prioritised agenda has been in place for each Board meeting. Since May 2020, although lockdown restrictions and social distancing measures have meant no public meetings, the local media were invited to listen in via Teams. Arrangements for the public to join virtually have also been in place since shortly after that date. NHS Fife was one of the first Boards to establish a process for remote public access. Board papers continue to be published in advance on the NHS Fife website, along with Board minutes after each meeting has taken place.

Whilst the scheduled dates in May 2020 for the Board's governance committees were stood down, in June 2020 a series of Covid-19 related briefing sessions were held for each Board Committee. These were tailored to each Committee's specific remit. As per Richard McCallum, Director of Health Finance and Governance letter of 11 June 2020, prior notification of the intention to resume Committee meetings, and the rationale for that, was given by the Board to Scottish Government. Committee meetings largely resumed and have continued their regular schedule from July 2020. Agendas for Committee meetings have reflected the priorities of the ongoing Covid-19 response, in addition to the consideration of business otherwise requiring formal approval or scrutiny for assurance purposes. The Chair, Vice-Chair and Committee Chairs have liaised closely with the Executive Team, identifying priority business for the Board and committees and what must be prioritised in agenda planning. Some routine business has been suspended or deferred. All Committee workplans have been reviewed, ensuring that new items related to Covid-19 were covered appropriately and the required assurances could be provided to the Board as part of the year-end process. Each Committee actively considered a governance checklist, prepared by Internal Audit, and recommended by the Audit & Risk Committee for adoption by all standing committees. This helped enhance agenda planning and ensured that no areas of risk were overlooked.

During the height of the pandemic, weekly meetings of the Chair, Vice-Chair and members of the Executive Team were held. A detailed note was circulated to Board members. Additionally, the Chair and Vice-Chair had regular contact with the Chief Executive and other key members of the Executive Team on priority items as required. Regular meetings with local elected representatives (MPs/MSPs) also continued.

At the start of the pandemic, NHS Fife established an organisational command structure, providing direction, decision-making, escalation, and communication functions. Initially meetings of Gold Command were scheduled daily. By the end of June 2020 this was reduced to weekly, due to the reduction in Covid-19 related activity and reporting from its supporting Silver and Bronze groups. Routine meetings, including the weekly meeting of the Executive Team, and formal Executive Directors' Group (EDG) meeting, were resumed in June 2020. Gold Command - and its supporting structures below - stood up once again on a weekly basis, from September 2020 to the end of March 2021, to manage the second wave of the Covid-19 pandemic. The organisational structure utilised successfully in the first two phases of the pandemic has recently been re-introduced and has been operational from 1 July 2021, to reflect the third wave of increase in Covid-related activity. At present, this is maintained in parallel with the usual schedule of Board and Committee meetings. It remains under regular review, given the challenging pressures on the Executive Team and staff overall.

3. Whole system working

Covid-19

The whole system across Health, Social Care and third sector responded to support the needs of the citizens of Fife. Early identification of, and support to, those shielding and vulnerable in our communities was part of a multi-agency response, from clinical teams in Primary and secondary care, social work, care teams and the third sector. Working collectively, support was provided to those most in need, including food deliveries for those shielding and a prescription delivery service. Individuals and teams worked differently to meet the health needs of the population e.g., General Practice support in the Covid Assessment Centres.

Testing

Testing has and continues to be a key part of the pandemic response. Testing is a national programme, delivered in partnership between Boards, the National Contact Tracing centre and supported by Public Health Scotland. As one of the pilots, NHS Fife tested the national training materials and the interim digital contact tracing platform.

Initially testing capacity was limited, though this increased during 2020/21. Capacity for laboratory testing (PCR) supported by the introduction of Lateral Flow Testing (LFT) was initially for staff, care homes, etc. LFT testing was extended to the public and has provided another mechanism to enhance protection from the virus.

Testing has been provided in fixed sites and mobile units. Mobile units have allowed targeting of geographic areas with high test positivity, outbreaks and to support communities with higher rates of deprivation or limited access to transport availability.

Vaccination

A welcome development has been Covid-19 vaccinations. Undertaking a mass vaccination programme for the population remains a significant undertaking within Fife. The Programme Board has undertaken a range of work to manage the rollout of the vaccination programmes, as well as encouraging and supporting uptake of the vaccine amongst the cohorts defined by the JVCI. This includes:

- 'Pop-up' clinics in areas where analysis of uptake indicates potential benefit, enabling citizens to attend without appointment.
- Bespoke pathways for those with learning disabilities, led by local experts who work closely with this group.
- Local multidisciplinary team to consider high risk patients and where appropriate administer vaccinations in hospital.

Support of Care Homes

In May 2020, the Cabinet Secretary requested that Directors of Public Health, Medical Directors, Executive Nurse Directors, Chief Social Work Officers and Health & Social Care Partnership (HSCP) Chief Officers take immediate action to deliver an enhanced system of assurance around the safety and wellbeing of care home residents and staff during the Covid-19 pandemic. The Director of Nursing was given the responsibility and accountability for the quality of care in all care homes across Fife.

A care home hub was quickly established in Fife. As well as the provision of professional oversight, the support included analysis of issues, development and implementation of solutions, ensuring care homes remain able to sustain services during the pandemic and can access expert advice on, and implementation of, infection prevention and control, outbreak management and can secure responsive clinical support if needed.

Scottish Government formally detailed this support and oversight of care homes. It directed that Boards and HSCPs would provide enhanced clinical and care professional oversight during Covid-19, and required that a physical nursing assurance visit should take place in each care home to assure standards in:

- Infection Control measures
- Documentation of care plans
- Fundamental care provision
- Communication

This work is well established within Fife HSCP and the funding has been provided until March 2023.

Care Assurance

Over two days in late April 2020 a rapid initial telephone assessment of the local care home providers in Fife was undertaken by Fife HSCP. The audit tool was based upon a model agreed upon by Directors of Public Health in Scotland and the Care Inspectorate. The findings of the rapid assessment were used to inform the Fife Care Home Action Plan. This was augmented by existing knowledge and experience from within the oversight group and learning from Incident Management Team meetings that had taken place when there were outbreaks or possible outbreaks in care homes

The action plan set out the measures partners were taking to support care homes. A weekly review of the action plan was undertaken by the Care Home Oversight Group, with concerns escalated to the Director of Public Health and the Director of Health and Social Care. The Director of Public Health was also responsible for ensuring all care home staff were offered a weekly Covid test and for the reporting of this and other weekly reports to the Scottish Government.

The Safety Huddle Turas Care Management tool was launched in August 2020, providing a daily overview of individual care homes for care home managers and Fife HSCP, allowing an understanding of activity and areas of risk. This enables early warning of emerging trends and issues, allowing for timely intervention and mitigation. The responsibility to monitor all care homes in the Fife Board area, ensuring they are registered and are inputting data using this tool, lies with the Director of Public Health and Director of Health and Social Care.

Data from the HSCP Safety Huddle is updated daily and can be accessed by the Director of Health and Social Care and the Director of Public Health and their teams, through the Turas Integration portal at NHS Education for Scotland (NES). This daily data report is disseminated to HSCP leadership teams, allowing access to the relevant safety huddle data, ensuring appropriate action is taken to follow up escalated risks. The safety huddle also includes care home staff screening data.

A multi-collaborative network was established to deliver an enhanced system of assurance. In relation to the workforce required to complete this, Fife adopted an integrated approach. This 'team' was developed from many staff across the Health and Social Care Partnership. All initial 76 care home assurance visits were completed by October 2020.

In March 2021 additional resources were offered, through Local Mobilisation Plans, to undertake Care Home Assurance Visits and Care Plan Reviews within shorter timescales than would normally be required. By the end of August 2021, all residents in a care home have received an individual review to ensure that the care they receive still meets their needs.

Outbreak Prevention and Control

The Public Health team provides support to all care homes with suspected or confirmed cases of Covid-19, including coordinating testing for residents and follow-up testing for staff where needed. Care home staff have both Lateral Flow and PCR testing on a weekly basis, managed by the care home. Care Home visiting restarted in March 2021 with visitors also participating in Lateral Flow Testing, initially managed by the individual homes. The offer of asymptomatic testing of visitors entering adult care homes remains in place as an option. Following the advice from Scottish Government in July 2021 visitors can test at home (or away from the care home) before visits.

Care Home Directors' Assurance

Three times a week there is a multi-disciplinary care home huddle. An SBAR from these is shared with the Directors' Group. These are considered and reviewed at the fortnightly Directors' meeting,

where the reporting return for the Scottish Government is signed off along with any policy requirements.

The Care Home Oversight Group is a multi-agency group that includes the Care Inspectorate, Scottish Care, Health and Social Care, Social Work, Infection and Prevention Control, Alzheimer Nurse Consultant, Practice and Professional Development and Public Health. The Group meets fortnightly to review all matters related to care homes.

Overview:

- In spring and summer 2020, the community nursing teams and Care Home Advanced Nurse Practitioners forged meaningful relationships with care home sector staff. This supported joint and collaborative working, building confidence and trust in health care colleagues. Joint assurance visits also improved and developed inter-professional working relationships between health and social care sector staff.
- The initial care assurance visits, and subsequent visits/contacts, highlighted a deficit in general Infection Prevention & Control knowledge and skills amongst some care home staff.
- The care assurance visits, daily data gathering and communications with the care home sector highlighted a disparity in quality leadership. Some areas have excellent leadership and some a need for additional support and development.
- There is inequity in access to suitable IT/learning equipment across care homes in the Board, and also inequity in access to suitable learning environments and learning resources.

4. Impact on Finance in 2020/21

NHS Fife has an annual requirement to meet three financial targets set by the Scottish Government Health and Social Care Directorate:

Statutory Financial Targets	Limit as set by SGHSCD £million	Actual £million	Underspend £million
Core Revenue Resource Limit	854.9	854.6	0.3
Non-Core Revenue Resource Limit	22.4	22.4	0
Total Revenue Resource Limits	877.3	877.0	0.3
Core Capital Resource Limit	17.3	17.3	0
Non-Core Capital Resource Limit	0	0	0
Total Capital Resource Limits	17.3	17.3	0
Cash Requirement	921	921	0

The in-year savings target, per the approved Financial Plan was £21.8 million.

As part of the NHS remobilisation exercise, additional financial planning arrangements were established to determine the financial impact of the pandemic. These cost estimates were regularly reviewed and reported to the Scottish Government.

The pandemic significantly impacted NHS Fife's finances during 2020/21 and efforts to deliver on the in-year savings target.

	£million
Savings Delivered in-year	11.7
Unachieved Savings in-year	10.1
	21.8
Additional Covid costs in-year	53.3

Both the unachieved savings and additional incurred costs in relation to the pandemic were funded by Scottish Government.

During 2020/21 there was no requirement to invoke the risk sharing arrangement with Fife Integration Joint Board (IJB). The IJB reported year-end reserves balances of £30 million, with NHS Fife's share being £15 million. A review of the Fife Integration Scheme (including the risk share arrangement) was concluded in October 2021, with submission of a revised draft of the Scheme to the Scottish Government for approval.

Whilst an overall underspend was delivered in NHS Fife, the Acute Services Division had continuing cost pressures, offset by underspends in other directorates. These remain a challenge in the current year.

During 2020/21 a new Strategic Planning and Resource Allocation Process (SPRA) was introduced. The intent of the SPRA is to create a planning and resource allocation framework to support the development of NHS Fife's organisational strategy. This will inform the required three-year financial plan, ensuring delivery of recurring financial balance by the end of Year 3.

During 2020/21 the Board recorded spend of £17.3 million on a range of capital building projects, equipment and technology. Major projects undertaken include: £1.526 million for Steam Decentralisation at Queen Margaret Hospital; £1.461 million for a new MRI at Queen Margaret Hospital; £2.154 million for a Surgical Robot to be installed at Victoria Hospital; and £2.199 million for construction works for the new Elective Orthopaedic Centre. An additional £0.575 million was spent on a range of small building projects across the Board's estate.

5. Impact on Workforce, inc. health and wellbeing

Covid-19 has been the single biggest factor affecting staff health and wellbeing since the inception of the NHS. We have developed our existing services and provisions, as well as introduced several initiatives to support staff during 2020/21.

Recruitment and Resourcing

The recruitment and resourcing effort across NHS Fife has been extraordinary during 2020/21, recruitment campaigns at local and national levels included; retire and return, friends and family, the national portal hosted by NES (part of growing our supplementary workforce). This effort was not only to meet the demands of existing services but to support emerging services e.g., Test and Protect (contract tracing workforce) and Covid-19 Vaccination. Approximately 461 WTE additional people were recruited. To support faster and effective recruitment a range of service changes were made to increase the volume of recruitment and the speed from application through pre-employment checks and disclosures to induction and onboarding – deploying digitally enabled solutions wherever possible.

As well as increasing the number of people working across the system, we are redeploying existing staff. Virtual Workforce Deployment Hubs (one in H&SCP and the other for Acute Services and Corporate Services) were introduced. In conjunction with Silver Teams, e.g., the Hospital Control Team, and input from the professional and service leads, staff moved to support the greatest service need. This coordinated approach ensured a whole system response to challenges and consideration of staff deployment impacts as services remobilised.

The deployment to home working at the early stage of the pandemic was fast tracked to enable services to continue to operate effectively. Digital & Information colleagues supported the fast deployment of IT equipment and the associated virtual working capability through the use of Office 365. This well managed rapid adjustment is now being assessed for lessons learned to inform service adjustments across clinical and support functions as we consider new sustainable hybrid working arrangements in line with the Once for Scotland Flexible Work Location Policy.

Learning and Development

The fast deployment of new IT capability has also supported a move online induction as part of our rapid onboarding of staff. We have supplemented this through our implementation of Turas Learn for improved e-learning development and deployment which has enabled us to move training online. Our

IT training capability through MS Teams has been core to supporting our people to learn how to work effectively from home. We are assessing how we blend face to face with this new technically enabled learning approach as part of our workforce development agenda.

Staff Health and Wellbeing, including resources

Occupational Health Service The Occupational Health & Wellbeing Team providing an essential service in response to the pandemic. This varied from supporting the fast-track recruitment of the supplementary workforce, supporting risk assessments of staff in the high-risk categories, contributing to local advice and guidance to providing test results to managers and staff, supporting testing of asymptomatic staff and in relation to the Test and Protect programme.

Occupational Health Activity - Covid-19 contact tracing and test calls / emails totalled 4887 last year, with 249 Covid-19 risk assessments undertaken: supporting line managers with advice regarding employees' health risks in relation to possible workplace exposure. In addition, 1154 email queries from both managers and employees responded to, alongside around 30 to 40 calls a day being handled. Calls dealt with queries around return from travel, pregnant workers and Covid risk, shielding staff, return to work post-Covid and many other Covid-related queries. 1966 pre-employment screens and 1299 management referrals undertaken. Change in practice reflected by number of prospective employees passed 'fit' on paper screen (1330 compared to 340 in 2019/2020).

Staff Wellbeing Hubs were created across multiple sites throughout the Board and were well utilised and appreciated by staff. Psychology staff were available within the Hubs in the first phase of the pandemic. Virtual classes were also made available offering an opportunity for staff to pause, rest and refresh. When set up, the Staff Wellbeing Hubs became a focal point for the great many donations received from local people and businesses.

Psychological Services created a Psychology Support Pack and Health and Wellbeing Resource for Staff During Covid-19 and a Psychology Staff Support Telephone line made available to all staff.

Listening Services and Spiritual Care. Over the first six months of the pandemic, the service reported 1744 significant staff contacts, classified as Formal 1:1, Informal Support, Team Support and the Staff Listening Service. From April 2020 - March 2021, the Department received an average of 78 staff contacts per week across the team.

Fife Health Charity

Since April 2020, the focus of Fife Health Charity has been to support patients and staff with the impacts of the pandemic. The Charity managed the items donated to patients and staff. Monetary donations were also received. Fife Health Charity became a member of NHS Charities Together (NHSCT), the umbrella organisation fundraising for NHS staff and patients throughout the UK. During 2020 – 21 Fife received a total of £361,000 from NHSCT, including funding to aid staff recovery. Suggestions for how the funds could be spent were encouraged from staff through the 'Bright Ideas' scheme and considered by the Covid-19 Donation Sub-Committee. Projects funded included: iPads for wards to aid communication with patients and their families when visiting has been restricted; personalised theatre hats; wellness packs for staff; and continuance of the staff wellbeing hubs. The charity also benefitted from donations totalling £750,000 from a single donor, all of which was targeted toward support for staff and patients in response to the pandemic.

Communication

A dedicated Covid-19 section was created on the staff intranet. Important information was regularly made available there, communication with staff continues to be at the heart of our work. Initially, a daily update was produced both on the site and emailed to ensure access to the information and this was led by our Chief Executive communicating directly to staff via this mechanism. The StaffLink app was launched during this early phase of the pandemic, and can be accessed from personal and workplace devices, including smartphones. This has further widened access to information.

NHS Fife regularly updated and issued Manager and Staff Guidance to set out what was expected of NHS Fife Staff and Managers in terms of Scottish Government directive, employment and employee

related policies, local arrangements, and the deployment of staff. These documents are designed to inform our workforce and work alongside our local resilience arrangements.

6. Impact on Performance

Electives

Patient Time to Treatment Guarantee (TTG)

Performance against the Patient Treatment Time Guarantee was heavily impacted by the pandemic in FY 2020/21, but has improved since March, as shown in the table below.

	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.7%	68.2%
Scotland	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%		

At the end of August, the total number of patients waiting has continued to increase and is now at the highest number since November 2020. Patients waiting over 12 weeks remain at just over 1,000 but this figure has fallen by around 500 since the start of FY 2021/22. The numbers waiting over 18 and 26 weeks are around 700 and below 500 respectively.

The Urgent waiting list is slightly under 600 patients, with over 50% waiting over 4 weeks. Patients waiting 8 and 12 weeks have been increasing since the end of May to around 180 and 100 respectively.

New Outpatients

Performance against the New Outpatients 12-Week Standard was heavily impacted by the pandemic in FY 2020/21, but has improved slightly since March, as shown in the table below.

	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%
Scotland	46.5%			47.8%	44.5%	43.9%	48.3%	50.4%	52.1%	53.1%		

At the end of August, the waiting list was just below 22,000 patients, with over 9,000 waiting over 12 weeks, around the same as at the end of FY 2020/21. Numbers over 18 weeks have fallen by approximately 1,000 since the start of FY 2021/22 over the same time period, while there has been a smaller fall for patients waiting over 26 weeks.

Since the start of FY 2021/22, the Urgent waiting list has increased by around 200, and is now over 2,500 patients. Similar (though smaller) increases have been recorded for patients waiting more than 4, 8 and 12 weeks.

Key Diagnostic Tests

Performance against the Diagnostics 6-Week Standard was heavily impacted at the start of the pandemic but made a strong recovery in the second half of FY 2020/21. Performance has fallen back again in the last few months, as shown in the table below.

	2020/21						2021/22					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%
Scotland	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%			

At the end of September, Scope performance had dropped below 60%, with Imaging performance below 80%. The waiting list in both areas has increased by around 12% since the start of FY 2021/21.

Unscheduled Care

Performance against the 4-Hour Emergency Access Standard was positively impacted at the start of the pandemic, attributable to a huge drop in attendance. During the winter months, with the usual

pressure in addition to the second wave of the pandemic, attendances rose again, causing a drop in performance, as shown in the table below. This trend has continued into FY 2021/22.

Month	2020/21						2021/22					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%
VHK	92.2%	90.1%	86.9%	88.1%	89.4%	88.9%	89.9%	84.1%	84.4%	80.0%	79.1%	73.9%
MIU	99.9%	99.5%	99.9%	99.7%	99.7%	99.7%	99.8%	99.9%	99.8%	99.7%	99.8%	99.8%
Scotland	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	

The performance for all of Fife, VHK as the single A&E site and all Minor Injury Unit (MIU) sites is shown.

Work in 2019/20, supported by the Scottish Government Unscheduled Care team, ensured local enhancements to improve performance against the 4-hour emergency access target. This included enhanced professional to professional advice for Scottish Ambulance Service staff, in-reach Integrated Assessment Team (IAT) models to Emergency Department (ED) and broader use of the A&E Observation Ward for appropriate pathways. To aid alternative models of care and avoid admissions, the Emergency Care Ambulatory Service (ECAS) was expanded to include an Outpatient Parenteral Antimicrobial Treatment (OPAT) service. This service delivers parenteral treatment to patients, allowing them to spend the rest of the time at home, or even at work. This greatly improves their well-being and avoids the unnecessary use of Acute beds.

In response to the national direction around the scheduling of unscheduled care, NHS Fife established an Urgent Care Redesign Group, accountable to the Gold Command grouping within the pandemic governance structure. The group, in Phase One, oversaw the implementation of the Urgent Care Transformation programme, including the Flow, Navigation and Assessment Hub within NHS Fife. This directs access to re-imagined urgent care services, delivering care appropriate to patient need, as close to home and scheduled where possible, and maximises opportunities in digital health.

Pathway development has been ongoing. We were able to implement the Board-level Flow Navigation Centre (FNC) with its ability to receive clinical referrals from NHS24 by the target date of 1 December 2020.

Fife's approach is to build on existing work conducted through our Redesign of Urgent Care (RUC) programme and utilising the foundations set in the formation of our Covid Assessment Centre and virtual Covid Assessment Hub, collocated on the Victoria Hospital Kirkcaldy site, creating a combined Urgent Care Centre, operating 24hrs. The infrastructure, including Adastra, was already in place, allowing the transfer of referrals from NHS24. Further work was required to develop the interface from Adastra to Trak (important for the digital handoff of patients to ED), but NHS Fife Digital & Information team have been actively involved in national work to facilitate this.

The Unscheduled Care team produce detailed data examining demand and capacity system-wide and this is used to assess requirement for scheduling slots within ED.

Initially workforce in support of the Flow Navigation Centre was one of our bigger challenges, since the size of the Board does not easily facilitate dedicated resource across all professional groups. This is being addressed in Phase Two of the programme.

Cancer

As with other services, Cancer was challenged by the pandemic in FY 2020/21, with the number of patients starting treatment (under both Cancer measures) falling. Performance against the 31-Day DTT Standard was consistently excellent, however performance against the 62-Day Standard struggled to match the Scottish average. Improvement has been seen in the latter in recent months.

Month		2020/21											2021/22					
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
31 days	NHS Fife	94.5%	97.6%	97.1%	98.1%	96.1%	100.0%	100.0%	98.1%	98.8%	97.9%	97.5%	100.0%	97.8%	99.1%	100.0%	99.1%	100.0%
	Scotland	96.9%	97.4%	95.4%	98.0%	97.9%	97.9%	98.3%	98.7%	96.6%	97.5%	98.2%	97.8%	98.0%	98.1%	97.1%	96.5%	
62 days	NHS Fife	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%
	Scotland	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%

Cancer service delivery remained a priority during the pandemic. Fewer patients presented to GPs and this meant less were treated in 2020 compared to 2019. Screening services were paused for bowel, breast and cervical cancer, reducing the number of patients referred via this route. To ensure continuation of cancer care throughout the pandemic the private sector was utilised, and cancer cases were prioritised using the surgical prioritisation framework.

During the pandemic, urgent suspected cancer referrals significantly dipped by approximately 50%. Since January 2021 there has been a rise in referrals, particularly breast referrals. 12.5% converted into cancers in Quarter 1 2021. This has reduced to 8% in Quarter 2. Over the last decade, local conversion rates for cancer have been approximately 10%. Current data shows that the average conversion rate for all cancers is 7% in Quarter 2 of 2021.

Mental Health

In early 2019/20 Fife HSCP Mental Health services reduced inpatient capacity, across adult and older adult wards, by 26%. This was achieved by managed discharge of patients to community-based support. This reduced capacity in wards from 30 to 22 patients. Staffing establishments were not reduced. This has allowed compliance with robust infection control measures, supporting social distancing and enabling an increased level of staff/patient interactions. This contributed positively to the care, treatment and management of patients throughout the lockdown period.

Community-focussed access to treatment was enhanced through the redesign of traditional day hospital provision, with a redeployment of this resource to support the delivery of Community Mental Health Teams (CMHT) for both adults and older adults. An integrated approach across Psychology and Mental Health services initiated workforce development of the community teams with the roll out of Decider Skills training to the CMHT workforce.

Partnership working with NHS24 and the roll out of the Distress Brief Intervention pathway, supporting people in crisis, began in June 2020 with 170 individuals from Fife receiving this service by June 2021. Additional work to enhance community provision and early access to support has been delivered through partnerships with Third Sector colleagues, for example: Better than Well, provided by Link Living, delivering psychologically focussed, coached self-help sessions. Since April 2021, 1,650 sessions have been delivered across Fife, with respondents reporting a patient satisfaction rating of 100%.

In-patient services saw a unique pattern of need, which did not correlate with previous years' experiences. The service continues to operate at an average of 80% capacity. Alongside a reduced in-patient use, the service reports that the acuity of ill health of people admitted to psychiatric wards is significantly higher than before. Work is underway to construct and deliver training and skills for the inpatient workforce to assist staff with their confidence and competence in dealing with this increased acuity.

Throughout the pandemic, Addiction Services continued to deliver to a patient group of circa 2,000 individuals, in partnership with Third Sector colleagues. This was supported by a significant move to digital platforms, alongside face-to-face interventions when required.

Performance for CAMHS and PT

Performance in CAMHS against the 18-week Referral to Treatment Standard was initially heavily impacted by the pandemic, as services adapted to a reduction in face-to-face and group appointments. However, some improvement was seen in the second half of FY 2020/21, and this is generally being sustained into FY 2021/22, as shown in the table below.

Month	2020/21							2020/21				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%
Scotland	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%		

The waiting list fell during the year, and this improvement (particularly in numbers waiting over 52 weeks) has continued into FY 2021/22. At the end of August, despite a jump in referrals in both May and June, over 65% of patients on the list had waited less than 18 weeks, and around 3% of the remainder had waited more than a year.

The picture was similar in Psychological Therapies, although the fall in numbers of those starting treatment picked up to pre-pandemic levels quicker than it did for CAMHS. Monthly performance averaged around 75% in FY 2020/21 but has improved by around 10% in the first few months of FY 2021/22, as shown in the table below.

Month	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%
Scotland	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%		

The overall waiting list fell by around 25% during FY 2020/21, and has fallen further by the end of August, to just over 2,300. Of these, over 50% had waited less than 18 weeks, while the number of patients waiting more than 52 weeks had fallen from around 850 to just over 500. Referrals have increased to pre-pandemic levels.

Delayed Discharge

Fife’s delay position initially saw a 55% improvement from the previous September. Existing processes were improved and, together with the initial reductions in unplanned admissions, contributed to the improvement. Teams focussed on realistic conversations with individuals and families, gaining consensus on the level of formal support required, whilst maximising family and voluntary sector support. This has included support for carers, homeless individuals and support to veterans.

This position has not been maintained as we moved out of the initial phases of the pandemic, and has continued to increase, with 79 individuals being in delay on 31st March 2021. The reasons for this increase are multi-factorial but include staffing availability in social care, reduction in family support as other sectors remobilise, and the new and emerging needs of individuals. These delays impact both patients and the system: patients have more than one move and a higher incidence of skill loss, necessitating a higher level of care e.g., care home. Capacity and flow within the inpatient sites is pressured at a time when care demand is high both to manage planned and unplanned care.

Section Two: Forward Look

Service Recovery

The NHS Recovery Plan 2021-2026, published in August 2021, describes the improvements required to increase capacity across the whole system as recovery has affected all aspects of healthcare. NHS Fife actions to address the key areas identified in the Recovery Plan are found in the Delivery Actions of our RMP4 and are based on the principles outlined. A summary is provided in the appropriate sections below. Innovation will be a key component to the recovery of services and there are clear plans from NHS Fife's Innovation and Research team and Digital & Information team to support patient safety. These projects include the introduction of Hospital Electronic Prescribing and Medicines Administration (HEPMA) and National Early Warning Score 2 (NEWS2).

In line with the National Infection Prevention and Control Manual, we are operating three segregated care pathways (Red, Amber & Green) in all Acute Division inpatient hospital areas, with associated flex in the red/amber footprint dependent on Covid-19 demand. There is clear demarcation, and the hospital footprint is regularly reviewed by the Hospital Control Team. The team has subject matter experts across professional groups, including Microbiology, Infection Control, Infectious Diseases, Estates and Facilities etc. Changes in national pathway guidance also determine any necessary reconfiguration.

The weekly Integrated Capacity and Flow Group actively monitor the Winter Preparedness Checklist, reviewing any actions not fully in place by the end of September 2021. Weekly Covid-19 projections are used for planning purposes, with sharing and discussion by Hospital Control and Acute Senior Leadership Teams. A robust Intensive Care Unit escalation plan is in place, with associated trigger points and enabling actions. NHS Fife are working with the Centre for Sustainable Delivery (CfSD) to introduce new ways of delivering care. This work is captured in the CfSD NHS Fife Heatmap.

Electives

The waiting list position in Fife has grown considerably, particularly through the second wave, because of increased critical care demand and a requirement to release staff to support. The current position as of August 2021 is 1,082 TTG patients waiting greater than 12 weeks, which is an improvement since April 2021. The position for New Outpatients (NOP) of 9,079 patients waiting more than 12 weeks is stable, despite increased referrals. This continues to require a consolidated effort to address. To create a sustainable position, waiting list funding has been previously directed to substantively recruited posts, enabling us to build our capacity over time and create a value-based service. An additional £4.3 million for 2021/22 has been provided to increase capacity and enable waiting list reduction. This provides additional activity of circa: 11,198 NOP, 1,194 TTG and 2,424 Diagnostics for 2021/22. Other additions include additional theatre lists, in-source activity, 7 day working for some specialties and staffing offset for those most impacted through Covid.

Initial plans were built on assumptions there would be changes to physical distancing guidance and relaxing of enhanced infection control procedures by October 2021. In addition, there would be no requirement to reduce bed and theatre capacity for elective patients further and a similar proportion of our staff would remain unavailable due to Covid-19 related absence/shielding.

With the anticipation this will not happen, there will be an impact on activity and waiting times as detailed in our Remobilisation Plan. Our projected activity beyond Quarter 3 remains heavily caveated with regards to staff availability, elective bed and theatre capacity. The dynamic situation with Covid-19 will make this fluid. We have had to reduce both Inpatient/Day Case and Outpatient activity due to a significant increase in emergency and Covid-19 related activity.

Actions are ongoing to increase the capacity for Outpatients and Inpatient/Day Case activity to meet the national commitment of 110% by March 2022. Based on funding, local data, current constraints, and assumptions, we project that the Outpatients commitment will be reached. This is based on the local DCAQ average activity for January and February 2019. However, if social distancing is still in place, the projections suggest capacity at around 92%. For Inpatients/Day Case, current actions and the local DCAQ average activity for January and February 2019 projects activity at over 100%. These

projections remain heavily caveated, particularly with regards to staff availability, and are likely subject to change as the situation evolves.

As we look ahead to the longer term, we are keen to explore opportunities to enhance the capacity of our highly successful day surgery facility at Queen Margaret Hospital, Dunfermline and will take this forward through local and regional discussions as well as the national elective treatment centre programme,

Unscheduled Care

The number of unplanned A&E attendances at Victoria Hospital Kirkcaldy in early June 2021 exceeded those in the corresponding period pre-pandemic. Numbers have reduced but total attendances into ED (both planned and unplanned) remain well above 2018/19 levels. Performance against the 4-hour target has been in decline since April and any increase in performance has not been sustained. Planned activity, following the launch of the Redesign of Urgent Care work, has been averaging over 250 a week since August, as that programme is progressing and moving onto Phase 2.

SystemWatch is used to predict daily current demand. Activity is planned, including urgent elective care, using the data, with daily discussions within Acute Services around predicted admissions, and discharges (using EDD). Projection of profile is on a weekly basis. Improvement work is underway reviewing admission and discharge pathways across the whole system.

Emergency Department and Admissions

Most Emergency Department attendances are unplanned. ED activity has increased since April 2021. Between July 2019 and July 2021 there has been a 9.1% increase in overall activity. Each month planned attendances have increased, with July 2021 the highest activity to date. Since the introduction of the Redesign of Urgent Care programme in December 2020 the average percentage of patients who have a telephone triage appointment and then go on to have a face-to-face appointment is 70.3% (average of 186 patients per month). Remote consultations have increased month on month, an increase from 394 patients in March to 747 in July 2021.

Emergency admissions are currently at pre-pandemic levels. During May and June 2021, demand surpassed the same weeks in 2018/19.

Redesign of Urgent Care

Now entering Phase Two, a new governance structure is in place. The four workstreams are Specialist Care, Mental Health Pathways, Urgent Care Access and Urgent and Emergency Care, covering the footprint of Victoria Hospital. A further two tiers are the RUC Operational Group, chaired by the Associate Medical Director, and the Integrated Unscheduled Care Programme Board, chaired by the Medical Director. A core group is being established with stakeholders responsible for the operational delivery of urgent care within Acute Services and the HSCP. These link directly to both Senior Leadership Teams.

Over an 8-week period people attending ED were asked to take part in a Patient Pathway Survey. 378 responses were gathered. Findings included:

- Only 25% of respondents were aware of changes in how Urgent Care is accessed.
- Over 50% of respondents were aged under 30 years.
- There were a wide range of reasons for attendance, the highest being Minor Injury.
- 55% of respondents came direct to ED and had no contact with other health services.
- 25% of respondents had contacted NHS24 prior to attendance and 13.5% contacted their General Practice prior to attendance.
- Over 90% of respondents came because they either believed their attendance was appropriate for the ED or the ED was their closest service.

GP Admissions Pathway

As part of ongoing improvement work within the Admissions Unit and the early planning for Phase 2 of the Redesign of Urgent Care programme, it was recognised the Flow Navigation Centre (FNC) could play a crucial role in being a single point of access for assessing and navigating GP Medical

admissions, supporting patient flows into the Victoria Hospital. A short-life working group developed acute admission pathways. The aim was for the FNC clinical team to become the expert team to assess and navigate GP medical admissions to the most appropriate pathway, including non-admission to Admissions Unit 1. This included working closely with other services to support GPs accessing non-acute admission pathways (i.e., Hospital@Home, Integrated Community Assessment and Support Services (ICASS), Emergency Care Ambulatory Service), whilst also supporting direct admission clinical discussions with Acute Specialty teams.

Since 12 July 2021, the FNC acts as a single point of access for GPs across Fife, triaging all GP calls prior to direct admission to hospital between the hours of 8-1, 7 days a week. Early results (over a 6-week period) show several improvements with:

- 32% redirection rate away from AU1, 140 were redirected (18% prior to 12 July) with 24% non-admission rate (with some patients admitted directly to a specialist ward).
- A comprehensive handover to AU1 team, supporting seamless triage and assessment reducing information duplication.
- Co-produced guidelines and pathways for GPs and Clinical Specialties.

From end of September 2021, all GP calls 24/7 are triaged by the FNC. GP admissions have remained at similar levels to pre-Covid. March to July 2021 have seen increased numbers, with July 21 again seeing the highest number of admissions compared to the previous two winters. Further developments include optimising Hospital@Home and social care pathways directly from the FNC single point of contact, reducing GP contacts with additional services. These developments explore the opportunities to also support surgical admissions flows into the Victoria Hospital.

Whilst enabling delivery of person-centred care within Urgent Care, there must be assurance people receive the right care, at the right time and in the right place. NHS Fife's approach to reducing demand on the Emergency Department, scheduling unscheduled care through the RUC Programme, has seen the following outcomes:

- Around 25% of patients who have a local assessment via Nurse Practitioner clinical team, when seeking to access ED, are signposted to another service out with VHK.
- 24% of those patients needing to attend ED or Minor Injuries Unit (MIU) are scheduled.
- 32% of potential medical admissions assessed by FNC are redirected to another pathway.

Whilst making these changes consideration has also been given to the following:

- Inequity of provision (digital access to support digital consultation), with an action plan created following publication of EQIA Stage 2.
- Consequences of delaying/denying treatment, with a review of any re-admissions, Datix and complaints highlight no concerns.

Cancer

There is a recognised potential number of missing patients who may still come forward due to non-presentation during the pandemic.

Cancer Waiting Times Performance, August 2020 to July 2021

NHS Fife consistently meets the 31-day standard. Performance against the 62-day standard remains variable. This is multi-factorial, particularly in the complexity of pathways. This is particularly evident in the prostate pathway. Other variations such as annual leave or vacancy within the specialist workforce also contribute to variable performance. Performance has improved from May 2021. There is a backlog of patients who have currently breached their target and do not have a treatment date. Weekly review with service and cancer tracking teams focuses on ensuring a plan is in place for each patient.

Early Cancer Diagnostic Centre

In June 2021 NHS Fife launched the Early Cancer Diagnostic Centre (ECDC) Service. This is piloting direct GP referral for patients with vague but concerning symptoms who do not fit into a cancer specific pathway. This pathway ensures that patients referred onto this pathway will have cancer excluded within 21 days. To date, the pilot has delivered significant benefit. 177 patients referred and 18 cancers

diagnosed (16% conversion rate). Patients not diagnosed with cancer were referred back to their GP or onto other services. Opportunities to extend the scope of this work are currently being considered.

Cancer Waiting Times funding of £681,000 has been allocated to improve performance for 2021/22. Recurring funding was agreed to enhance the workforce and ensure sustainability. The trajectory agreed is to consistently achieve a 62-day performance of at least 88% per month by March 2022, with the expectation that 95% of patients will be treated within 62 days by March 2025 as outlined by Scottish Government.

NHS Fife has submitted bids against the funding available to support the delivery of the Recovery and Redesign Scottish Government Action Plan:

- Single Point of Contact Hub to improve experience, providing a single point of contact supported by a patient digital hub.
- Pelvic Physiotherapy for patients pre/post radical prostatectomy.
- A regional bid to support Head & Neck patients requiring Speech & Language Therapy input prior to treatment

In April 2021 the Medical Director commissioned the development of a Strategic Cancer Framework for NHS Fife, aligning to the National Cancer Plan. This full system framework will:

- Focus on prevention and reduction of cancer inequalities
- Put people at the heart of how services are designed, ensuring patients receive care at the right time by the most appropriate professional and in the right setting
- Integrate care across the system to deliver a set of common objectives to support the delivery of high quality cancer services
- Consider rapidly emerging innovations and treatments and promote research, development and innovation to develop and sustain services
- Recognises workforce challenges and identifies system wide approaches to support
- Influences and contributes to regional and national strategic planning

The Framework will also align to the Recovery and Redesign Action Plan. Engagement sessions with staff and the public have been held and drafting of the Framework and development of the annual delivery plan is due to be completed by March 2022.

Mental Health

Services in Children & Adolescent Mental Health Services (CAMHS) and Psychological Therapies continue to work with the support of the Scottish Government Mental Health Directorate to analyse and plan workforce and service need, to enable the backlog of waiting lists to be addressed, with services developing a sustainable model of provision in line with the national target. Local development plans for both services have been agreed with Scottish Government and implementation is well advanced. The total received in Phase 1 was £1,882,029 and a detailed action plan is in place, with £1.47 million committed so far. A spend plan for the remaining c.£400k will be utilised in full to meet the identified priority areas.

Mental Health services have an ambitious programme of development, with a particular focus on access routes to services, encompassing Primary Care, Unscheduled Care 24/7 and partnership with our Emergency Department colleagues.

With the range of financial investment over recent months, there is a programme of service improvement driven by the Mental Health Renewal and Recovery Agenda. This covers multiple service areas including CAMHS, PT waiting times, Eating Disorders service and Neurodevelopmental Pathway Implementation.

Reducing drug related deaths has been as one of the key corporate objectives and a programme has been established led by Pharmacy and Public Health.

Psychological Therapies

Work is ongoing to meet the Psychological Therapies waiting times target and support continues by colleagues from the Scottish Government's Mental Health Division. The FY2021/22 allocation from the Mental Health Renewal and Recovery fund, allocated to clear the backlog of people waiting for a psychological therapy, was £340,553. Clearing the waiting list backlog is one element of the detailed Psychological Therapies Improvement Plan, agreed by Scottish Government, aiming to provide a sustainable service meeting the target of 90% of referrals beginning psychological therapy within 18 weeks, by March 2023.

In August 2021, 1,931 people were waiting for a Psychological Therapy, with 249 waiting less than 18 weeks, 956 waiting over 18 weeks, 500 over 53 weeks and 226 over 104 weeks (these figures exclude CAMHS data). In July 2021 87% of new patients had treatment within the 18-week RTT standard.

Learning from the past 18 months has emphasised the need for availability of psychologically minded interventions, supporting early intervention and self-help agendas for those with mental health/wellbeing concerns, preventing escalation of poor mental health and enhancing our ability to provide support and guidance out with more formal mental health services. Recruitment to the posts identified in the Psychological Therapies Improvement Plan is underway.

CAMHS

In August 2021, average waiting time is 11 weeks, with a total of 355 children waiting. 221 have been waiting less than 18 weeks and 134 waiting more than 18 weeks. The 5 children waiting over 52 weeks have been appointed.

Performance against the 18-week RTT Standard has improved. Performance increased to over 80% in July 2021, compared to under 70% in April 2021. The waiting list, exceeding 400 at the end of 2020, has reduced to 355 in July 2021. Much of this reduction has been for patients waiting over a year. May and June 2021 experienced significant demand, with more than 300 referrals each month.

Learning Disabilities

Learning Disability (LD) services are in the advanced stages of the development of two community supported accommodation services. This will enable the discharge of 5 patients, with the associated decommissioning of one ward at Lynebank Hospital. Resource from the decommissioning will be reinvested in the Community LD services. There will be a particular focus on the Additional Support Service. This will enhance our ability to work in partnership with service providers, improving the application of the Positive Behavioural Support framework and approach to support. Over time this will build sustainability and continuity of community placements for those individuals with more complex behavioural presentations.

Winter resilience

A Winter Review event was held in April 2021. Attendees from across NHS Fife and Fife HSCP discussed the 2020/21 experience, identifying what worked well and what key learning and actions should be taken forward. Learning from this event has informed the winter plan actions and were discussed at a follow-up planning event in August. These include:

- Workforce planning - planning for surge capacity to include a robust Medical, Nursing & AHP model
- Principles of Home First to be fully implemented taking cognisance of best practices with 6 Essential Actions (6EA)
- Admission prevention and effective discharge
- Vaccination programme delivery for flu and Covid-19 - early planning and integration of both programmes
- Improved communication across key stakeholder groups
- Winter elective plan to minimise the impact on elective activity as far as possible

Working closely with Public Health Scotland and Capgemini, NHS Fife have been developing the national Whole System Modelling tool. We are also in the early stages of developing a long-term model for winter planning. The models are currently focussed on the Acute site and utilise current

predictive data (SystemWatch, SEIR profiles) as well as local data. The Modelling Tool was shared at the most recent Fife Winter Planning Workshop in August 2021.

Whole System Escalations and Business Continuity Plans have been refreshed (including ICU and Paediatrics), encompassing Covid and non-Covid pathways with clear trigger points. Red ICU capacity has recently increased to 10 beds, last at this level at the end of March 2021. General Red capacity has been increasing since early September but remains less than half of the number opened during peak over winter.

Recently a major incident planning workshop took place with the directors and senior team which included a scenario tabletop exercise and review of roles and responsibilities of directors and on call duties. Further work to enhance our resilience planning is underway and we currently await the update of the national Major Incident Mass Casualty guidance.

Norovirus Outbreak Control Measures

NHS Fife's Infection Prevention & Control Team's annual Winter Preparedness Plan ensures outbreaks are identified swiftly, with support and guidance provided. The staff communication portal includes links to national guidelines on preparing for and managing Norovirus, along with control measures described in NHS Fife Infection Control Manual. All inpatient wards have a copy on site.

Covid-19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing

Together, NHS Fife and Fife HSCP have developed a Strategic Framework covering all Immunisation programmes. Immunisation is one of the greatest public health interventions in terms of measurable impact on morbidity and mortality. Immunisation not only provides protection for the individual, but also offers important benefits for the long-term health of the community.

The Strategic Framework sets out the shared vision of NHS Fife and Fife HSCP for a *Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course*. Through implementation of the strategy, we aim to contribute towards improved wellbeing, reducing health inequalities, protecting the people of Fife from vaccine preventable disease and maximising uptake across all immunisation programmes. In addition, raise awareness of public health benefits and trust in vaccinations whilst ensuring immunisation services are safe, effective and of a consistent high quality.

To realise our vision and ambitions, four priorities for action have been identified: (i) Optimising immunisation coverage; (ii) ensuring equitable access for all eligible groups; (iii) enhancing the monitoring and evaluation of immunisation programmes; and (iv) supporting and empowering a sustainable skilled workforce to deliver safe and effective immunisation services and community engagement and promotion.

All Health and Social Care Workers are encouraged to book a seasonal flu vaccination and, for those eligible, a Covid-19 booster. Asymptomatic testing remains in place for staff across Health and Social Care, including those working with high-risk patients across Cancer and Mental Health/Learning Disabilities Wards.

Workforce resilience and recovery

Remobilising our Staff

Since the outbreak of the pandemic, we have had a combination of

- Services that have remained 'open for business' and responded to changes in how services were delivered, e.g., health services (Acute Services, Laboratories), social care services (Community Services, Psychology), and support services (Procurement, Payroll, Spiritual Care, Occupational Health and Human Resources)
- Services that closed or saw a reduction in the services provided, and then have remobilised/recommenced
- Whole new services come into existence, e.g., Test and Protect, the Covid-19 Vaccination Programme.

We have mobilised, remobilised, deployed and recruited staff to meet the need to expand, change or reduce service levels or services.

Additionally, as restrictions lifted (and were reimposed), case numbers fluctuated and services recommenced we have and will continue to see a very different profile of demand for services, both in terms of increased numbers and acuity. Throughout our staff have been amazing, rising to every challenge, responding to meet patient and service user needs, showing their determination, courage and professionalism. It has been difficult and the longer the situation persists the more difficult it is to be amazing every day. Public attitude has moved away from the 'clap for carers' response and this too has impacted on staff and their lived experience.

Resilience in our Workforce

We continue to support our staff and provide a very short summary of the work in hand at present. This will change regularly, and we continually look to improve the fundamental issue of a lack of people able and willing to work in health and care roles. Some examples of our current work are:

- Staff Hubs being made permanent, working from the impromptu staff hubs created to support staff, we are investing to provide permanent Hubs across our sites that can be assessed by both health and social care staff across Fife.
- Refresh, Refuel and Recharge recognising impact of the pandemic on our workforce we have local communication in development to ensure staff are taking care of themselves and their colleagues during a shift and in its simplest form ensuring they take a break from work.
- Resilience layer and managing workforce pressures: to optimise the workforce we have and focus on the most critical clinical services our Workforce Silver group are developing, and overseeing work that will support the 'frontline' these include deployment of MACCA resources and resources from third party organisations, e.g. British Red Cross if/when available or necessary, enhanced volunteering, training existing non-clinical staff who are willing to come into patient facing activities, enhancing administrative staffing levels in clinical areas to handle the admin work and release clinical leaders to work as a clinician.
- Recruitment and resourcing – International recruitment, recruiting our nursing students to the Bank or fixed term contracts that are complementary to their studies, new Band 2 roles, developing and implementing a career path (via a national framework) to enable people who want to, to progress through non-registrant clinical roles (Band 2-4) maximising non-registrant workforce.

Ensuring a whole system response

NHS Fife holds daily whole system and patient-level data-led huddles. These focus on facilitating movement within pathways, driving effective management of capacity and flow. This process facilitates rapid escalation of issues. There is a constant challenge maintaining capacity and flow but effective whole-system communication helps.

Efficient and effective planning and delivery of discharges is supported by improvement work. Previous improvement work around Daily Dynamic Discharge, linked to a recent rapid improvement event, means we have a robust model to support this planning. Current staffing challenges impact on the delivery on a consistent basis due to the number of non-substantive staff being utilised to support and supplement teams.

The introduction of the Flow Navigation Centre, as part of the Redesign of Urgent Care programme, allows more opportunities for the utilisation of alternative pathways to hospital admission. Recent improvement work in the Admission Unit has resulted in patient length of stays being reduced by more than 50%, creating capacity and improving front door flow.

The use of NHS Near Me is well embedded within NHS Fife. There is access to senior clinical decision makers, through the ED Advice line, Flow Navigation Centre and specialty advice lines. Clinical decision support is enhanced through current improvement work on Specialty referral and the community management pages on the corporate intranet. Procurement to secure a peer-to-peer asynchronous messaging system is in the final stages. This will enhance non-urgent dialogue between primary and secondary care.

Financial planning

The Financial Plan for 2021/22 was presented to the Board in March 2021. The Plan highlights a gap in finances of £21.8 million. This is a consequence of historic issues: undelivered savings targets, Acute Services cost pressures, external commissioning cost increases and lack of full NRAC Parity. Included in the financial gap are unachieved savings from 2020/21. These were not delivered due to the Board's focus on responding to Covid-19.

Faced with managing the pressures of the ongoing global pandemic the Board has been able to identify plans to deliver £8 million savings during 2021/22. Financial support for the remaining £13.8 million has been sought from Scottish Government.

Following conclusion of the Strategic Planning and Resource Allocation (SPRA) process for 2021/22, the Board approved £2.9 million spending. This will support investment in safe staffing levels and prescribing budgets across the Acute Services Directorate and the establishment of a Corporate Programme Management Office. The Corporate Programme Management Office will ensure appropriate capacity and capability to support the development and delivery of transformational change required to deliver financially sustainable services across NHS Fife. In support of the development of the Board's Population Health and Wellbeing Strategy, the SPRA process will be refreshed to update the existing 3-year financial plan in line with the new Strategy.

Financial planning arrangements to identify the ongoing financial impact of Covid-19 continues with updates provided to Scottish Government. The impact of Covid-19 in both the short and longer term, on both service delivery and financial plans is providing an extremely challenging financial environment for the Board to operate within.

7. From Recovery to Renewal

Strategic Planning

We continue to align to the guiding principles of whole system, safe and person-centred care, clinical prioritisation, agile, flexible and responsive, realistic medicine/care, protecting our workforce, digitally enabled and data enabled.

Over the period of the pandemic, we have continued to ensure strategic planning is taking place with the directors and services, recognising the operational pressure across the health and social care system overall. We have implemented a refreshed approach to strategic planning in 2020/21 and will continue to develop this in parallel with our longer-term strategic plans. This approach will take new planning assumptions into consideration.

Strategic Planning and Resource Allocation Process

The Strategic Planning and Resource Allocation Process (SPRA) was introduced for 2020/21 to support strategic, financial and organisational planning. Each services and department were asked to submit their plans for the next three years including workforce and financial implications. By the end of the year, the Corporate Objectives 2021/22 and the Financial Plan 2021/22 were agreed.

The SPRA process for 2022/23 will extend the focus to align with the development of NHS Fife's five-year Population Health and Wellbeing Strategy. Through our planning we seek to deliver authentic and meaningful prioritisation and support to Equality, Public Health and Prevention and to drive value-based resource allocation across all our services.

Development and Refresh of the NHS Fife Population Health and Wellbeing Strategy

Work is progressing in the development of the Population Health and Wellbeing Strategy. A Population Health and Wellbeing Portfolio Board is being established to deliver the strategic co-ordination of the emerging strategy.

Strategic risk assessment will also inform the development of the strategy, which will be aligned to the four national care programmes: Integrated Unscheduled Care, Integrated Planned Care, Place and

Wellbeing and Preventative and Proactive Care. The overall strategic direction will focus on these areas, linking into existing programmes in Fife.

A public and staff survey is in development to start the NHS Fife strategy development "conversation" with our internal and external stakeholders, which will also underpin and complement the EQIA Stage 2. The Stage 1 EQIA has been completed and signed off, with agreement to move to Stage 2 of the EQIA.

The NHS Fife's Population Health and Wellbeing Strategy will have a changed focus from a clinical and service delivery to wider health and wellbeing, looking at the widest determinates of health, including inequalities and our ambition to be an Anchor Institution. In addition to the Portfolio Board being constituted to drive forward the work, a new Board governance Committee, the Public Health and Wellbeing Committee, will meet for the first time in mid-October, to provide enhanced scrutiny and assurance around these strands of work.

Primary Care

NHS Fife are undertaking a detailed primary care premises review which will:

- Identify the appropriateness of current primary care premises and their ownership
- Support the delivery of the primary care transformation programme
- Establish short- and long-term investment priorities based on service needs and future population changes
- Allow a more co-ordinated approach with Fife Council.

Care Homes

The continued focus and funding to support Care Homes gives the opportunity to focus for the rest of 2021/22 on:

- Commencing programme of review assurance visits to all 75 care homes
- Developing and embedding escalation processes, ensuring the delivery of safe, effective and person-centred care
- Partnership working to communicate effectively with our care home colleagues
- Enhancing the relationships built and the development of trust between teams
- Continuing to support and develop inter-professional communication pathways to support care assurance work
- Developing and building a skilled and responsive team who have the competence, capability and capacity to respond appropriately
- Deploying resources responsibly and effectively to mitigate training and knowledge deficits e.g., Infection, Prevention and Control Team
- Deploying resources appropriately to provide positive role modelling and support to ensure effective clinical leadership e.g., Care Home Advanced Nurse Practitioners, community nursing, Senior Charge Nurses etc.
- Working with HSCP and care home partners to address emerging issues and concerns

8. Hot Topics

The necessity of managing and operating within the constraints of a global pandemic have largely influenced the selection of the topics cited below, but we also recognise the need to continue with transformative work and develop new strategic partnerships, to ensure NHS Fife is well placed to meet the challenges ahead.

Workforce

It has been recognised that added workload pressure has been compounded by the Covid-19 pandemic over the past 18 months and is causing concern around quality and safety of patients and for staff wellbeing. With staffing levels challenging, and at times are at 'sub-optimal' levels, across a number of areas due to a combination of vacancy levels, sickness absence, self-isolation and annual leave, additional administrative staff have been recruited to support the ward based staff. This will allow the already very stretched clinical workforce to maintain resilience and flexibility and will remain in place on a time limited basis to be reviewed throughout the year.

A proactive approach is being taken to short-term staffing contingency planning, which may involve exceptional decisions being required to sustain core services. Plans are being developed for an additional Covid-19 resilience layer of workforce to be made available in readiness to support the organisation over the coming months.

Initial review of staffing contingency options and the underpinning principles are being applied to service escalation and business continuity plans. Our approach will give due consideration to major incidents and contingency planning for COP26.

As we approach winter and the associated concurrent risks, we would welcome a national conversation, guided by Scottish Government, on the prioritisation of services to support the deployment of our workforce to those areas under greatest pressure, and thus ensure delivery of safe and effective care to our citizens.

Property and Estate: Mental Health

A significant mental health inpatient re-design programme is underway, responding to several drivers for change including:

- The current arrangements do not support the drivers for change, focussing on rebalancing care to a community-based model with appropriate inpatient support.
- Current inpatient beds provision is not geographically in the right place, impacting staff and patient efficiencies.
- Current inpatient provision makes delivery of modern services difficult
- The existing facilities do not comply with national guidelines to provide safe and therapeutic environments.

We are currently at Initial Agreement stage for the planned works, with this forecast to be delivered for governance approvals early in 2022. Once approved, design work will be commissioned to support progression of the Outline and Full Business Case stages. Given the size of the programme and likely constraints around capital funding and resources, it is envisaged that projects could be delivered in a phased manner starting around August 2024.

Capacity & Demand

Delayed Discharges have continued to increase, averaging 110 patients in September 2021. Delays are reviewed daily. The reasons and solutions are multifactorial. Approaches to support timely discharge, include specialist discharge teams, admission avoidance, and targeting individuals with a high risk of admission and improved intermediate care provision including use of Short Term Assessment and Rehabilitation (STAR) beds. The success of these models has been recognised but the increasing pressures have resulted in system-wide significant pressures. The consequence of an increase in hospital admissions with higher complexity and acuity has impacted on the demand for packages of care.

Any delays in discharge of patients from an Acute hospital bed impacts the capacity of the system to meet the demands for acute and planned care. Changes to the footprint and clinical working are supporting flow e.g., GP Red Assessment Area in Admissions to triage suspected and known Covid-19 cases.

Demand is being felt across the system. Support services such as laboratories, Radiology, Information and Digital also face increased demand for their services, often unscheduled, and have similar workforce issues to the rest of the teams.

Finance

As we progress through 2021/22 one of our key objectives is to lay the foundations to support recurring financial balance over the medium-term. This is in line with the Scottish Government refresh of the Medium-Term Financial Framework and is likely to deliver more sustainable results if implemented over a reasonable timeframe. We will develop a formal financial recovery workstream as part of our emerging Population Health and Wellbeing Strategy and will evidence cash releasing efficiencies and

also important productivity and capacity gains through maximising the potential of our estate and infrastructure.

Opportunities

University of St Andrews and NHS Fife Strategic Partnership Development

A strategic case is being developed to set out a road map for NHS Fife to attain Teaching Health Board Status, as held by the four existing nodal Boards. This collaborative work will focus on the existing partnership relationship that NHS Fife enjoys with the University of St Andrews, particularly its School of Medicine. Both institutions have a responsibility for training the next generation of medics and healthcare professionals and in making a positive contribution to the development and sustainability of healthcare provision locally in Fife and beyond. The development of the strategic case will focus on the following domains:

- Joint appointments
- Research, Development and Innovation
- Development of undergraduate medicine programmes
- New postgraduate taught programmes

Also included will be the infrastructure, financial and workforce considerations for NHS Fife. The case will be finalised by the end of December 2021. As an enabler there is an intention to establish a Strategic Partnership Committee, which will provide a forum for senior partner leaders at both institutions to connect at a strategic level.

Critically, this work will ensure that relationships with other Higher Education Institutions are protected and that these relationships also continue to thrive. Some of the benefits in progressing this case include:

- Workforce sustainability
- Delivery of Scottish Government's commitment to increase medical student numbers
- Development of research, development and innovation
- Could act as an enabler to achieving anchor institution status
- Financial benefits

Innovation

Clinical teams have continued to innovate and develop services that support the optimum care for our patients. NHS Fife has expanded the current suite of surgeries that available for day case pathways and these now include Hysterectomy, Hip Replacement and Breast surgery. Further expansion of the day services provided on the Queen Margaret Hospital; Dunfermline site are being actively explored. This will include some reconfiguration to increase capacity and support the delivery of NHS Scotland's ambitions for elective care.

The introduction of Robotic Assisted Surgery (RAS) was identified as a key objective for Acute Services. The availability of national capital funding permitted the acceleration of this in March 2021. The business case developed included the use of this platform for multi-speciality use (Colorectal, Urology and Gynae-oncology) from the outset and aims to maximise the use of the Robot on a weekly basis. Robust plans are in place in terms of training of surgeons and theatre staff, development of patient pathways and estates and facilities requirements. Plans are already progressing well, with on-site training underway with the first of our Surgeons successfully signed-off to operate solo.

Annex A: Patient & Carers' Briefing

The pandemic has seen a significant impact on the opportunities and way that we engage and consult with our patients and carers, both individually and as groups.

Exploring alternatives has highlighted some of the inequalities experienced by the citizens of Fife. These include:

- unequal access to digital, both hardware and Wi-Fi
- digital literacy levels are varied, with age profile and not having English as a first language being two factors
- individuals unable to access other forms of external support e.g., library groups

To support patients and carers during hospital stays, innovative ways of keeping in touch, have been successfully introduced in NHS Fife. We have provided iPads to support virtual visiting opportunities for inpatients and have increased access to interpreting devices across a 24/7 timeframe.

New ways of engaging with the public have been put in place, including digital solutions, but recognising this methodology may not be appropriate for some. NHS Fife continues to use the 'public directory' to engage with Fife citizens interested in supporting the Board with enhancing service delivery. Some members have a particular interest, often disease-specific and related personally to their own experiences. The public directory is supported by an advisory group, which helps ensure that all requests and service developments are considerate of all equality groups and their inclusion in the work of NHS Fife. In addition, Project and Programme Boards for the delivery of capital projects (e.g., the Elective Orthopaedic Centre) have public members assisting with the design and delivery.

NHS Fife understands and values the importance of gathering patient, families and carer feedback to support a culture of listening and learning. We are committed to enhancing patient and staff experience by using feedback to identify change and make improvement to the delivery of our services. We monitor the feedback received, either through complaints or compliments, and use this valuable feedback to address areas of concern and to drive forward improvements for all.

Patient Relations Team, NHS Fife

Annex B: Area Clinical Forum Briefing

Look Back 2020/21

The Area Clinical Forum (ACF) had scheduled seven meetings from February 2020 until February 2021 and convened successfully for four meetings during that challenging time. There were short-notice cancellations due to the Forum not being quorate and this was due to staffing/capacity challenge in response to the needs of the clinical areas. This has impacted on the ACF's ability to focus on its core business.

Throughout 2020 the ACF continued to focus on the core business of:

- Sharing best practice and encouraging multi-professional work in health improvement and healthcare delivery;
- Ensuring effective and efficient engagement of clinicians in service design, development and improvement;
- Providing a local clinical and professional perspective on national policy issues;
- Supporting the NHS Fife Board in the conduct of its business through the provision of multi-professional clinical advice.

The format of the meetings included both business meetings and Development Sessions and these sessions have been met with enthusiasm from those in attendance. There was agreement to continue the Development Sessions regularly throughout the year in an effort to promote engagement from the sub-committees.

The range of work in 2020 included:

- **Realistic Medicine:** with several projects being undertaken throughout Fife, for example shared decision-making and consent, updated prescribing guidance for specific illness and an aim to develop a repository of frailty related approaches.
- **Health and Care Services Transformation.** The ACF had input throughout the year to the population Health and Wellbeing Strategy, looking at preventative and population health initiatives.
- **The Health and Care (Staffing) (Scotland) Act.** During 2020 there was support from the ACF to undertake review of staffing across all disciplines in relation to the Act. There was a forward look to the introduction of real time staffing resource in 2021.
- **Integration of Health and Social Care** remained an area where members requested more clarity. Links between IPAG and the ACF were to be explored.
- **Professional Sub-Committees:** there has been challenge in the attendance to ACF due to retirement of Chairs and members of several sub-committees and this was noted as a National challenge.

Forward Look 2021/22

From March 2021 the Chair of ACF has changed due to the internal promotion of the previous Chair. The ACF is scheduled to meet bi-monthly and there have been three meetings, with one meeting cancelled due to not reaching the required quorum due to the staffing challenge mentioned previously. The challenge of engagement with ACF remains. This is in part due to the current capacity challenge for clinicians in respect of Covid, retirement of Chairs and members of sub-committees, and also confusion among the wider clinical teams of the role of the ACF.

The ACF has refreshed its Terms of Reference and membership and has undertaken a feedback presentation via the newly appointed Chair on perception and wider understanding of the role of ACF and its core purpose. An increase in engagement from the sub-committees, alongside wider engagement with the clinical workforces and public, is the stretch aim.

We have made progress in assigning ACF representation on the Fife Elective Orthopaedic Centre Workgroup, the new Health and Wellbeing Centre Hub Workgroup and have agreed a Deputy Chair and representation from Executive Nursing, Midwifery and Allied Health Professionals Group.

Development sessions have been scheduled throughout the year and include speakers presenting to the Committee on Anchor Institutions, Remobilisation and development of NHS Fife's Population Health and Wellbeing Strategy.

The ACF recognise that a focus needs to remain on staff wellbeing, retention and recruitment and this is a standing item on the ACF work plan.

The use of Digital & Information also needs to have a continued focus and feedback from the clinical teams and, as such, this remains a standing item on the work plan. There needs to be particular attention made to digital inequalities and how these may be remedied/mitigated.

Aileen Lawrie
Associate Director of Midwifery/Chair of Area Clinical Forum, NHS Fife

Annex C: Area Partnership Forum Briefing

As expected, the past year has mostly been dominated by the pandemic with Partnership working at the centre of NHS Fife's Covid-19 response. The Employee Director, as a substantive member of the Executive Directors' Group, has, from day one, contributed to our Gold Command discussions and decisions. Partnership colleagues have worked tirelessly to support the workforce, they were key to the development of our staff hubs and advocating for the support and services to staff.

The Area Partnership Forum (APF) despite the Covid-19 pandemic continued to meet every second month during 2020/21, albeit with a very focussed agenda with the majority of discussions related to managing the response to the pandemic. An obvious focus was on the (re)deployment of staff (to different roles or working in different places), supporting the health and wellbeing of staff (whether at work or those having to isolate due to their health), and the extension to our supplementary workforce to deal with demand.

Partnership was also a key through our Command structure that was set up in the early days of the pandemic, with Staff Side being members of Gold, Silver and Bronze Command groups. This was especially evident in the Workforce Silver and Bronze Groups, the H&SCP and Acute (Hospital Control Team) Silver Commands, as well as Covid-19 Vaccination Programme Silver. This work was augmented by a group established to consider and implement the array of policies, guidance and protocols relating to Covid-19 workforce matters issued throughout 2020/21 and whose members were representatives of staff side and the Workforce Directorate.

Staff Side representatives and the nominated Partnership Coordinators have, where informed, worked alongside management colleagues to continually monitor and review Covid-19 guidance to ensure staff have the most up-to-date information. They have also very quickly adapted their normal ways of working to meet demand. Some of the Staff Side carried out their Partnership work whilst undertaking front line clinical roles, with some giving more support to clinical roles than usual.

A summary of key initiatives or developments are provided below:

Supporting Staff Wellbeing

The utmost importance has been placed on providing support to staff towards their health and wellbeing. From the simplest decision to supply tea and coffee etc., to physical environments that were Covid-19 centric (ensuring social distancing, mask wearing, other measures to limit the transmission), to a range of resources (developed and delivered locally and nationally). In the development and implementation of these, partnership working has been our approach. Staff side colleagues have been instrumental in ensuring the voices of staff shaped what was available. We have worked in partnership and tirelessly across services to ensure that support was available, accessible and known about.

Staff Experience and the Pulse Survey

There were a couple of employee surveys undertaken since the start of the pandemic, the most significant of these the iMatter Pulse survey. With information provided only at a Directorate level the data had some limitations, however the trends and signals in the report were considered and acted upon.

We have very recently seen the results of the 2021 iMatter survey, with a 59% Response rate, it is lower than our 80% response rate in 2019. However, given that the survey was conducted at a time when the whole system is under unprecedented pressure, we believe the response rate to be sufficient to allow us to use it to enhance staff experience at work. Working in partnership we have until 6 December to review the results, decide on actions at an organisational and team level, and generate the associated action plans to drive improvement.

Impacts of extended period of dealing with the impact of Covid-19 on staff and the services they deliver Throughout the pandemic we have (re)mobilised staff and services. There has been some reduction and retraction of services to focus on Acute Services and those that supported the Response to Covid-

19, e.g., Laboratories, Test and Protect and Vaccination. Taking a clinical prioritisation approach this was managed through the senior managers and representatives in Services Lines. When remobilising in 2020, the Remobilisation Oversight Group (ROG) led this work, with each service area considering and designing its service to 're-open' within a Covid-19 context, this work was undertaken with staff side input. This was quite challenging, and we worked hard to ensure the voice of our workforce was heard, but we were not always able to ensure comprehensive coverage at a service level and this placed an unexpected responsibility on the ROG.

Recruitment and Deployment of Staff

An example of working in Partnership to define additional roles that could assist our registered nurses and AHP colleagues lead to the creation of additional administrative roles that could release time for staff to deliver patient care. These roles were fast tracked through our processes of job evaluation, approval, and recruitment to ensure we see the benefit as quickly as possible.

Redeployment of staff on such a regular and large scale has been incredibly challenging for staff and probably causes the most angst. We have worked very closely in Partnership to ensure staff with the right skills were in the right place at the right time. Unfortunately, last minute changes to working arrangements to ensure our wards and departments are as adequately staffed as possible continue to cause most problems.

Reference Document

For additional information we refer you to the Staff Governance Standard Annual Monitoring Return for 2020/21, which was approved by the Chair of Staff Governance Committee and the Employee Director before its submission to Scottish Government, Health Workforce Directorate.

Wilma Brown, Employee Director / Co-Chair, Area Partnership Forum, NHS Fife
Linda Douglas, Director of Workforce, NHS Fife

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 use BSL, read Braille or use Audio formats.

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

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

NHS Fife


Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

 [facebook.com/nhsfife](https://www.facebook.com/nhsfife)

 [@nhsfife](https://twitter.com/nhsfife)

 [youtube.com/nhsfife](https://www.youtube.com/nhsfife)

 [@nhsfife](https://www.instagram.com/nhsfife)